

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wisdom Home Care LLC	CHAPTER 100.1
Address: 94-234 Waikele Road, Waipahu, Hawaii 96797	Inspection Date: December 1, 2021 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

22 JAN 26 P 4:08

STATE OF HAWAII

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menus were not posted in the kitchen.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Menus that currently placed by the wet bar was move and reposted in the kitchen on the side of the refrigerator where it's visible and clearly be seen by the department to view.</p>	<p>12/1/2020</p> <p>22 JAN 26 P4:08</p> <p>STATE OF HAWAII</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b>FINDINGS</b> Menus were not posted in the kitchen.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All menus will be posted in the kitchen on the second floor level of the house. Current and cycle menus will be visible for the department to view/ review and will always be posted on the left side of the fridge.</p> <p>I will have SCGs <sup>who</sup> do a <sup>weekly</sup> <del>monthly</del> check on making sure the menu is intact, in place, and its visible.</p> <div style="text-align: right; transform: rotate(-90deg);"> STATE OF HAWAII  DEPARTMENT OF  STATE LICENSING </div>	<p>5/5/2022</p> <p>22 JUN -7 P 3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> A bottle of rubbing alcohol was unsecured on a shelf in front of the resident bathroom.</p> <p>Bleach, in an unmarked bottle, was unsecured at the wet bar sink.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Bottle of rubbing alcohol was removed on the shelf and placed it on the 2nd floor bedroom cabinet where it is secured.</p> <p>Bleach in an unmarked bottle at the wet bar sink was emptied in a bottle with bleach label that can't be erase and placed it in the secured container by the laundry area where it is lock.</p>	<p>12/1/2021</p> <p>22 JUN 26 P4:08 STATE OF HAWAII</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> A bottle of rubbing alcohol was unsecured on a shelf in front of the resident bathroom.</p> <p>Bleach, in an unmarked bottle, was unsecured at the wet bar sink.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Rubbing alcohol bottles only accessible in the 2nd floor of the house and if use in the future, it must be return back to secured placed.</p> <p>In the future, no bleach in an unmarked bottle will be use, From now on small bleach original bottle will be use and refill as needed and will be placed back to secured storage by the laundry area every after use.</p>	<p>12/1/2021</p> <p>STATE OF NEW YORK JAN 26 2022 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            The food pantry containing "psyllium husk powder" and "Airborne Immune Support Effervescent tablets" had the key in the locking device.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>"Psyllium husk powder" and "Airborne Immune Support Effervescent tablets" were removed from the food pantry and properly kept on the 2nd floor in the master bedroom at all times.</p> <p>Locking key was removed from the locking device and placed it together with other care home keys.</p>	<p>12/1/2021</p> <p>22 JAN 26 P4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            The food pantry containing "psyllium husk powder" and "Airborne Immune Support Effervescent tablets" had the key in the locking device.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Personal drugs such as "psyllium husk powder" and "Airborne Immune Support Effervescent tablets" will only be stored, <sup>use</sup> and separated at the 2nd floor master bedroom, no personal drugs in the 1st floor. in the future.</p> <p>Locking key will always be out from the locking device right after used.</p>	<p>12/1/2021</p> <p>STATE OF WYOMING            22 JAN 26 P4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u>            Internal and external medication were not segregated.</p> <p>External medication removed from the basket with oral medication.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>12/1/2021</p> <p>22 JAN 26 P4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b> Internal and external medication were not segregated.</p> <p>External medication removed from the basket with oral medication.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG and SCG will make sure that Internal and external medications will always be segregated. Daily checks will be implemented and if found not segregated, PCG and SCG will discuss what happened and will develop strategies that works.</p>	<p>12/1/2021</p> <p>22 JAN 26 P4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - No physician order for "guaifenesin 100 mg/5 ml liquid Take 10 ml by mouth every 6 hours as needed cough" recorded on the July 2021 medication record as taken 7/16/21-7/21/21.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG called Resident #1 PCP and requested for a copy of the Telephone Visit Summary where "guaifenesin 100 mg/5ml" oral liquid medication was ordered on 7/15/2021. On 12/17/2021 Home Visit by PCP and PCG discussed above concern, copy of the medicine order faxed to Wisdom Home Care LLC and filed to Resident #1 chart.</p>	<p>12/1/2021</p> <p>22 JAN 26 P4:09</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - No physician order for "guaifenesin 100 mg/5 ml liquid Take 10 ml by mouth every 6 hours as needed cough" recorded on the July 2021 medication record as taken 7/16/21-7/21/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All telephone order will be written down on <del>and</del> <sup>the</sup> Physician Order form provided by DOH and will be faxed back to PCP office to obtain Doctor's signature and when signature is signed it should be fax back to our facility. PCG will train SCG on how to write exact Physician Orders. Another option will be, to have PCP Office send or fax copy of Telephone Visit summary paper to our care home.</p>	<p>12/1/2021</p> <p>22 JAN 26 P 4:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - Telephone order for "guaifenesin" on or around 7/15/21 was not recorded on the physician order sheet and written confirmation obtained.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> Yes!</p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>12/1/2021 PCG called Resident #1 PCP Office to faxed over Telephone visit summary obtained on 07/15/21. There was an upcoming visit on 12/17/21 where PCP home visit, discussed event on 07/15/21 and the need for the summary visit document, on same day, 07/15/21 Telephone visit summary received via fax, filled to Resident #1 Physician order section of the chart.</p>	<p>12/1/2021</p> <p>22 JAN 26 P 4:09</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1 - No December 2021 medication record to initial the 6 a.m., 8 a.m. and 9 a.m. medication on 12/1/21. The medication record was received by fax from the case management agency after 12 noon on 12/1/21.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>12/1/2021</p> <p>22 JAN 26 PM 4:09</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No observations of changes in the resident's condition for which "guaifenesin" was ordered on or around 7/15/21 and taken by the resident 7/16/21-7/21/21.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 JAN 26 P 4:09</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Blue ink used on the November 2021 and May 2021 medication records.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 JAN 26 P 4:09</p> <p>STATE OF HAWAII DOH-21-1 STATE LIAISON UNIT</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Blue ink used on the November 2021 and May 2021 medication records.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Reminder note will be posted on each MAR of each Resident stating "BLACK INK ONLY" to ensure that it doesn't happen again. this note will carry on each month.</p> <p>STATE OF HAWAII DH-ORCA STATE LICENSING</p>	<p>12/1/21</p> <p>22 JAN 26 P 4:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No legend for care giver initials on the medication records and flow sheets.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> Yes!</p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG made a master legend addressing care giver's name, initial, signature and if person is PCG or CG and placed and filed it on the first page of "daily documentation" tab of Resident #1 chart.</p> <p>STATE OF HAWAII GOV. JENNY STATE LIAISON</p>	<p>12/1/21</p> <p>22 JAN 26 P4:09</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Written accounting of resident's money did not include deposits and receipts.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> Yes.</p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deposits and receipts of resident #1 was collected since resident was admitted but it was not organized on 12/1/21, thus on 12/1/21, All receipt kept was copied to ensure that it will not fade then organized it and made it current or updated and placed them on a binder.</p>	<p>12/1/21</p> <p>22 JAN 26 P4:09</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - The service plan did not address/include "risperidone 0.25 tablet Take 1 tablet by mouth two times a day as needed" ordered 9/22/21, 6/29/21. No plan/intervention for when the medication is to be made available to the resident.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> Yes!</p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>assigned  PCG contacted, CMA nurse and discussed concern and how it can be corrected. CMA made changes to the service plan as well as to the MAR to when the medication is to be made available to the resident</p>	<p>12/1/21</p> <p>22 JAN 26 P 4:09</p> <p>STATE OF IDAHO  DOH-CHCA  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>  Resident #1 - The service plan did not address/include "risperidone 0.25 tablet Take 1 tablet by mouth two times a day as needed" ordered 9/22/21, 6/29/21. No plan/intervention for when the medication is to be made available to the resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, PCG will read and double check Service Plans together with CMA to ensure all medication have plan/intervention for when the medication is to be made available to the resident. PCG then orient SCG about the service plan to ensure, or to serve as 3rd check ensuring that it doesn't happen again.</p>	<p>12/1/21</p> <p>22 JUN 26 P4:09</p> <p>STATE OF HAWAII  DEPT. OF HEALTH  NURSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No documentation of case manager face-to-face contact with the resident on 11/9/21.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>Yes!</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCG contacted assigned CMA nurse of Resident #1, notified in regards to documentation of her visit on 11/9/21, CMA nurse stated that such documentation was given to their office and will be sent via mail. Nursing Assessment monitoring document received and file under RN assessment tab.</i></p>	<p style="text-align: center;"><i>12/1/21</i></p> <p style="text-align: right;">22 JAN 26 P4:09</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII BOH-0101 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>  Resident #1 - No documentation of case manager face-to-face contact with the resident on 11/9/21.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will remind CMA nurse to document face-to-face visit on the Progress Note or Observation note. For future CMA visit, PCG will discussed § 11-100.1-88 and show them the rules to ensure that it does not happen again.</p>	<p>12/1/21</p> <p>22 JAN 26 P 4:09</p> <p>STATE OF HAWAII  DOH-GRCA  STATE LICENSING</p>

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Maricor Dela Cruz*  
MARICOR DELA CRUZ

01/26/2022

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Maricor Dela Cruz*  
MARICOR DELA CRUZ

5/6/2022

STATE OF HAWAII  
DOH-ONCA  
STATE LICENSING

22 JAN 26 P 4:10