

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A.M.A. Care Home LLC	CHAPTER 100.1
Address: 94-392 Kahuanani Street, Waipahu, Hawaii 96797	Inspection Date: March 4, 2022 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #2, #3 and #4 - No physical examination prior to first contact with residents. Submit a copy for each with the plan of correction (POC).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Unable to correct deficiency @/T SCG #2, #3, & #4 are no longer employed @ AMA ARCH.</i></p>	<p style="text-align: center;">4/1/22</p> <p style="text-align: center;">22 APR 12 P 3:07</p> <p style="text-align: center; font-size: small;">STATE DEPARTMENT REGISTRATION STATE BOARD OF HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #2, #3 and #4 - No physical examination prior to first contact with residents. Submit a copy for each with the plan of correction (POC).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG Will ensure that each SCG has a checklist of required documents to turn in prior to first contact w patients.</p> <p>SCG #2, #3, #4 are no longer employed @ ARCH, therefore unable to obtain recent copy of PE.</p> <p>-A copy of PE must be presented before start of work.</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 12:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 and #4 - No tuberculosis (TB) clearance. Submit a copy of a two-step TB clearance for each with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> 4/3 4/1/22</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>ans/</i> Unable to correct deficiency D/H SCG #2 and #4 are no longer employed @ AMA ARCH</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE INSPECTION</p>	<p style="text-align: center;">4/1/22</p> <p style="text-align: right;">'22 APR 12 P 3:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 and #4 - No tuberculosis (TB) clearance. Submit a copy of a two-step TB clearance for each with the POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that each SCG has a checklist of required documents to turn in prior to first contact w patients.</p> <p>SCG #2, #4 are no longer employed w ARCH, therefore unable to obtain recent copy of TB clearance</p> <p>- A copy of the 2 Step TB Clearance must be handed before start of work.</p>	<p>6/2/22</p> <p style="text-align: right;">STATE OF NEW YORK JUN 14 2022 12:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 - No screening for symptoms consistent with pulmonary TB. Submit a copy with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG obtained a copy of TB screening symptoms from SCG. (Copy attached)</p>	<p style="text-align: center;">4/1/22</p> <p style="text-align: center;">22 APR 12 P 3:07</p> <p style="text-align: center;">STATE OF HAWAII HONOLULU STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 - No screening for symptoms consistent with pulmonary TB. Submit a copy with the POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that each SCG has a checklist of required documents to turn in prior to first contact w patients.</p> <ul style="list-style-type: none"> - Copy attached - If SCG is tested positive for TB, a copy of screening for symptoms must be handed before start of work. - A spread sheet to be used to check on documents monthly for expiration. 	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 P2:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #3 - No initial two-step TB clearance. Submit a copy of one (1) additional TB skin test with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Unable to correct deficiency D/H SCG #3 is no longer employed @ Amx ARCH.</i></p>	<p style="text-align: center;"><i>4/1/22</i></p> <p style="text-align: center;">22 APR 12 P 3:07</p> <p style="text-align: center;">STATE OF IOWA DHL ORG. STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS SCG #3 - No initial two-step TB clearance. Submit a copy of one (1) additional TB skin test with the POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>SCG</i> PCG will ensure that each SCG has a checklist of required documents to turn in prior to first contact w patients SCG #3 is no longer employed w ARCH, therefore unable to obtain recent copy of TB test.</p> <ul style="list-style-type: none"> - PCG will ensure that 2 step TB clearance is handed before schedule of work. - A spreadsheet to be used to check on documents monthly for expiration 	<p>6/2/22</p> <p style="text-align: right;">'22 JUN 14 P2:02</p>

STATE OF MARYLAND
DEPARTMENT OF
STATE SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Unable to correct deficiency as SCG #2 is no longer employed @ AMA ARCH.</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;"><i>4/1/22</i></p> <p style="text-align: center;">22 APR 12 P 3:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that each SCG has a checklist of required documents to turn in prior to first contact w patients.</p> <ul style="list-style-type: none"> - SCG #2 is no longer employed employed @ ARCH, therefore unable to obtain recent copy of FA. - A copy of FA certification must be handed before start of work. - A spreadsheet to be used to check on documents monthly for expiration. 	<p>6/2/22</p> <p style="text-align: right;">72 JUN 14 P2:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2, #3, and #4 - No documented evidence of primary care giver (PCG) training to make prescribed medication available to residents. Submit a copy for each with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG unable to correct deficiency DH SCG #2, 3, 4 are no longer employed to AHA ARCH.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII PS&J STATE LICENSING</p>	<p style="text-align: right;"><i>4/1/22</i></p> <p style="text-align: right;">22 APR 12 P 3:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2, #3, and #4 - No documented evidence of primary care giver (PCG) training to make prescribed medication available to residents. Submit a copy for each with the POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that new hire SCG checklist includes training to make prescribed medication available to residents.</p> <p>- SCG #2, #3, #4 are no longer employed @ ARCA.</p>	<p>6/2/22</p>

STATE OF CONNECTICUT
DEPARTMENT OF
SPECIAL SERVICES

22 JUN 14 P2:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 - No cardiopulmonary resuscitation certification. Submit a copy with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Unable to correct deficiency & IT SCG #2 is no longer employed @ Anna APAC H.</p>	<p style="text-align: center;">4/11/22</p> <p style="text-align: center;">22 APR 12 P 3:07</p> <p style="text-align: center;">STATE OF HAWAII EQH-QTR A STATE COLLEGE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 - No cardiopulmonary resuscitation certification. Submit a copy with the POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that each SCG has a checklist of required documents to turn in prior to first contact w patients.</p> <p>- SCG #2 is no longer employed employed w ARCA, therefore unable to obtain recent copy of CPR.</p> <p>- A copy of CPR must be handed before start of work schedule</p> <p>- A spreadsheet to be used to</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 02:02</p>

Check on documents monthly for expiration.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> The menu was not followed. Substitutions were not recorded for 3/4/22 lunch.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DOH-0100A STATE LICENSING</p>	<p style="text-align: center;">22 APR 12 P 3:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> The menu was not followed. Substitutions were not recorded for 3/4/22 lunch.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that SCG's are following posted ^{per} menu by having ingredients/groceries available to make food listed on menu.</p> <p>PCG will remind SCG that if posted menu is not followed, SCG to write it on the substitution list.</p> <p>- PCG will check if substitution were not recorded.</p>	<p>6/2/22</p> <p style="text-align: right;">'22 JUN 14 P 2:02 STATE OF NJ SUPERVISOR</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Package of uncooked chicken was on the kitchen counter.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH ST. LOUIS, MISSOURI</p>	<p style="text-align: center;">22 APR 12 P 3 :07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Package of uncooked chicken was on the kitchen counter.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that SCG are being reminded to follow safe food handling procedures.</p> <p>PCG will remind SCG not to leave any uncooked food in the counter, not until ready to be cooked. All uncooked foods are to remain in the fridge.</p> <p>- PCG will check kitchen area for improperly stored food.</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 P 2:02</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> In the care giver bathroom, toxic chemicals were unsecured in the cabinet under the sink. The bathroom door was open and unlocked.</p> <p>Bathroom door was locked during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 APR 12 P 3:07</p> <p>STATE OF HAWAII DCH-0192A STATE LICENSING</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> In the care giver bathroom, toxic chemicals were unsecured in the cabinet under the sink. The bathroom door was open and unlocked.</p> <p>Bathroom door was locked during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that all toxic chemicals are secured by making/posting a sign to lock @ all times</p> <p>- PCG will check surroundings for any ^{unsecured} toxic chemicals in the house, on a daily basis.</p>	<p>6/2/22</p> <p style="text-align: right;">'22 JUN 14 P2:03</p>

STATE OF NEW YORK
DEPARTMENT OF HEALTH
SINCE 1892

	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> Lysol Disinfectant Spray (3 cans), Microban Sanitizing Spray and isopropyl alcohol were unsecured in the unlocked hall closet.</p> <p>Closet door was locked during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 APR 12 P 3:07</p> <p>STATE OF ILLINOIS SOUTHERN DISTRICT STATE LIBRARY</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> Lysol Disinfectant Spray (3 cans), Microban Sanitizing Spray and isopropyl alcohol were unsecured in the unlocked hall closet.</p> <p>Closet door was locked during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that SEG needs to be mindful and secure/lock all closet/cabinets that have toxic chemicals in it.</p> <p>- PCG will check surroundings for any at unsecured toxic chemicals in the hall closet, to be done on a daily basis.</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 P 2:03 STATE OF MICHIGAN DEPARTMENT OF STATE LIAISON</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 - Physician order for the following did not include the strength, dosage and/or frequency:</p> <ol style="list-style-type: none"> 1. Metformin HCl 500 mg 2. Amlodipine-Benazepril 3. Escitalopram 10 mg 4. Atorvastatin 10 mg 5. Memantine HCl 10 mg (2x) 6. Nutrilite Double X multivitamin 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG Called physician to get correct order of medications. Correct strength, dosage; and frequency of medications were written on resident's MAR. PCG instructed SCGs to follow all correct orders and document in MAR</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOSH-2012-A STATE LICENSING</p>	<p style="text-align: center;">eee</p> <p style="text-align: center; font-size: large;">4/1/22</p> <p style="text-align: right;">22 APR 12 P 3:08</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 - Physician order for the following did not include the strength, dosage and/or frequency:</p> <ol style="list-style-type: none"> 1. Metformin HCl 500 mg 2. Amlodipine-Benazepril 3. Escitalopram 10 mg 4. Atorvastatin 10 mg 5. Memantine HCl 10 mg (2x) 6. Nutrilite Double X multivitamin 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>PCG will ensure that prior to admission of resident into AREH, all medication order is complete including medications strength, dosage and/or frequency.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DCH-919A SNF LICENSING</p>	<p style="text-align: center; font-size: large;"><i>4/1/22</i></p> <p style="text-align: right; font-size: small;">'22 APR 12 P 3:08</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 the following medication recorded on the March 2022 medication record:</p> <ol style="list-style-type: none"> 1. Cyanocobalamin (B-12) 1000 mcg tabs Take 1 tab po daily 2. Omega-3 fatty acids (Brain Health Omega) Take 1 tab po 2x/day 3. Gingko Biloba (Nutralite Memory Builder) Take 1 tab po 2x/day 4. Multiple vitamin-minerals (Nutralite) Take 3 tablets po 2x/day. There were three (3) different colored tablets (light brown, beige and yellow). Unable to determine how the colored tablets should have been taken. 5. Dayvigo 5 mg tablet Take 1-2 tablets orally daily at bedtime. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG called physician to get correct order of medications. Correct medication, strength, dosage and frequency were added written in resident's MAR. PCG instructed SCGs to follow all correct orders & document in MAR.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-0112 STATE LICENSING</p>	<p style="text-align: center; font-size: large;"><i>4/1/22</i></p> <p style="text-align: right; font-size: small;">22 APR 12 P 3:08</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 the following medication recorded on the March 2022 medication record:</p> <ol style="list-style-type: none"> 1. Cyanocobalamin (B-12) 1000 mcg tabs Take 1 tab po daily 2. Omega-3 fatty acids (Brain Health Omega) Take 1 tab po 2x/day 3. Gingko Biloba (Nutralite Memory Builder) Take 1 tab po 2x/day 4. Multiple vitamin-minerals (Nutralite) Take 3 tablets po 2x/day. There were three (3) different colored tablets (light brown, beige and yellow). Unable to determine how the colored tablets should have been taken. 5. Dayvigo 5 mg tablet Take 1-2 tablets orally daily at bedtime. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that prior to resident's admission to AReff, a checklist needs to be checked off (medications included in the checklist), if certain medications doesn't have any MD order, PCG/SCG to hold it until an order is obtained from prescribing MD.</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 P2:03 STATE OF MICHIGAN JUN 14 2022 STATE LICENSING</p>

	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><u>FINDINGS</u> Resident #1 - "Dayvigo 5 mg tablet Take 1-2 tabs daily at bedtime" was recorded on the medication record; however, the number of tablets taken was not specified.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG called MD to verify and get correct order of medication. PCG instructed SCG's to follow correct order of medication @ record it in resident's MAR.</i></p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DEPT. OF A STATE LICENSING</p>	<p style="text-align: right;"><i>4/1/22</i></p> <p style="text-align: right;">*22 Apr 12 P 3:08</p>

	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><u>FINDINGS</u> Resident #1 - "Dayvigo 5 mg tablet Take 1-2 tabs daily at bedtime" was recorded on the medication record; however, the number of tablets taken was not specified.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG will ensure that SCG is aware of # of tablets that resident needs to take. SCG to record right # of tablets given on MAR. - PCG provided training to SCG.</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 P2:03</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DEPT. OF HEALTH STATE LINCENSING</p>

	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><u>FINDINGS</u> Resident #1 - "Dayvigo 5 mg tablet Take 1-2 tabs daily at bedtime" was recorded on the medication record; however, the number of tablets taken was not specified.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that SCG is aware of # of tablets that resident needs to take. SCG to record right # of tablets given on MAR</p> <p>PCG will be checking MAR ^{aka} that to make sure that SCG document right #'s of tablet taken on daily basis.</p>	<p>6/2/22</p> <p style="text-align: right;">'22 JUN 14 P2:03</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	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><u>FINDINGS</u> Resident #1 - Progress notes did not include observations that the resident needs to be fed. The SCG was observed feeding the resident. The SCG stated that the resident needs to be fed; otherwise, she will not eat.</p>	<p>PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DHHS STATE LICENSING</p>	<p style="text-align: center;">22 APR 12 P 3:08</p>

	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><u>FINDINGS</u> Resident #1 - Progress notes did not include observations that the resident needs to be fed. The SCG was observed feeding the resident. The SCG stated that the resident needs to be fed; otherwise, she will not eat.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that SCG needs to document any observations of residents on progress notes. PCG will will remind SCG to make aware of any observations so PCG can report it to PCP/family. PCG to check documentation of progress notes observation on monthly basis.</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 P 2:03</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that the resident and resident's family were informed in writing of the related charges.</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><i>PCG wrote monthly charges on resident's PTP form. Family signed form.</i></p>	<p><i>6/2/22</i></p> <p>STATE OF IOWA DEPARTMENT OF SOCIAL SERVICES "22 JUN 14 P2:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that the resident and resident's family were informed in writing of the related charges.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will ensure that mobility charge for resident is written on the ^{GOP} form prior to resident / family representative signing it.</i></p>	<p><i>6/2/22</i></p> <p style="text-align: right;">22 JUN 14 P2:03</p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Four (4) stacked plastic chairs and heavy garden hose were obstructing the sidewalk at the back of the ARCH.</p> <p>Removed during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">22 APR 12 P 3:08</p> <p style="text-align: center;">STATE OF MARYLAND NIGHT INSPECTION SECTION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Four (4) stacked plastic chairs and heavy garden hose were obstructing the sidewalk at the back of the ARCH.</p> <p>Removed during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that SCG is aware that all sidewalk of ARCH and back of ARCH shall be clear and unobstructed.</p> <p>PCG will ensure of it by checking on it whenever doing perimeter of house check.</p>	<p>6/2/22</p> <p style="text-align: right;">22 JUN 14 P2:03</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT POLICE STATE FIRE MARSHAL</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> The SCG did not sanitize the lunch dishes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 APR 12 P 3:08</p> <p>STATE OF HAWAII DOH OHP/CA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> The SCG did not sanitize the lunch dishes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure ^{reminder} that SCG to follow posted instruction on how to sanitize dishes.</p> <p>- PCG will check if sanitation of dishes were done.</p>	<p>6/2/22</p> <p style="text-align: right;">'22 JUN 14 P 2:03 STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #2 - No signaling device at the bedside and in the bathroom.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCCG provided a working signaling device for bedroom #2.</i></p>	<p style="text-align: center;"><i>4/11/22</i></p> <p style="text-align: center;">22 APR 12 P 3:08</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #2 - No signaling device at the bedside and in the bathroom.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>PCG will ensure that during monthly inspection of resident / household necessity @ working signaling device to be included on the list.</i></p> <p style="text-align: right;">STATE OF HAWAII DHF-DOHA STATE LICENSING</p>	<p style="text-align: right;"><i>4/1/22</i></p> <p style="text-align: right;">'22 APR 12 P 3:08</p>

Licensee's/Administrator's Signature: *Abigail Ogden*
Print Name: Abigail Ogden
Date: 4/8/22

Licensee's/Administrator's Signature: *Abigail Ogden*
Print Name: Abigail Ogden
Date: 6-1-22

22 APR 12 P 3:08
STATE OF MARYLAND
DOH-CRCA
STATE LICENSING