

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olivia Lewin's EARCH	CHAPTER 100.1
Address: 92-1336 Pueonani Street, Kapolei, Hawaii 96707	Inspection Date: September 8, 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.

21 OCT -5 P 3:08
STATE OF HAWAII

	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> Substitute care giver (SCG) #1 - No tuberculosis (TB) clearance. Submit a copy of the two-step TB clearance with the plan of correction (POC).</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>Copy of TB clearance enclosed/attached.</p>	<p>9/18/21</p> <p>STATE OF HAWAII OCT -5 P 3:08</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> Substitute care giver (SCG) #1 - No tuberculosis (TB) clearance. Submit a copy of the two-step TB clearance with the plan of correction (POC).</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p 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 will use a new SCG Checklist to keep track of the clearances needed prior to contact with residents. CGS will not be permitted to work if TB clearance is not received.</p> <p align="right"><i>Olivia L. Lewin</i></p>	<p align="center">9/21/21</p> <p align="right"> <small>STATE OF NEW YORK OFFICE OF THE ATTORNEY GENERAL DIVISION OF LEGAL COUNSEL 21 OCT -5 P 3:09</small> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 - The level of care was not documented by the physician. Submit a copy with the POC.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">Copy attached.</p>	<p align="center">9/13/21</p>

STATE OF MARYLAND
 DEPARTMENT OF
 HEALTH & GENERAL SERVICES
 DIVISION OF LICENSING
 21 OCT -5 P 3:09

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 - The level of care was not documented by the physician. 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>I will use the ARCH Resident Admission checklist to ensure that all admission documents are received prior to or at the time of admission.</p> <p>I will double check that the documents are complete prior to placing in the resident's folder.</p> <p style="text-align: right;"><i>Olivia L. Lewin</i></p>	<p>9/21/21</p> <div style="text-align: right;"> STATE OF HAWAII DEPT. OF HEALTH DIVISION OF LICENSING 21 OCT -5 P 3:09 </div>

	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> For one resident receiving a pureed textured lunch, there was no "regular pureed texture" menu; the posted menu listed "French bread pizza" for lunch 9/8/21.</p> <p>No substitution list.</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 generated a separate "regular pureed texture" menu and posted it side by side with the regular diet menu.</p>	<p>9/12/21</p> <p>STATE OF HAWAII OCT -5 P 3:09</p>

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<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> For one resident receiving a pureed textured lunch, there was no "regular pureed texture" menu; the posted menu listed "French bread pizza" for lunch 9/8/21.</p> <p>No substitution list.</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>When a special diet is ordered I will generate the special diet menu, train my SCG's and post the menu.</p> <p>If I need help I will call the OCHA nutritionist.</p> <p><i>Olivia S. Lewin</i></p>	<p>9/21/21</p> <p>STATE OF HAWAII OCHA 21 OCT -5 P3:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 - "Regular pureed texture pudding liquids" ordered 7/2/21; no physician order for the thickening agent. "Regular liquids" ordered 8/17/21.</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>21 OCT -5 P 3:10</p> <p>STATE OF HAWAII DEPT-CHS STAFF PERSON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 - "Regular pureed texture pudding liquids" ordered 7/2/21; no physician order for the thickening agent. "Regular liquids" ordered 8/17/21.</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>In order for this not to happen again, I will request PCP order for the specific brand of thickening agent to be used to thicken food or liquids for clients that need to have their food or drinks thickened.</p> <p><i>Olivia S. Lewin</i></p>	<p>9/9/21</p> <p>STATE OF NEW YORK JUL 13 2021 21 OCT -5 P 3:10</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> Bedroom #2 - "Fish oil 1000 mg capsules, Fish oil 1200 mg capsules, Mature Multi tabs and a pill minder with medication were unsecured in the closet. The closet door was open.</p> <p>Neosporin ointment was unsecured at the bedside stand.</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 collected all the Fish Oil capsules, Mature Multi tabs, pill minder with medications and Neosporin ointment and secured all in the locked client chart and medicine cabinet.</p> <p>PCP order prescribing the Fish Oil capsules and Mature Multi tabs enclosed.</p> <p>PCP order for Neosporin Ointment enclosed.</p>	<p>9/9/21</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING 21 OCT -5 P 3:10</p>

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<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> For one (1) discharged resident, "Bisacodyl 10 mg suppositories" were unsecured in the refrigerator.</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 disposed off the medications immediately.</p>	<p>9/9/21</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING 21 OCT -5 P 3:10</p>

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<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> For one (1) discharged resident, "Bisacodyl 10 mg suppositories" were unsecured in the refrigerator.</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>Medications that need to be refrigerated will be secured in a locked container with the client's name.</p> <p>Upon discharged/death I will check off all the resident's medications that are in the locked cabinets and/or in the refrigerator in their MAR and dispose of them safely.</p> <p>Or if appropriate I will hand it over to the family member or to the next admitting caregiver.</p> <p style="text-align: right;"><i>Olivia L. Lewin</i></p>	<p>10/27/21</p>

NOV 04 2021

	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> Bedroom #2 - No physician orders for the unsecured medication in the resident's closet and bedside stand.</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>PCP orders enclosed/attached</p>	<p>9/15/21</p> <p>21 OCT -5 P 3:10</p> <p>STATE OF HAWAII DEPT. OF HCSA STATE OF HAWAII</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> Bedroom #2 - No physician orders for the unsecured medication in the resident's closet and bedside stand.</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>Upon admission if medications are found with client's belongings it will be confiscated and secured in a locked cabinet. Then these medications will be checked if they have PCP orders. If they do then they will be included with their other medications that are given by the primary and/or substitute caregivers.</p> <p>If there are medications that do not have PCP orders then these medications will be discussed with the client and their PCP by me (primary caregiver) and orders will be obtained if appropriate. Then they will be included in their MAR and given to client as prescribed.</p> <p>If there are no orders obtained or PCP decides to discharge said medications then they will be passed on to the family member or disposed off appropriately.</p> <p><i>Olivia S. Lewis</i></p>	10/27/21

	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 - "Melatonin 3 mg Take 1 tablet by mouth at bedtime" ordered 9/1/21 was not recorded on the medication record.</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>"Melatonin 3mg take 1 tab by mouth at bedtime" has been recorded in the resident's MAR.</p>	<p>9/9/21</p>

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STATE LICENSING

21 OCT -5 P 3:11

	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 - "Melatonin 3 mg Take 1 tablet by mouth at bedtime" ordered 9/1/21 was not recorded on the medication record.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCP orders via telephone or telehealth will be recorded in a PCP order form and the resident's MAR or Treatment form as soon as it is received and filed in resident's chart.</p> <p align="right"><i>Olivia L. Lewin</i></p>	<p align="center">9/9/21</p> <p align="right">21 001-5 P3:11</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 - "Melatonin" ordered 9/1/21 was not recorded on the medication record. The reason for the delay in initiating the medication was not documented.</p> <p>No observations of the resident's tolerance to the change from "pudding" consistency liquids to "regular liquids" ordered 8/17/21.</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>Progress note was written to notate the reason for the delay in initiating "Melatonin 3mg".</p> <p>Progress note written that notate resident's tolerance from pudding to regular liquid.</p>	<p>9/30/21</p> <p>21 OCT -5 P3:11</p> <p>STATE OF HAWAII HHS DIVISION STATE LICENSING</p>

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<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>FINDINGS Resident #1 - "Melatonin" ordered 9/1/21 was not recorded on the medication record. The reason for the delay in initiating the medication was not documented.</p> <p>No observations of the resident's tolerance to the change from "pudding" consistency liquids to "regular liquids" ordered 8/17/21.</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><i>Pet order for melatonin will be documented in the Pet's order form weekly and discussed in the next meeting the same day if receipt</i></p> <p><i>Progress note will be written to reflect any issues or delays there is a delay in initiating a prescribed medication within 24 hours of order receipt.</i></p> <p><i>Progress note will relate resident's response to any diet or food texture changes, as well as new if order receipt. for at least 20.27 a week</i></p> <p><i>Kevin L. Harris</i></p>	<p>May 3, 2022 MAY - 3 P2:12</p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 - Correction tape used on the July 2021 medication record.</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>21 OCT -5 P3:11</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 - Correction tape used on the July 2021 medication record.</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 will reiterate to myself and to all the substitute caregivers that correction tape usage to correct mistakes in client's documents will not be acceptable.</p> <p>All charting document will have a "Do not use correction tape" in red ink notation to reiterate it every time we chart.</p> <p>Any mistakes in charting will be corrected by crossing such mistake once and initialing it. For much more grievous mistake a new document can be rewritten in the interest of accuracy and avoid confusion with too many corrections and initials. The original document can be enclosed with the rewritten one.</p> <p style="text-align: right;"><i>Olivia L. Lewin</i></p>	<p>11/1/21</p>

NOV 04 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No description of the fire drills conducted.</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>'21 OCT -5 P 3:11</p> <p>STATE OF HAWAII DOH-ENG STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request:</p> <p><u>FINDINGS</u> No description of the fire drills conducted.</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>Fire drill be be conducted every 3 months and the whole exercise will be documented from A to Z, the the time it was initiated, the people involved, who assisted who, which exit was taken and the time everyone reached the safe meeting area.</p> <p><i>Olivia L. Lewin</i></p>	<p>9/16/21</p> <p>21 OCT -5 P3:11</p> <p>STATE OF IDAHO DOM-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP):</p> <p><u>FINDINGS</u> Resident #1 - No pneumococcal vaccination.</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>Vaccination Record enclosed/attached.</p>	<p>9/13/21</p> <p>21 OCT -5 P 3:11</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident #1 - No pneumococcal vaccination.</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><i>I will use the admission checklist as a reminder to check documentation for pneumococcal vaccination.</i></p> <p><i>I will submit the previous pay record & report for the common plan record. Specifically the pneumococcal</i></p> <p><i>Alvin J. Davis</i></p>	<p>may. 3 2022</p> <p>STATE OF OHIO DEPARTMENT OF STATE LICENSING</p> <p>22 MAY -3 P2:12</p>

Licensee's/Administrator's Signature: Olivia S. Lewin

Print Name: Olivia S. Lewin

Date: October 4, 2021

Licensee's/Administrator's Signature: Olivia S. Lewin

Print Name: Olivia S. Lewin

Date: November 01, 2021

Licensee's/Administrator's Signature: Olivia S. Lewin

Print Name: OLIVIA S. LEWIN

Date: 1/24/2022

Licensee's/Administrator's Signature: Olivia S. Lewin

Print Name: OLIVIA S. LEWIN

Date: May 3, 2022