

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: D-Well Care Services	CHAPTER 100.1
Address: 3443 Likini Street, Honolulu, Hawaii 96818	Inspection Date: February 9, 2023 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 9/22/22 for special diet of “Regular, chopped.” No special diet menu available for review.</p> <p>Please provide a copy of your special diet menu addressing chopped diet as evidence of completion.</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>Resident's menu is revised for resident special diet order and available for review.</i></p>	<p style="text-align: center;"><i>3/27</i></p> <p style="text-align: right; font-size: small;">STATE DEPARTMENT OF HEALTH DIVISION OF LICENSING 23 MAR 31 13:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 9/22/22 for special diet of “Regular, chopped.” No special diet menu available for review.</p> <p>Please provide a copy of your special diet menu addressing chopped diet as evidence of completion.</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>In the future, I will ensure a resident ordered chopped special diet must indicate to my weekly menu for resident's preferred ordered by physician. I will communicate w/ the OHCA nutritionist if I have any questions regarding special diets and menus.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">23 APR 31 P 3:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 found in resident’s chart for the following pharmacy labeled medication bottles found in resident medication bin:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg • Atorvastatin 10mg • Escitalopram 20mg • Gabapentin 300mg • Rabeprazole 20mg • Tamsulosin 0.4mg • Tramadol 50mg • Xarelto 20mg • Latanoprost 0.005% eye drops • Finasteride 5mg 	<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>Medications Acetaminophen 500mg, Atorvastatin 10mg, Escitalopram 20mg, Gabapentin 300mg, Rabeprazole 20mg, Tamsulosin 0.4mg, Tramadol 50mg, Xarelto 20mg, Latanoprost 0.005% eye drops and Finasteride 5mg. Found forms and obtained by signed physician and ready for review.</p>	<p style="text-align: right; font-size: 2em;">3/27/23</p> <p style="text-align: right; font-size: 0.8em;">23 MAR 31 03:20 STATE OF CONNECTICUT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 found in resident’s chart for the following pharmacy labeled medication bottles found in resident medication bin:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg • Atorvastatin 10mg • Escitalopram 20mg • Gabapentin 300mg • Rabeprazole 20mg • Tamsulosin 0.4mg • Tramadol 50mg • Xarelto 20mg • Latanoprost 0.005% eye drops • Finasteride 5mg 	<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>In the future, I will file and organize my resident's documents so it is available for review.</p> <p>I will check my resident's binder at the first week of each month to ensure all documents are filed.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P 3:20</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 – No Medication Administration Record (MAR) made available to the department from admission (10/01/22) to time of annual inspection.</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;">Resident MAR has been obtained, updated and available for review in resident's binder.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P 3:19</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 – No Medication Administration Record (MAR) made available to the department from admission (10/01/22) to time of annual 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>In the future, I will keep and consistently update my resident MAR to ensure the availability for resident review. I will have my SCG consistently review and double check my resident's MAR as I recorded each day.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P 3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No Schedule of Activities found in resident’s chart.</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>Resident Schedule of Activities are obtained and ready for review on Resident's binder.</i></p>	<p style="text-align: center;"><i>3/27/23</i></p>

STATE OF HAWAII
DEPARTMENT OF
COMMUNITY CARE

23 MAR 31 P 3:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No Schedule of Activities found in resident’s chart.</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>In the future, I will ensure that a Resident Schedule of Activities must done and kept in resident's folder and have my SCG to double check to ensure the completed form is available for review.</p>	<p style="text-align: right;">3/27/23</p> <p style="text-align: right;">23 MAR 31 13:19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 – No documented evidence of an initial tuberculosis assessment upon admission.</p> <p>Please provide a copy of tuberculosis clearance signed by a physician or APRN as proof of completion.</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>Resident TB clearance is found and obtained and ready for review.</i></p>	<p style="text-align: center;"><i>3/27/23</i></p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 MAR 31 P 3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of an initial tuberculosis assessment upon admission.</p> <p>Please provide a copy of tuberculosis clearance signed by a physician or APRN as proof of completion.</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>In the future, I will have my SCCG to double check and help me to organize the important completed requirement forms that need it to my Resident's binder. An admission and readmission checklist will be used to remind me what documents are needed upon admission.</p>	<p style="text-align: right;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 – No documented evidence of a physician order for at admission. The following medications were found in resident's medication bin:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg • Atorvastatin 10mg • Escitalopram 20mg • Gabapentin 300mg • Rabeprazole 20mg • Tamsulosin 0.4mg • Tramadol 50mg • Xarelto 20mg • Finasteride 5mg • Latanoprost 0.005% eye drops 	<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>Medication such as Acetaminophen 500mg, Atorvastatin 10mg, Escitalopram 20mg, Gabapentin 300mg, Rabeprazole 20mg, Tamsulosin 0.4mg, Tramadol 50mg, Xarelto 20mg, Finasteride 5mg, Latanoprost 0.005% eye drops are all forms found and obtained by physician signed order.</p>	<p style="text-align: right;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P3:19</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a physician order for at admission. The following medications were found in resident's medication bin:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg • Atorvastatin 10mg • Escitalopram 20mg • Gabapentin 300mg • Rabeprazole 20mg • Tamsulosin 0.4mg • Tramadol 50mg • Xarelto 20mg • Finasteride 5mg • Latanoprost 0.005% eye drops 	<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>In the future, I will file and organize my resident's documents so it is available for review. I will check my resident's binders at the first week of each month to ensure all documents are filed.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">'23 MAR 31 10:19 AM STATE OF CONNECTICUT DEPARTMENT OF SPECIAL SERVICES</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 – No evidence of monthly progress notes from October 2022 to January 2023.</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>'23 MAR 31 P3:19</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE HEALTH</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 – No evidence of monthly progress notes from October 2022 to January 2023.</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 a calendar to remind me to complete Monthly progress notes at the end of the month. My scc will double check to make sure it is completed and filed.</p>	<p style="text-align: right;">3/27/23</p> <p style="text-align: right;">'23 MAR 31 P3:19</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DOH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent Resident Register is incomplete of previous residents. Record only shows resident admitted from 2022 to 2023.</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>Revised and completed Resident Registration are ready for review.</i></p>	<p style="text-align: center;"><i>3/27/23</i></p> <p style="text-align: center;">'23 MAR 31 P 3:19</p> <p style="text-align: center;">STATE OF NEW YORK DOH-01 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent Resident Register is incomplete of previous residents. Record only shows resident admitted from 2022 to 2023.</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>From now on, I will include all previous and new resident name in my resident registration list. I will have my SCG to double check if I have it done correctly.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS Two (2) out of the three (3) paths to area of refuge in the care home facility are not in good repair:</p> <ul style="list-style-type: none"> • Outside of living room area exit, plywood wood flooring covering walkway is sunken and loose making it unsafe to walk on. Walkway is obstructed by two orange cones, and potted plants. • Wheelchair ramp from kitchen exit with obvious signs of wood breakdown and chipping. Exposed rusted screws observed where wood breakdown is present. 	<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>Outside living room area exit and wheelchair ramp from kitchen exit have been repaired March 19, 2023.</i></p>	<p style="text-align: center;"><i>3/27/23</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">23 MAR 31 P 3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Two (2) out of the three (3) paths to area of refuge in the care home facility are not in good repair:</p> <ul style="list-style-type: none"> • Outside of living room area exit, plywood wood flooring covering walkway is sunken and loose making it unsafe to walk on. Walkway is obstructed by two orange cones, and potted plants. • Wheelchair ramp from kitchen exit with obvious signs of wood breakdown and chipping. Exposed rusted screws observed where wood breakdown is present. 	<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>In the future, I should be mindful of all deteriorating exterior of my care home for the safety of my residents. Anything that rises to be concerns should be addressed immediately. Me and my SCES will do a monthly walk through around the premise of the house to ensure it's in good shape.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P 3:19</p>

STATE OF MARYLAND
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> Hazardous walkway to area of refuge:</p> <ul style="list-style-type: none"> • Coming out of living room exit, observed dilapidated plywood flooring on the side of the house sinking and loose. Walkway is also covered with potted plants and cones obstructing walkway. • Wooden wheelchair ramp coming out of kitchen exit is observed to be deteriorating and exposed rusting screws where wood is chipped. 	<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="font-size: 1.2em; text-align: center;"> <i>Outside living Room Exit have been repaired March 19, 2023. Potted plant and cones that obstruct the pathway are being removed and cleared.</i> </p>	<p style="text-align: center; font-size: 1.5em;">3/27/23</p>

STATE OF MICHIGAN
 DEPARTMENT OF
 STATE LICENSING

23 MAR 31 P 3:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> Hazardous walkway to area of refuge:</p> <ul style="list-style-type: none"> • Coming out of living room exit, observed dilapidated plywood flooring on the side of the house sinking and loose. Walkway is also covered with potted plants and cones obstructing walkway. • Wooden wheelchair ramp coming out of kitchen exit is observed to be deteriorating and exposed rusting screws where wood is chipped. 	<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>In the future, My SCG and I will check the premises of the home to make sure there is nothing blocking the path to area of refuge, and move blocked items as needed.</p>	<p style="text-align: right;">3/27/23</p> <p style="text-align: right;">'23 MAR 31 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS 104-CVS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Waste receptacles in both facility bathrooms do not have tight fitting covers.</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;">Waste Receptacles in both resident bathrooms have been replaced with step pedals with easy close lids.</p>	<p style="text-align: right;">3/27/23,</p> <p style="text-align: right;">23 MAR 31</p> <p style="text-align: right;">P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII COMMUNITY STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Waste receptacles in both facility bathrooms do not have tight fitting covers.</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>In the future, Waste Receptacles with step pedals shall be available in the bathroom and kitchen of the care home for sanitary waste handling. My SCG have also been re-trained to help remind that trash receptacles must have tight fitting lids around the house in the event we need to replace them in the future.</p>	<p style="text-align: center;">3/27/23</p> <p style="text-align: right;">23 MAR 31 P 3:19</p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

Licensee's/Administrator's Signature: _____

Maria T. Singh

Print Name: _____

Maria T. Singh

Date: _____

3/27/23

STATE OF IOWA
DEPT. OF REVENUE
STATE LICENSING

23 MAR 31 P 3:19