Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai ARCH	**CHAPTER 100.1**
Address: **308 Kuliouou Road, Honolulu, Hawaii 96821**	**Inspection Date: February 2, 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Substitute care giver (SCG) #2 – No background check. **Submit a copy with the plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SECURED BACKGROUND CHECK ON SC#2 ON 2-4-23. COPY IS ATTACHED. STATE OF HAWAII DOH-OHCA STATE LICENSING '23 MAR 30 A11:00	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Substitute care giver (SCG) #2 – No background check. **Submit a copy with the plan of correction (POC).**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I CREATED A RECORD OF EACH CAREGIVERS REQUIRED DOCUMENTS WHICH IS FOUND IN MY "CAREGIVERS FILES" BINDER, INCLUDING THEIR EXPIRATION DATES. I WILL GIVE A REMINDER TO THE SCG AT LEAST 3 MONTHS BEFORE THE EXPIRATION DATE TO ALLOW THEM TIME TO UPDATE THEIR DOCUMENTS. THEN I WILL CHECK BACK IN 60 AND 30 DAYS. FOR EXAMPLE IF THEIR BACKGROUND CHECK IS DUE ON 1/1/24 I WILL REMIND THE SCG ON 10/1/23 AND THEN ON 11/1/23 AND 12/1/23. THE SCG NAME, TYPE OF DOCUMENT AND EXPIRATION DATE WILL ALSO BE WRITTEN ON CALENDAR EACH MONTH FOR 3 MONTHS BEFORE THE DUE DATE. THE CALENDAR WILL BE REVIEWED MONTHLY BY MYSELF, THE PCG.	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 – No current physical examination. The document on file did not identify SCG #1 by name. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SECURED RECENT P.E. OF SCG ON 2-21-2023. COPY IS ATTACHED '23 MAR 30 A11:00 DOH-DHCA STATE LICENSING	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #1 – No current physical examination. The document on file did not identify SCG #1 by name. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** RECORDS OF EACH WORKING CARE GIVERS CREATED TO RECORD ALL REQUIRED DOCUMENTS SUCH AS ~~PHYSICAL~~ ERROR PHYSICAL EXAM, TB CLEARANCE, FIELD PRINT BACKGROUND CHECK AND EXPIRATION DATES OF EACH. DATES OF DOCUMENTS ~~EXPIRED~~ EXPIRATION ERROR DATES ALONG WITH SCG NAME AND TYPE OF DOCUMENT WILL BE WRITTEN ON CALENDAR. PCG REVIEWS CALENDAR MONTHLY AND WILL INFORM SCGs WHEN DOCUMENTS ARE GOING TO EXPIRE. STATE OF HAWAII DOH-OMCA STATE LICENSING '23 MAR 30 A11:00	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Lunch menu noted sweet potato fries; however, substituted with French fries. There was no substitution list.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** REMADE THAT WEEK'S MENU TO INCLUDE SUBSTITUTION OF FRENCH FRIES ON 2/3/23. NOTED SUBSTITUTION ON "MENU SUBSTITUTION RECORD". CREATED A SUBSTITUTE FOOD ITEM LIST ON 2-5-23. PUT UP A DAILY MENU.	3-23-2023

'23 MAR 30 A11:00

STATE OF HAWAII
DCH-OHCC
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Lunch menu noted sweet potato fries; however, substituted with French fries. There was no substitution list.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I WILL POST A REMINDER NOTE FOR MYSELF & CARE GIVERS TO ONLY OFFER FOOD ITEMS FROM SUBSTITUTION LIST. IF MENU ITEM IS UNAVAILABLE. I WILL INSERVICE STAFF MONTHLY ON THIS.	4-25-23

'23 APR 26 AM 10:25
STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Laundry products, Pine-Sol, and cleaning agents were unsecured outside by the washing machine.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** MOVED LAUNDRY PRODUCTS FROM OUT SIDE IN THE OPEN TO A LOCKED CABINET ON 2-3-23.	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Laundry products, Pine-Sol, and cleaning agents were unsecured outside by the washing machine.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO ENSURE LAUNDRY PRODUCTS WOULD BE SECURE IN THE FUTURE I WILL CREATE LAMINATED SIGNS TO ATTACH TO WALLS NEAR THE LAUNDRY AREA TO INDICATE WHERE PRODUCTS ARE TO BE STORED WHEN NOT IN USE. ALL SCG WILL BE INFORMED TO STORE THE CLEANING/LAUNDRY PRODUCTS IN THE CABINET AFTER USE AND MAKE SURE TO LOCKED THE CABINET.	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – The label affixed to the bottle read: 9/4/21 Kirkland Rapid Release Acetaminophen 500 mg Expiration 1/2024. The medication was removed from the original container and found in a "ZanthoSyn" bottle.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** FAMILY BROUGHT IN ORIGINAL CONTAINER ON 2/4/23. ORIGINAL BOTTLE AND EXISTING MEDICATIONS WERE DISCARDED AS NEW BOTTLE WAS PURCHASED ON 2/5/23.	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – The label affixed to the bottle read: 9/4/21 Kirkland Rapid Release Acetaminophen 500 mg Expiration 1/2024. The medication was removed from the original container and found in a "ZanthoSyn" bottle.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I WILL POST A REMINDER NOTE ON MY CHECK LIST REVIEW BINDER TO CHECK THAT THAT ALL MEDICATION ARE IN ORIGINAL CONTAINER. I WILL DO THIS UPON ADMISSION & MONTHLY THERE AFTER.	4-25-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Clopidogel (sic) 75 mg Take 1 tab po Q other day" ordered 1/10/23; however, the label noted "Take one tablet by mouth daily." The medication record noted "Q other day."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SPOKE TO FAMILY ON 2-3-23 TO HAVE PHARMACIST CORRECT LABEL. NEW BOTTLE HAS BEEN ORDERED AND RECEIVED ON 2-17-23 TO REFLECT "TAKE ONE TABLET BY MOUTH EVERY OTHER DAY".	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Clopidogel (sic) 75 mg Take 1 tab po Q other day" ordered 1/10/23; however, the label noted "Take one tablet by mouth daily." The medication record noted "Q other day."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I MADE REMINDER NOTE ON MY CHECK LIST REVIEW BINDER TO REVIEW MEDICATION BOTTLE LABEL W/ MEDICATION ORDER IMMEDIATELY AFTER PICKING UP FROM PHARMACY.	4-25-23

'23 APR 26 A10:25

STATE OF HAWAII
DOH CARE
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Multivitamins Take 1 po daily" ordered 1/10/23. On hand were "Multivitamin Gummies." The medication record read "1 po daily." The primary care giver stated she gives 2 gummies daily. The manufacturer's label read serving size "2 gummies." There was no label instructions or medication record instructions to give 2 gummies daily.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** NEW MEDICATION ORDER FOR GUMMY MULTIVITAMINS OBTAINED ON 2-4-2023 STATING TO "TAKE 2 GUMMIES A DAY"	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Multivitamins Take 1 po daily" ordered 1/10/23. On hand were "Multivitamin Gummies." The medication record read "1 po daily." The primary care giver stated she gives 2 gummies daily. The manufacturer's label read serving size "2 gummies." There was no label instructions or medication record instructions to give 2 gummies daily.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** MAKING SURE THAT MULTIVITAMIN IS ADMINISTERED ACCORDING TO PHYSICIAN'S ORDER INCLUDING TYPE OF VITAMIN & DOSAGE OF MULTIVITAMIN. I WILL MAKE A REMINDER NOTE TO DO THIS ON MY CHECKLIST REVIEW BINDER	4-25-23

STATE OF HAWAII
DEPT OF COMMERCE & CONSUMER AFFAIRS
STATE LICENSING
'23 APR 26 A10:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Tamsulosin label instructions noted "Take one-half hour following the same meal each day." Per the medication record, the medication is taken at 8 p.m. dinner is served at 6 p.m.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PER RESIDENT'S POA, PRIOR TO RESIDENT MOVING TO CARE HOME, RESIDENT WAS TAKING MEDICATION AT 8 PM AFTER MEALS AROUND 6 PM WITH NO ADVERSE EFFECTS. RECEIVED NEW LABEL FROM DOCTOR TO STATE "TAKE ONE CAP BY MOUTH DAILY" NO LONGER REQUIRING A SPECIFIC TIME FOR MEDICATION TO BE TAKEN. MAR HAS ALSO BEEN UPDATED.	3-23-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Tamsulosin label instructions noted "Take one-half hour following the same meal each day." Per the medication record, the medication is taken at 8 p.m. dinner is served at 6 p.m.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I WILL POST A REMINDER NOTE FOR MYSELF & CAREGIVERS TO ADMINISTER TAMSULOSIN AT BED TIME EACH NIGHT. MEDICATION ORDER CHANGED FROM 1/2 HR ~~TO AT~~ ERROR AFTER DINNER TO AT BEDTIME. REMINDER NOTE POSTED TO CHECKLIST ~~REMINDER~~ BINDER ERROR.	4-25-23

'23 APR 26 AM 10:25

17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Diltiazem HCl 240 mg oral cap" order read "Hold for SBP < 100 or HR < 50"; however, the medication record noted "Hold for SB < 100 or HR < 55".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I REVIEWED MY MAR TO THE DOCTOR'S ORDER AND CORRECTED THE MAR NOTE TO INDICATE "HOLD FOR SBP <100 OR HR <50 ON 2-2-23 IN THE AFTER NOON.	3-24-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Diltiazem HCl 240 mg oral cap" order read "Hold for SBP < 100 or HR < 50"; however, the medication record noted "Hold for SB < 100 or HR < 55".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I WILL POST REMINDER NOTE TO REVIEW ALL MEDICATION & HOLD PARAMETERS LISTED ON MY MAR WITH CURRENT PHYSICIAN'S ORDERS EACH MONTH. REMINDER NOTE POSTED TO CHECKLIST BINDER, TO ENSURE MAR IS CORRECT.	4-25-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Losartan Potassium 25 mg oral cap" order read "Hold for SBP < 100, DBP < 50 or HR < 55"; however, the medication record read "Hold for SBP < 100, DBP < 50, HR < 50".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I REVIEWED MY MAR TO THE DOCTOR'S ORDER AND CORRECTED THE MAR NOTE TO INDICATE "HOLD FOR SBP < 100, DBP < 50 OR HR < 55 ON 2-2-23 (IN THE AFTERNOON), AS PRESCRIBED BY THE PHYSICIAN.	3-24-2023

STATE OF HAWAII
DOH CHCA
STATE LICENSING

'23 MAR 30 A11:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Losartan Potassium 25 mg oral cap" order read "Hold for SBP < 100, DBP < 50 or HR < 55"; however, the medication record read "Hold for SBP < 100, DBP < 50, HR < 50".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I WILL POST REMINDER NOTE TO REVIEW ALL MEDICATION AND HOLD PARAMETERS LISTED ON MY MAR WITH CURRENT PHYSICIAN'S ORDERS EACH MONTH TO ENSURE MAR IS CORRECT. REMINDER NOTE IS POSTED TO CHECKLIST BINDER.	4-25-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 – "Antiseptic mouth wash 3-4 x/d" ordered 7/21/22 by the dentist. No documentation of the treatment rendered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I ADDED THE ANTISEPTIC MOUTH WASH TREATMENT INTO THE TREATMENT SHEET ON 2-2-23 AND TREATMENT WAS DOCUMENTED AS A LATE ENTRY IN PROGRESS NOTES AS OF 2-2-23.	3-24-2023

'23 MAR 30 AM 11:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 – "Antiseptic mouth wash 3-4 x/d" ordered 7/21/22 by the dentist. No documentation of the treatment rendered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** MAKE A REMINDER NOTE TO REMIND MY SELF AND STAFF TO DOCUMENT IN TREATMENT RECORD EACH TIME RESIDENT USES ANTI-SEPTIC MOUTHWASH. REMINDER NOTE POSTED IN RESIDENT BATHROOM	4-25-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Resident #2 – Admission on 1/10/23 was not recorded on the permanent general register.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I ENTERED RESIDENT #2's NAME IN THE REGISTERED BOOK ON 2-2-23 (IN THE AFTERNOON).	3-24-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Resident #2 – Admission on 1/10/23 was not recorded on the permanent general register.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** MOVING FORWARD, I WILL BE REVIEWING THE REGISTER BOOK EVERY 1ST OF THE MONTH REGARDLESS OF ANY NEW ADMISSION, A MONTHLY REMINDER WILL BE ADDED TO MY CALENDAR. ANY MISSING DOCUMENTATIONS WILL BE CORRECTED IMMEDIATELY.	3-24-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** There is a chain locking device at the top of the exit door to the garage.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** THE CHAIN LOCKING DEVICE WAS REMOVED FROM THE DOOR TO THE GARAGE ON 2-2-23.	3-24-2023

'23 MAR 30 A11:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** There is a chain locking device at the top of the exit door to the garage.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** AN INSERVICE WAS PROVIDED TO ALL CAREGIVERS REMINDING THEM CHAIN LOCKING DEVICES ARE PROHIBITED ON ALL DOORS. IN SERVICE WAS HOLD ON 2-4-23	4-25-23

'23 APR 26 A10:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (i)(5) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. In multi-level homes there shall be an inside enclosed stairway. Ramps shall not exceed a slope of more than one inch per foot and shall be provided with non-slip material. Elevators, stairways and ramps and handrails shall comply with current county building codes; **FINDINGS** The exit identified on the evacuation plan at the back of the ARCH did not have a ramp. There was a drop of 4 ½ inches. The home is approved for wheelchair use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I UPDATED THE FIRE EXIT PLAN NOT TO INCLUDE THE BACK OF THE ARCH ON 2-4-23. (COPY OF THE UPDATED EXIT PLAN IS ATTACHED)	3-24-2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (i)(5) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. In multi-level homes there shall be an inside enclosed stairway. Ramps shall not exceed a slope of more than one inch per foot and shall be provided with non-slip material. Elevators, stairways and ramps and handrails shall comply with current county building codes; **FINDINGS** The exit identified on the evacuation plan at the back of the ARCH did not have a ramp. There was a drop of 4 ½ inches. The home is approved for wheelchair use.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN-SERVICED ~~&~~ STAFF ON REVISED EVACUATION PLAN AND ~~&~~ REAR EXIT ~~OF~~ HOME WILL NO LONGER BE USED AS A WHEELCHAIR ACCESSIBLE EXIT. STAFF HAS BEEN INFORMED TO USE WHEELCHAIR ACCESSIBLE EXITS OF THE SIDE AND FRONT OF THE HOME. IN-SERVICES WAS HELD ON 2-4-23.	4-25-23

Licensee's/Administrator's Signature: Belarmina Rol

Print Name: BELARMINA ROL

Date: 3-24-2023

Licensee's/Administrator's Signature: Belarmina Rol

Print Name: BELARMINA ROL

Date: 4-25-23

Licensee's/Administrator's Signature: _____

Print Name: PELARMINA KOL

Date: 3-7-2023