

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J. Quinabo ARCH #1	CHAPTER 100.1
Address: 1553 Kaweloka Street, Pearl City, Hawaii 96782	Inspection Date: January 6, 2023 Annual December 6, 2022 Life Safety

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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 JUN 23 P 3:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> Primary Care Giver, Substitute Care Giver (SCG) #1, and SCG #2 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of the Fieldprint results with your plan of correction.</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>FIELD PRINT CONDUCTED ON 4/26/23</i></p>	<p style="text-align: center;"><i>4/26/23</i></p> <p style="text-align: center;">23 JUN 29 12:02</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, and SCG #2 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of the Fieldprint results with your plan of correction.</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>include Fieldprint on my annual checklist Use checklist to remind me of "TO DO" annually.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">23 JUN 23 P 3:04</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> PCG, SCG #1, and SCG #2 – No current First Aid certification. First Aid certification on record expired March, 2022.</p> <p>Please provide a copy of your First Aid certificate with your plan of correction.</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>CPR recertification class was held on 2/26/22</i></p> <p><i>Gathered CPR & First aid certificates from the safe box</i></p> <p><i>Made extra copies for ARCH# 1 file</i></p>	<p><i>2/26/22</i></p> <p><i>1/10/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:04</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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> PCG, SCG #1, and SCG #2 – No current First Aid certification. First Aid certification on record expired March, 2022.</p> <p>Please provide a copy of your First Aid certificate with your plan of correction.</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>Right after CPR & First Aid classes, make copies of the certificates keep a file on care home charts immediately</i></p> <p><i>I will use checklist to remind caregivers & sub caregivers for annual recertification</i></p>	<p style="text-align: center;"><i>1/10/23</i></p> <p style="text-align: center;">23 JUN 23 P 3:04</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA 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> (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> Primary Care Giver, SCG #1, and SCG #2 – No current cardiopulmonary resuscitation (CPR) certification. CPR certificate on record expired March, 2022.</p> <p>Please provide a copy of your CPR certification with your plan of correction.</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;">CPR RECERTIFICATION CLASS WAS HELD ON 2/26/22</p> <p style="text-align: center;">GATHERED CPR & FIRST AID CERTIFICATES FROM SAFE BOX</p> <p style="text-align: center;">MADE EXTRA COPIES FOR ARCHIVE FILE.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ODCA STATE LICENSING</p>	<p style="text-align: right;">2/26/22</p> <p style="text-align: right;">1/10/23</p> <p style="text-align: right;">23 JUN 23 P 3:04</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> Primary Care Giver, SCG #1, and SCG #2 – No current cardiopulmonary resuscitation (CPR) certification. CPR certificate on record expired March, 2022.</p> <p>Please provide a copy of your CPR certification with your plan of correction.</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>RIGHT AFTER CPR (& FIRST AID) CLASS, I WILL MAKE COPIES OF THE CERTIFICATES</i></p> <p><i>KEEP A FILE ON CAREHOME CHARTS IMMEDIATELY</i></p> <p><i>I WILL USE CHECKLIST TO REMIND CAREGIVERS (& SUBCAREGIVERS FOR ANNUAL RECERTIFICATION</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;"><i>1/10/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 – No current annual diet order on record. Annual physical exam dated 12/15/22 states resident's diagnoses where diet order should be placed. No documented evidence that order was clarified.</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> CALLED PCP FOR DIET ORDER ON 1/24/23 DOCUMENTED ORDER ON PHYSICIAN NOTES, KEPT IT ON PATIENT'S CHART FOR SIGNATURE ON NEXT DOCTOR'S APPT. (Resident is no longer in the CH) </p> <p style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </p>	<p style="text-align: center;">1/24/23</p> <p style="text-align: center;">23 JUN 23 P 3:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1 – “Trazodone 100mg by mouth daily in the evening” labeled bottle dispensed by pharmacy on 9/2/2022 and on hand in resident’s medication bin. Physician order dated 5/16/22 and 10/25/22 states “Trazodone 50mg, 1 tablet by mouth every night as needed for sleep,” Physician order and medication bottle label dispensed by pharmacy do not match.</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>Called PCP to clarify order. Instructed Medical Assistant to give new prescription order to pharmacy. Documented in patient's chart Called pharmacy about change of prescription</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;"><i>(Resident #1 is no longer in the ARCH)</i></p>	<p style="text-align: right;"><i>1/20/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:04</p>

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	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>FINDINGS Resident #1 –Physician order dated 5/16/22 and 10/25/22 states “Trazodone 50mg, 1 tablet by mouth every night as needed for sleep,” however on medication administration record (MAR) from October 2022 to January 2023, medication order states: “Trazodone 100mg, 1 tab QHS.” No physician order available for review for Trazodone 100mg. Trazodone 100mg pharmacy labeled medication bottle present in medication bin. Per PCG, prescription was filled after a telehealth appointment. No documentation of telephone order nor an after-visit summary of telehealth appointment.</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>AFTER ANNUAL INSPECTION, I CONTACTED THE RESIDENT'S PHYSICIAN TO RETRIVE A TELEPHONE ORDER & WROTE IT ON PHYSICIAN NOTES. APPLIED "X" POST IT ON THE LEFT HAND CORNER TO REMIND ME TO HAVE IT SIGNED ON THE NEXT DOCTOR'S VISIT.</i> </p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;"><i>(Resident # 1 is no longer in the facility)</i></p>	<p style="text-align: center;"><i>1/23/23</i></p> <p style="text-align: center;">23 JUN 23 P 3:04</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 dated 5/16/22 and 10/25/22 states “Trazodone 50mg, 1 tablet by mouth every night as needed for sleep,” however on medication administration record (MAR) from October 2022 to January 2023, medication order states: “Trazodone 100mg, 1 tab QHS.” No physician order available for review for Trazodone 100mg. Trazodone 100mg pharmacy labeled medication bottle present in medication bin. Per PCG, prescription was filled after a telehealth appointment. No documentation of telephone order nor an after-visit summary of telehealth appointment.</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>KEEP EXTRA COPIES OF PHYSICIAN NOTES ON THE CLIENTS CHART FOR IMMEDIATE USE.</i></p> <p><i>MAKE A MEMO REMINDER ON RESIDENT'S CHART TO DOCUMENT ALL TELEPHONE CONVERSATIONS WITH PHYSICIANS.</i></p>	<p style="text-align: right;">23 JUN 29 P2:02</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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>FINDINGS Resident #1 – Physician order dated 2/24/22, 4/19/22, 5/16/22, 10/25/22 and 12/14/22 for “Furosemide 20mg tablet. Take one tab by mouth one time per day.” Physician order dated 8/22/22 and 12/19/22 states “Furosemide 20mg tablet. Take 1 tablet by mouth daily as needed for Edema.” On MAR from February 2022 to December 2022, medication is listed as an as needed (PRN) medication. No documented evidence that orders were clarified by care giver to physician.</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>AFTER ANNUAL INSPECTION, I CALLED THE DOCTOR'S OFFICE TO CLARIFY MEDICATION ORDER WROTE ORDER ON PHYSICIAN NOTES APPLIED 1"X1" POST IT ON THE LEFT HAND CORNER TO REMIND ME TO HAVE DOCUMENT SIGNED ON THE NEXT DOCTOR'S VISIT</p>	<p style="text-align: center;">1/23/23</p> <p style="text-align: center;">23 JUN 23 P 3:03</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>§11-100.1-15 <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 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>FINDINGS Resident #1 – Physician order dated 2/24/22, 4/19/22, 5/16/22, 10/25/22 and 12/14/22 for “Furosemide 20mg tablet. Take one tab by mouth one time per day.” Physician order dated 8/22/22 and 12/19/22 states “Furosemide 20mg tablet. Take 1 tablet by mouth daily as needed for Edema.” On MAR from February 2022 to December 2022, medication is listed as an as needed (PRN) medication. No documented evidence that orders were clarified by care giver to physician.</p>	<p><i>KEEP EXTRA COPIES OF PHYSICIAN NOTES ON CLIENT'S CHART and CHART FOR IMMEDIATE USE.</i></p> <p><i>MAKE A MEMO REMINDER ON RESIDENT'S CHART FOR ANY TELEPHONE CONVERSATIONS WITH PHYSICIANS.</i></p> <p align="right"><i>Resident no longer in the area</i></p>	<p align="right"><i>1/23/23</i></p> <p align="right"> <small>STATE OF HAWAII DOH-ORCA STATE LICENSING</small> 23 JUN 23 P 3:03 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – MAR from June 2022 to January 2023 displays “Trazodone 100mg, 1 tab QHS.” Per PCG, order was received after a telehealth visit, however no record of an after-visit summary nor a telephone order addressing “Trazodone 100mg” order.</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>AFTER ANNUAL INSPECTION, I CONTACTED THE RESIDENT'S PHYSICIAN TO RETRIEVE A TELEPHONE ORDER & WROTE IT ON PHYSICIAN NOTES. APPLIED 'X' POST IT ON THE LEFT HAND CORNER TO REMIND ME TO HAVE IT SIGNED ON THE NEXT DOCTOR'S VISIT</i> </p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: right; font-size: large;"><i>1/23/23</i></p> <p style="text-align: right; font-size: large;"><i>23 JUN 23 P 3:03</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1 – MAR from June 2022 to January 2023 displays “Trazodone 100mg, 1 tab QHS.” Per PCG, order was received after a telehealth visit, however no record of an after-visit summary nor a telephone order addressing “Trazodone 100mg” order.</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>KEEP EXTRA COPIES OF PHYSICIAN NOTES ON CLIENT'S CHART FOR IMMEDIATE USE MAKE A MEMO REMINDER ON RESIDENTS CHART TO DOCUMENT ANY TELEPHONE CONVERSATIONS WITH PHYSICIANS</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">(Resident no longer in the area)</p>	<p style="text-align: right;">1/23/23</p> <p style="text-align: right;">23 JUN 23 P 3:03</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 available for department to review.</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>Evaluated patient if ^{Dr} Bern had any interest in any activity. Documented such activity Encouraged client to do activity as tolerated Schedule of activities that include personal services for Resident #1</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: right;"><i>1/23/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:03</p>

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<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 available for department to review.</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>① At admission, ask & evaluate client for any interest in any activity.</p> <p>② If patient is confuse, ask family members.</p> <p>③ Document on client's chart: Admission Assessment Form</p> <p>④ Encourage client to participate in the activity of interest, personal services & care.</p>	<p style="text-align: right;">1/23/23</p> <p style="text-align: right;">23 JUN 23 P 3:03</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA 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><u>FINDINGS</u> Resident #1 – Narrative monthly progress notes do not address reason for Trazodone medication increasing from 50 mg to 100 mg. Per PCG, resident had a telehealth appointment that addressed the increase in dosage. There is no documentation of any changes in resident's condition or behavior patterns that warranted the need for an increase in medication.</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 JUN 23 P 3:03</p> <p>STATE OF HAWAII DOH-DHCA 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 – Narrative monthly progress notes do not address reason for Trazodone medication increasing from 50 mg to 100 mg. Per PCG, resident had a telehealth appointment that addressed the increase in dosage. There is no documentation of any changes in resident's condition or behavior patterns that warranted the need for an increase in medication.</p>	<p style="text-align: center;">PLAN OF CORRECTION</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>I will use the Form Progress Notes DHCA ARCF 1R Q2 01/07 to complete charting and for any additional progress Notes, by addendum, I will utilize the reverse side</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/20/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:03</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 – Narrative progress notes from February 2022 to present do not consistently address the resident's response to medication, treatments, diet, behavior, and care plan on a monthly basis.</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>I will use the Form Progress Notes DHCA ARCH 12 22 01/07 for complete charting & for any additional Progress Notes, or addendum, I will utilize the reverse side</i></p> <p style="text-align: right;">STATE OF HAWAII DH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/20/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:03</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 – Narrative progress notes from February 2022 to present do not address the resident's response to medication, treatments, diet, behavior, and care plan on a monthly basis.</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: right;"><i>PROGRESS NOTES</i></p> <p><i>I will use The form DHCA, ARCHIR 22, 0/09 for complete charting and any additional progress notes or addendums will be charted on the reverse side of the page.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH-DHCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/20/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:03</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> Resident #3 – Resident not documented on facility’s resident registry upon admission. Resident was admitted on 8/24/21. Repeat deficiency from last year’s annual inspection on January 12, 2022.</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>I have written Resident's Name (Resident #1) information on the Facility Registry form right after my inspection</i></p>	<p style="text-align: center;"><i>1/23/23</i></p> <p style="text-align: center;">23 JUN 23 P 3:03</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA 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> Resident #3 – Resident not documented on facility’s resident registry upon admission. Resident was admitted on 8/24/21. Repeat deficiency from last year’s annual inspection on January 12, 2022.</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>Make an admission checklist of all necessary task to do during admission day.</i></p> <p><i>Recheck with sub caregiver the patient's chart & care home chart prior to filing it in the cabinet.</i></p> <p style="text-align: right;">2/20/23</p>	<p style="text-align: center;">23 JUN 23 P 3:03</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No record of a signed financial statement to show an agreement between primary care giver and resident's family, legal guardian, or representative of who will be responsible for resident's funds and/or property.</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>Called patient's POA after the inspection and had a meeting at the care home.</i></p> <p><i>Reviewed Financial agreement Policy with POA and had her sign the document.</i></p> <p><i>Filed documents on patient's chart</i></p>	<p style="text-align: right;"><i>2/20/22</i></p> <p style="text-align: right;">23 JUN 23 P 3:03</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No record of a signed financial statement to show an agreement between primary care giver and resident's family, legal guardian, or representative of who will be responsible for resident's funds and/or property.</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>Utilize admission checklist always Recheck admission checklist if all documents are signed & completed. File in patient's chart right away</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/20/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No current inventory of belongings available for department review.</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>after the inspection all patient's belongings are documented on the Resident's Valuable / Belongings Filed on patient's chart</i></p>	<p style="text-align: right;"><i>1/7/23</i></p> <p style="text-align: center;">JUN 23 3:02</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No current inventory of belongings available for department review.</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>Use admission checklist & include inventory of belongings. And recheck belongings on their birthdays to ensure all items are accounted for.</i></p>	<p style="text-align: right;"><i>1/7/23</i></p> <p style="text-align: right;">23 JUN 23 P 3:02</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> (i)(3)(B) 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.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><u>FINDINGS</u> Life Safety survey conducted on 12/6/22 noted that there were keyed, sliding chain dead bolts installed on the exit door assemblies located at the front, entrance assembly, south side double door exit assembly, and the north side exit door assembly. Sliding chain dead bolts were removed prior to inspection.</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 DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">23 JUN 23 P 3:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) 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.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><u>FINDINGS</u> Life Safety survey conducted on 12/6/22 noted that there were keyed, sliding chain dead bolts installed on the exit door assemblies located at the front, entrance assembly, south side double door exit assembly, and the north side exit door assembly. Sliding chain dead bolts were removed prior to 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>① I will continue to communicate & consult with my life safety inspector.</p> <p>② In the event I plan to install another locking device, I will consult with the life inspector first.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DOCA STATE LICENSING</p>	<p style="text-align: right;">6/23/23</p> <p style="text-align: right;">23 JUN 23 P 3:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (d) Door locks or other devices shall not be installed to restrict the free movement or use of exits by the expanded ARCH residents.</p> <p><u>FINDINGS</u> Life Safety survey conducted on 12/6/22 noted the following:</p> <ul style="list-style-type: none"> • The keyed thumb turn deadbolts were installed reversed, on the door assemblies on the south side and the north side exit door assemblies. • The keyed side of the deadbolts were located on the inside of the door assemblies and the thumb turn lever side for the deadbolts were located on the exterior of the door assemblies. <p>The keyed thumb turn deadbolts on south side and north side door assemblies were corrected prior to annual inspection. The thumb turn lever side for the deadbolts on the exterior side of the south door and keyed side on the interior were still present at annual inspection but corrected during annual inspection.</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 DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">23 JUN 23 P 3:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (d) Door locks or other devices shall not be installed to restrict the free movement or use of exits by the expanded ARCH residents.</p> <p><u>FINDINGS</u> Life Safety survey conducted on 12/6/22 noted the following:</p> <ul style="list-style-type: none"> • The keyed thumb turn deadbolts were installed reversed, on the door assemblies on the south side and the north side exit door assemblies. • The keyed side of the deadbolts were located on the inside of the door assemblies and the thumb turn lever side for the deadbolts were located on the exterior of the door assemblies. <p>The keyed thumb turn deadbolts on south side and north side door assemblies were corrected prior to annual inspection. The thumb turn lever side for the deadbolts on the exterior side of the south door and keyed side on the interior were still present at annual inspection but corrected during 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>① I will continue to communicate and consult with my life safety inspector (first) etc</p> <p>② In the event I plan to install another locking device, I will consult with the life inspector first.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">6/23/23</p> <p style="text-align: right;">23 JUN 23 P 3:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG, SCG #1 and SCG #2 – No documented evidence of aforementioned care givers completing twelve (12) hours of continuing education. PCG completed 8.5 hours, SCG #1 completed 4.5 hours, and SCG #2 did not have any record of continuing education.</p> <p>Please provide a copy of continuing education with your plan of correction to complete the required twelve (12) hours per care giver.</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>Continuing Education attended on the following dates:</i></p> <p><i>Jerwin Guillermo</i> <i>Aug. 13, 2022</i> <i>(Jan. 25, 2023)</i> <i>Feb. 19, 2022</i> <i>Aug. 25, 2022</i></p> <p><i>Prokza Guillermo</i> <i>Aug. 13, 2022</i> <i>Feb. 19, 2022</i> <i>Aug. 25, 2022</i> <i>Jan. 25, 2023</i> <i>Jan 4, 2023</i></p> <p><i>Gayle Guillermo</i> <i>Jan. 25, 2023</i> <i>Feb. 19, 2022</i> <i>Aug. 25, 2022</i> <i>Aug. 13, 2022</i></p> <p style="text-align: right;"><i>4, 2023</i></p>	<p style="text-align: center;">23 JUN 23 P 3:02</p> <p style="text-align: center;">STATE OF HAWAII DH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1 and SCG #2 – No documented evidence of aforementioned care givers completing twelve (12) hours of continuing education. PCG completed 8.5 hours, SCG #1 completed 4.5 hours, and SCG #2 did not have any record of continuing education.</p> <p>Please provide a copy of continuing education with your plan of correction to complete the required twelve (12) hours per care giver.</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>I will use checklists to remind caregivers & subcaregivers for annual continuing education hours.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;"><i>2/20/23</i></p> <p style="text-align: center;">23 JUN 23 P 3:02</p>

Licensee's/Administrator's Signature: _____

Greg. Park

Print Name: _____

GESUSA QUINARO

Date: _____

6/20/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 JUN 23 P 3:02

Licensee's/Administrator's Signature:

Jesusa Quijada

Print Name:

JESUSA QUIJADA

Date:

6/29/23

STATE OF HAWAII
DH-DHCA
STATE LICENSING

23 JUN 29 P2:02