

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: My Kind Heart	CHAPTER 100.1
Address: 98-034 Kuleana Place, Pearl City, Hawaii 96782	Inspection Date: March 17, 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.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

JUN 23 09 59

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u> , (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;  <u>FINDINGS</u> No documented evidence of Fieldprint background check for all adults and caregivers.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>YES.</b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Field print background checks were obtained on March 15, 2023 for all caregivers and adults living in the home, it is now on file.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right;">23 JUN 23 A 9:59 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-3 Licensing. (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><b>FINDINGS</b> No documented evidence of Fieldprint background check for all adults and caregivers.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Three (3) months prior to the expiration for the year 2025, I posted a bulletin board calendar on my wall with all the dates attached to it. I will check it every first Sunday of the month so I can set up a new appointment before it expires.</p>	<p style="text-align: center;">6/22/2023</p>

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

23 JUN 23 09 59

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH. shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH. and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b>  Substitute care giver #2: No documented evidence of annual physical exam.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>YES.</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I posted a note on my wall calendar to check every first Sunday of the month and three months prior to expiration I will remind and set up appointment for SCG #2.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right;"> <b>23 JUN 23 09 59</b>  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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Substitute care giver #2: No documented evidence of annual physical exam.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, i will see to it that all SCG#2 and any future Personnel and staff will submit their current medical records before they will be hired or start to work. Whenever I hire a new caregiver I will ensure that they have a current annual physical exam prior to first day with resident. My checklist will be my personal notes folder.</p>	<p>6/22/2023</p> <p style="text-align: right;">23 JUN 23 19 59</p> <p style="text-align: right;">STATE OF HAWAII DH-100-010-010 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (b)            All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b>            House Hold Member #1: No documented evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;">Yes.</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>House Hold Member #1 annual tuberculosis clearance were obtained on March 21, 2023. It is now on file.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: center;">23 JUN 23 09 59</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"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.  <u>FINDINGS</u> House Hold Member #1: No documented evidence of annual tuberculosis clearance.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I have a bulletin board attached to the wall where all the dates are posted.            Every first Sunday of the month I will make sure to check three (3) months prior to remind HHM #1 for his next appointment and set up the date.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right;">23 JUN 23 A9 58</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII            DDH-CHCA            STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b>  Resident #1: No documented evidence of annual physical exam.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  Yes.  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1 annual physical exam result were obtained on April 11 2023 and is now on file.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: center;">23 JUN 23 A9 58</p> <p style="text-align: center;">STATE OF HAWAII  DOH-DHCA  STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCII shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Resident #1: No documented evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> Yes.</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1 annual tuberculosis clearance were obtained on April 11,2023 and it is now on file.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right;">23 JUN 23 A9 58 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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><b><u>FINDINGS</u></b>  Resident #1 and Resident #2: Medications pre-poured for the week, removed from original labeled container.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  Yes.</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I already disposed pre-poured medications and replaced it new daily pill containers and attached new labels. It's all updated and made extra copies for the next bottle pill to label.</p> <p style="text-align: right;">STATE OF HAWAII  DOH-DHCA  STATE LICENSING</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right;">23 JUN 23 A9 58</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b>  Resident #2: Frequency of ordered medications not properly transcribed to medication administration record.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  Yes.</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>All medication orders are now secured to MAR and posted a note on my wall calendar to check and update every first Sunday of the month.</p>	<p>6/22/2023</p> <p style="text-align: right;">23 JUN 23 09 58</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b> Resident #1: Medications not reevaluated every six (6) months as ordered by physician.</p>	<p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>6/22/2023</p> <p style="text-align: right;">23 JUN 23 A9 58 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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23 JUN 23 A9 57

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b>            Resident #1: White out used in March 2023 medication administration record.</p>	<p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">6/22/23</p> <p style="text-align: center;">73 JUN 23 A9 57</p> <p style="text-align: center;">STATE OF HAWAII            DOH-ORCA            STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry:</p> <p><b><u>FINDINGS</u></b> Resident #1: White out used in March 2023 medication administration record.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will not use any white-out and just cross one line on any future errors on records on file.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">23 JUN 23 19 57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1: Unknown abbreviation used in medication administration record, no legend provided.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> Yes.</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I made a legend to the abbreviation on April 10, 2023 and it is now on file on 6/22/2023 medication record.</p>	<p style="text-align: right;">73 JUN 23 A9 57</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>§11-100.1-17 <u>Records and reports.</u> (f)(2)            General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b>            Resident #1: Unknown abbreviation used in medication administration record, no legend provided.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I attached a wall calendar and will check it every first Sunday of the month and post a checklist for proper recording.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: center;">23 JUN 23 A9 57</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>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(F) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b>FINDINGS</b> Resident #1, Resident #2: video device in resident bedroom. No documented evidence of consent by resident.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;">Yes.</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Consent forms were obtained on April 3, 2023 signed by all Resident's families and it is now on file.</p>	<p>6/22/2023</p> <p style="text-align: right;">73 JUN 23 A9 57</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>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E)  Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs:</p> <p><b>FINDINGS</b>  Resident #1, Resident #2: video device in resident bedroom.  No documented evidence of consent by resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I already made an advance letter consent form to explain briefly to the future resident and families regarding surveillance cameras if needed.  I posted a checklist reminder on my wall calendar and check it every first Sunday of the month.</p>	<p>6/22/2023</p> <p style="text-align: right;"> STATE OF HAWAII  DOH-OHCA  STATE LICENSING </p> <p style="text-align: right;"> 23 JUN 23 A9:57 </p>

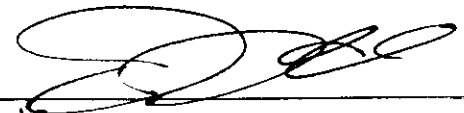
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request.</p> <p><b><u>FINDINGS</u></b> Fire drills not conducted at various times throughout the day.</p>	<p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</b></p>	<p>6/22/2023</p> <p style="text-align: right;">23 JUN 23 A9:57 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request.  <b>FINDINGS</b> Fire drills not conducted at various times throughout the day.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I posted a checklist on my wall calendar and attached notes for updates, set up times in conducting fire drills.            I will check it every first Sunday of the month.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right;">73 JUN 23 A9 57            STATE OF HAWAII            DOH-OMCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident:</p> <p><b>FINDINGS</b> Resident #1: Resident certified at non self-preserving. Only one (1) care giver in care home.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;">Yes.</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I already made an appointment to the resident's PCP and it is now on file. As a result, the PCP noted that the resident can follow directions and he is Self Preserved according to the record on file.</p> <p>As per yearly check up, I will make sure to follow up with resident's PCP to assess and re-evaluate status on his Self Preservation.</p> <p>I posted a note on my wall calendar and will check every first Sunday of the month and monitor three (3) months prior to expiration.</p>	<p style="text-align: right;">6/22/2023</p> <p style="text-align: right;">73 JUN 23 09 57</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident.</p> <p><b><u>FINDINGS</u></b> Resident #1: Resident certified at non self-preserving. Only one (1) care giver in care home.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I posted the resident's Self Preservation orders on my wall calendar. I attached all the dates three (3) months prior to expiration and will check it every first Sunday of the month.</p>	<p style="text-align: center;">6/22/2023</p> <p style="text-align: right;">23 JUN 23 A9 57 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

Imelda P. Hyde

Date: \_\_\_\_\_

6/23/2023

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DOH-ONCA  
STATE LICENSING

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