

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Rose Hwang's Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 1755 Palamoi Street, Pearl City, Hawaii 96782	<b>Inspection Date:</b> March 28, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
HCH-CHCA  
STATE LICENSING  
JUN 26 09:26

	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><b><u>FINDINGS</u></b>            Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-3, Household Member (HHM) #1 – Current Fieldprint clearance unavailable for review. Submit a copy with plan of correction.</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes, made online appointment with fieldprint, made payments and did the finger print on all ten fingers and pass w/o any trouble on all household member, caregivers and PCG.</p>	<p style="text-align: right;">5/9/23 10:11 pm 23 MAY 24 AM 10:15</p> <p style="text-align: right; transform: rotate(-90deg); transform-origin: right top;">STATE OF NEW YORK DEPARTMENT OF STATE LICENSING</p>

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<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><b><u>FINDINGS</u></b>  Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-3, Household Member (HHM) #1 – Current Fieldprint clearance unavailable for review. Submit a copy with plan of correction.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p 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>Already updated in my calander on my Iphone on all future due dates on all caregivers, pcg and household member to avoid repeated mistakes.</p> <p align="right">Copy Submitted ✓</p>	<p align="right">5/9/23</p> <p align="right">23 MAY 24 10:14</p> <p align="center">STATE OF MARYLAND  DEPARTMENT OF  HUMAN SERVICES  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><u>FINDINGS</u> SCG #1 – Current annual physical exam unavailable for review. Submit a copy with plan of correction.</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes, ASAP make appointment with her PC &amp; done it.</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF NEW YORK DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right;">Copy submitted!</p>	<p style="text-align: right;">4/11/23</p> <p style="text-align: right;">'23 MAY 24 AIO :14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="226 272 262 305" data-label="Image"><input checked="" type="checkbox"/></div> <div data-bbox="268 946 310 1222" data-label="Text" style="writing-mode: vertical-rl; transform: rotate(180deg);"> 23 MAY 24 010-13 </div> <div data-bbox="373 987 457 1190" data-label="Text" style="writing-mode: vertical-rl; transform: rotate(180deg);"> STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING </div>	<p data-bbox="300 272 940 305">§11-100.1-9 <u>Personnel, staffing and family requirements.</u></p> <p data-bbox="300 305 940 337">(a)</p> <p data-bbox="300 337 940 524">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 data-bbox="300 557 436 581"><b><u>FINDINGS</u></b></p> <p data-bbox="300 581 940 646">SCG #1 – Current annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p data-bbox="1287 272 1402 305">PART 2</p> <p data-bbox="1234 345 1455 378"><b><u>FUTURE PLAN</u></b></p> <p data-bbox="982 418 1707 524"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p data-bbox="1024 573 1791 1255"> PCG continue to remind SCG<sup>XX</sup> and all other caregivers and household member to follow up with the graph posted on filing cabinet to make appointment on time with their PC &amp; turn it in &amp; file it for PC to review before put away carehome binder. </p> <p data-bbox="1308 1320 1833 1401">Copy Submitted!</p>	<p data-bbox="1770 1206 1917 1295">4/11/23</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> SCG #1 – Current annual tuberculosis (TB) clearance unavailable for review. Submit a copy with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, did together with annual physical exam.</p> <p>Copy Submitted!</p>	<p>4/11/23</p> <p>23 MAY 24 10:12</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u>            Resident #1 – Bottle of Calcium-Vitamin D 600/500 does not include the dosage amount to administer on the label.</p> <p>Resident #1 – Bottle of BioTrue lubricating eye drops does not include the dosage amount to administer and frequency of administration on the label.</p> <p>Resident #1 – Bottle of Vitamin D3 does not include the dosage amount to administer and frequency of administration on the label.</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes, ASAP RCG wrote dosage amount and frequency on all medications &amp; supplements on all residents.</p>	<p style="text-align: right;">3/28/23</p> <p style="text-align: right;">23 MAY 24 AM 12</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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/14/22 states, “Calcium-Vit D 600/400. Take 1 tab BID”; however, calcium-vit D supplement being provided contains 500IU of vitamin D and not 400IU as prescribed.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>New order calcium - Vit D 600/400 obtained.</p>	<p>6/13/23</p> <p>23 JUN 26 A9 26</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="226 272 268 308" data-label="Image"><input checked="" type="checkbox"/></div> <div data-bbox="268 885 310 1161" data-label="Text"> <div>23</div> <div>MAY 24</div> <div>MO</div> <div>12</div> </div> <div data-bbox="367 933 451 1136" data-label="Text"> <div>STATE OF TEXAS</div> <div>DEPARTMENT OF</div> <div>STATE LICENSING</div> </div>	<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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/14/22 states, “Calcium-Vit D 600/400. Take 1 tab BID”; however, calcium-vit D supplement being provided contains 500IU of vitamin D and not 400IU as prescribed.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p 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>PCG should always get cleared <sup>on all medications &amp; supplements</sup> and approved by the PCG before giving it to resident &amp; however, PC’s ordered &amp; All medications and suprliments must be exactly the same before 4/1/23 giving it to any residents. <del>to</del></p> <p>PCG also told all caregivers to check again &amp; again to avoid so this does not happen again!</p>	

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<div data-bbox="222 272 262 305" data-label="Image"><input checked="" type="checkbox"/></div> <div data-bbox="275 1047 310 1317" data-label="Text"> 23 MAY 24 11:01:11 </div> <div data-bbox="373 1089 457 1289" data-label="Text"> STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING </div>	<p data-bbox="296 277 926 399"> §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 data-bbox="296 431 432 456"><b><u>FINDINGS</u></b></p> <p data-bbox="296 464 905 521"> Resident #1 – Discontinuation orders unavailable for the following medications prescribed on 1/8/22: </p> <ul data-bbox="348 529 936 740" style="list-style-type: none"> <li>• Nystatin Powder 100,000gm. Apply topical sparingly prn</li> <li>• Mupirocin ointment 2%. Apply topical sparingly tid</li> <li>• Triamcinolone 0.1%. Apply topical sparingly BID</li> <li>• Clindamycin 2%. Apply 1 application vaginally daily QHS</li> </ul>	<p data-bbox="1283 277 1398 302"><b>PART 1</b></p> <p data-bbox="1041 350 1650 383"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1031 423 1661 488"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1020 537 1797 878"> Yes, called the doctor and  clarified all DC medications  and faxed back and pCG  filed it in her binder already </p>	<p data-bbox="1745 911 1923 992">5/17/23</p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Resident #1 – The following medication orders dated 9/23/22 do not include the frequency of administration and are thus, incomplete:</p> <ul style="list-style-type: none"> <li>• White petroleum (Vaseline) Top Gel; Apply to affected area(s) as needed (for itching)</li> <li>• Menthol-Zinc Oxide (Calmoseptine) 0.44-20.6% Top Oint; Apply to affected area(s) as needed (itching)</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, corrected <sup>the</sup> deficiency by getting new discontinue ordered through geriatric doctor on 5/17/23 because she (resident) doesn't need it anymore (all healed or well now).</p>	<p>6/13/23</p> <p>23 JUN 26 A9:26</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>



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'23 MAY 24 AM 10:10

STATE OF HAWAII  
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STATE LICENSING

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 5/16/22 states, “Melatonin 10mg Oral Tab Take 1 tablet by mouth daily at bedtime”; however, medication administration record (MAR) dated from 5/1/22-present day states, “Melatonin 3mg QHS 3 tab PO”. MAR does not reflect current orders.</p> <p>STATE OF OHIO STATE LICENSING DONOR MAY 24 10:10 AM '23</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, PCG understood PC's ordered and medication administer on resident must be exactly the same. And PCG asked family member of the resident to provide me with the right dosage and is replaced with the original ordered of 10mg of Melatonin, oral tablet daily. 5/1/23</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 5/11/22 states, “Quetiapine (SEROQUEL) 25mg Oral Tab Take one-half tablet by mouth in the afternoon and evening. May give an additional on-half tablet as needed in the morning for agitation”; however, MAR from 5/1/22-present day states, “Quetiapine 25mg ½ tab (12.5mg) TID”. MAR does not reflect current orders.</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes, PCG added "May give an additional <del>tab</del> ½ tablet as needed in the AM for agitation"</p>	<p style="text-align: right;">4/1/23</p> <p style="text-align: right;">'23 MAY 24 AM 10:10</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 5/11/22 states, “Quetiapine (SEROQUEL) 25mg Oral Tab Take one-half tablet by mouth in the afternoon and evening. May give an additional on-half tablet as needed in the morning for agitation”; however, MAR from 5/1/22-present day states, “Quetiapine 25mg ½ tab (12.5mg) TID”. MAR does not reflect current orders.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p 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>P/G will post the reminder on resident's binder to review MAR and doctor's orders once a month to ensure MAR is accurate. 6/13/23</p>	<p align="center">23 JUN 26 A9:26</p> <p align="center">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="220 277 262 310" data-label="Image"><input checked="" type="checkbox"/></div> <div data-bbox="289 967 321 1243" data-label="Text"> 23 MAY 24 10:10 </div> <div data-bbox="373 1019 457 1219" data-label="Text"> STATE OF FLORIDA  DORIS A  STATE LICENSING </div>	<p data-bbox="300 277 930 399">§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.</p> <p data-bbox="300 431 432 456"><b><u>FINDINGS</u></b></p> <p data-bbox="300 464 940 708">Resident #1 – Physician’s order dated 1/18/23 states, “Gabapentin 100mg oral cap Take 3 capsules by mouth daily at bedtime for agitation, insomnia, pain. May give an additional 1 capsule (100mg) twice daily as needed for agitation, insomnia, pain.”; however, medication order was written incorrectly on the 1/2023 and 2/2023 MAR as “Gabapentin 100mg QHS 3 cap PO”. MAR does not reflect current orders.</p>	<p data-bbox="1287 269 1398 302"><b>PART 1</b></p> <p data-bbox="1041 342 1650 383"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1031 415 1661 488"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1020 464 1791 902">Yes, PCG wrote <sup>or added</sup> “May give an additional 1 capsule, 100mg bid, PRN for agitation, insomnia, pain”.</p> <p data-bbox="1020 1016 1787 1455">PCG completely neglected to write down due to not needed at all but now understood very clearly it is very important to update ASAP on all orders right away!</p>	<p data-bbox="1749 837 1917 927">5/1/23</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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/18/23 states, “Gabapentin 100mg oral cap Take 3 capsules by mouth daily at bedtime for agitation, insomnia, pain. May give an additional 1 capsule (100mg) twice daily as needed for agitation, insomnia, pain.”; however, medication order was written incorrectly on the 1/2023 and 2/2023 MAR as “Gabapentin 100mg QHS 3 cap PO”. MAR does not reflect current orders.</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>PCG will post the reminder on resident's binder to review MAR and doctor's orders once a month to ensure MAR is accurate. 6/13/23</p>	<p>23 JUN 26 AM 9:27</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medication orders written on the 3/2023 MAR do not include the PRN indication for which the medication was prescribed:</p> <ul style="list-style-type: none"> <li>• Stimulant Laxative Plus 8.6-50mg Hold for loose stools 2 tab BID PRN</li> <li>• Refresh Plus 0.5% eye drops instill 2 drops PRN TID</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, corrected the deficiency by obtaining newly revised medication order by the prp with the prn indication included and already updated on Medication Administration Record.</p>	<p>23 JUN 26 09:27</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medication orders written on the 3/2023 MAR do not include the PRN indication for which the medication was prescribed:</p> <ul style="list-style-type: none"> <li>• Stimulant Laxative Plus 8.6-50mg Hold for loose stools 2 tab BID PRN</li> <li>• Refresh Plus 0.5% eye drops instill 2 drops PRN TID</li> </ul>	<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>PCG will post a reminder note on resident's binder to review all PRN orders for PRN indication at the time it is received. I will notify PCP immediately indication is missing and obtain complete order.</p>	<p>6/26/23</p> <p>23 JUN 26 A9:27</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	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><u>FINDINGS</u></b> Resident #1 – Medications have not been routinely reevaluated and signed by the resident's physician every four months or as ordered by the physician since 1/14/22.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, due to resident's physical disability, did few video conferences instead and PCG neglect to get updated medication list. However, PCG made the new updated list of all medication and faxed to PC and is waiting for reply or fax back for now</p>	<p>23 MAY 24 NO 09</p>

until next visit to PC.

	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><u>FINDINGS</u></b> Resident #1 – Medications have not been routinely reevaluated and signed by the resident's physician every four months or as ordered by the physician since 1/14/22.</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>PCP will put on reminder (5) on Iphone calander every 4 months to reevaluated and signed by the PCP the new medication orders on all residents.</p>	<p>6/13/23</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>23 JUN 26 09:27</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><b><u>FINDINGS</u></b> Resident #1 – Daily schedule of activities states, “10:30a ROM”; however, resident was not observed engaging in range of motion activities during this time and was instead, lying on the couch watching television until lunch was served.</p>	<p>PART 1</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>23 MAY 24 AM 09</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 – Daily schedule of activities states, “10:30a ROM”; however, resident was not observed engaging in range of motion activities during this time and was instead, lying on the couch watching television until lunch was served.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG Posted on all residents binder to following daily activities as it changes accordingly. So this will not happen again in the future!</p>	<p>23 MAY 24 10:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence an influenza and pneumococcal vaccine was offered to the resident by the facility or declined by the resident.</p>	<p>PART 1</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>23 MAY 24 AM 09</p> <p>STATE OF UTAH LICENSING STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence an influenza and pneumococcal vaccine was offered to the resident by the facility or declined by the 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>PCG noted on my Iphone for next influenza season to make sure to obtained some kind of receipt of any kind indicating that all family member, all residents, and caregivers to show the copy of evidence and date taken! And PCG will make sure this will not happen again in the future!</p>	<p>23 MAY 24 10:09</p> <p>3/28/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b> Resident #2 – Current annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, Resident #2 did have annual PE but PCG didn't check the date and signature of resident #2's PC so PCG requested PC's signature and dated &amp; faxed (ASAP) back!</p> <p>Both copies (2 pages) of the cover page and resident #2's PE is submitted!</p>	<p>23 MAR 24 MON 09 3/30/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – Current annual physical exam unavailable for review. Submit a copy with plan of correction.</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>PCG will put reminder note on phone to check signed &amp; dated document after 4 month check up, Annual physical Exam, Changed of medication through telephone conversation, etc.</p> <p>If not done after the doctor sit then PCG will put reminder note again specifically on phone to get doctor's signature &amp; Date on next visit to prevent from future reoccurrence!</p>	<p>23 JUN 26 A9 27 STATE OF HAWAII DOH-ORCA 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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress note for 1/2023 did not include resident's response to medications and diet.</p>	<p>PART 1</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>STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>	<p>23 MAY 24 010:08</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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress note for 1/2023 did not include resident's response to medications and diet.</p>	<p>PART 2</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>PCG posted reminder note on my Iphone on all residents at the end of each month to record response to medications and diet so same problem does not happen again!</p>	<p>23 MAY 24 11:08 AM 3/28/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Medical visits made on 3/31/22, 4/26/22, 5/11/22, 5/26/22, 9/12/22, 9/23/22, and 10/19/22, were not documented in resident's progress notes.</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>PCP wrote on Iphone reminder calendar the list of things to do on next PCP visits on each residents, and the list include:</p> <ol style="list-style-type: none"> <li>1) reevaluate all medications/supplements (4 mos)</li> <li>2) Any DC medications to be signed by PCP</li> <li>3) Make narrative notes for progress notes, about doctor visits.</li> </ol> <p>PCP is getting used to the Iphone calendar so this will never happen again in the future.</p>	<p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>JUN 26 09:27</p> <p>6/13/23</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 – Financial statement/agreement unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, PCG requested to family member to fill out new "Financial statement/agreement" and they submitted to PCG rightaway!</p> <p>Copy submitted!</p>	<p>23 MAY 24 12:08</p> <p>4/1/23</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><b><u>FINDINGS</u></b> Resident #1 – Financial statement/agreement unavailable for review. Submit a copy with plan of correction.</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>It was very complicated and rushed admission and PCG neglect to check back on it, but PCG will not make the same mistake again!</p> <p>PCG will check the admission list which posted on filing cabinet again and again to avoid future happening!</p>	<p>23 MAY 24 10:07</p> <p>4/1/23</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><b><u>FINDINGS</u></b> Resident #1 – Current inventory of resident's possessions unavailable for review. Submit a copy with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, PCG found after the annual inspection was over already that it was in the resident's binder.</p>	<p>5/28/23</p> <p>23 MAY 24 10:07</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><b><u>FINDINGS</u></b> Resident #1 – Current inventory of resident's possessions unavailable for review. Submit a copy with plan of correction.</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>P/G will post reminder note on Carehome binder to complete inventory of resident's possessions annually.</p>	<p>6/26/23</p> <p>23 JUN 26 A9:27</p> <p>STATE OF HAWAII DOH-CHCA 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><b><u>FINDINGS</u></b> PCG – Continuing education certificates (7 certificates totaling 14 hours) were falsified and submitted in an attempt to meet Hawaii Administrative Rules (HAR) Chapter 100.1 requirements. Falsified certificates were fabricated by superimposing the PCG's name over that of SCG #2 and printing a copy of such, so that it appeared as if PCG was awarded certificates for attending and completing the trainings.</p> <p>Complete and submit twelve (12) hours of continuing education which will be credited towards the 2023 inspection.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, PCG made appointment for 2 days in a row to complete 12 hours training and completed! And made legal correction of sub #2's spelling errors on sub #2's name.</p> <p align="right">copy submitted!</p>	<p align="right">23 MAY 24 MON 5/23/23</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><b><u>FINDINGS</u></b> PCG – Continuing education certificates (7 certificates totaling 14 hours) were falsified and submitted in an attempt to meet Hawaii Administrative Rules (HAR) Chapter 100.1 requirements. Falsified certificates were fabricated by superimposing the PCG's name over that of SCG #2 and printing a copy of such, so that it appeared as if PCG was awarded certificates for attending and completing the trainings.</p> <p>Complete and submit twelve (12) hours of continuing education which will be credited towards the 2023 inspection..</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>PCG will post a reminder notes on Iphone to notify me every 4 months to complete 12 hrs of continuing education credits by February for March inspection each year.</p>	<p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>6/26/23 JUN 26 A9:27</p>

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



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

Rose L. Hawang

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

6/26/23

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

23 JUN 26 A9:28

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

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

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

*[Handwritten Signature]*

*Rose Hwang*

*5/23/23*

STATE OF CALIF.  
DEPARTMENT OF  
STATE LICENSING

23 MAY 24 AM 07