

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TLC Aloha Home Care, LLC	CHAPTER 100.1
Address: 3408 Kahikolu Way, Honolulu, Hawaii 96818	Inspection Date: February 6, 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.**

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	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>FINDINGS</b> Substitute care giver (SCG) #1 – No record that the chest x-ray was done. SCG #2 – No initial tuberculosis clearance. SCG #3 – No record of PPD skin test positive.</p> <p>Please submit a copy for each SCG.</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;"><i>All SCG provided the initial TB screen and X-ray to clearance. Binder then in complete documents. See attached</i></p>	<p style="text-align: center;"><i>4/4/23</i></p>

23 100-5 100-23

	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> Substitute care giver (SCG) #1 – No record that the chest x-ray was done. SCG #2 – No initial tuberculosis clearance. SCG #3 – No record of PPD skin test positive.</p> <p>Please submit a copy for each SCG.</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 style="text-align: center;">I will look through all SCGs Papers using SCG check list</p>	<p style="text-align: center;">4/4/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – No record that Primary Care Giver (PCG) trained SCGs to make prescribed medication available to residents.</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><i>I trained SCG 1 and 2 to make prescribed medication and I had recorded it.</i></p>	<p style="text-align: right;"><i>4/4/23</i></p>

23 APR -5 PM '23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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23 APR -5 10:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b>FINDINGS</b> Resident #1 – Resident’s walker was not listed in inventory of all personal items. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</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: right;">23 APR -5 NO 23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident’s walker was not listed in inventory of all personal items. Corrected during inspection.</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 do <del>an</del> an inventory on all new residents &amp; log it upon admission.</p> <p>I will review the records monthly at the end of the month.</p>	<p style="text-align: right;">4/4/23</p> <p style="text-align: right;">23 APR -5 10:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  In fire drill record, "smoke alarm test: Emergency Escape plan" was recorded in "DESCRIPTION OF DRILL." No detail recorded.</p>	<p>PART 1</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: right;">23 APR -5 AM 23</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b>FINDINGS</b> Resident #1 – Heart Healthy (2gram Na) diet was ordered 12/20/2022. Regular diet was ordered 1/26/2023. No documentation that Heart Healthy (2gram Na) diet was provided from 12/20/2022 to 1/26/2023.</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 APR -5 MO 23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Heart Healthy (2gram Na) diet was ordered 12/20/2022. Regular diet was ordered 1/26/2023. No documentation that Heart Healthy (2gram Na) diet was provided from 12/20/2022 to 1/26/2023.</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 record when resident has a special diet ? Provide resident with special diet menu I will document the type of diet in monthly's progress note.</p>	<p style="text-align: right;">4/4/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b>FINDINGS</b>  Lunch menu was “Ham Slice, Green Peas, Romaine Lettuce, Watermelon, Cucumber, WG Bread, Cream of Mushroom Soup, Mayonnaise, Water.” Lunch served to the resident was oxtail soup, chicken noddle soup, grapes, fruit juice. Menu substitution was recorded after brought it up to PCG’s attention.</p>	<p style="text-align: center;">PART 1</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: right;">23 APR -5 AM 123</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Lunch menu was "Ham Slice, Green Peas, Romaine Lettuce, Watermelon, Cucumber, WG Bread, Cream of Mushroom Soup, Mayonnaise, Water." Lunch served to the resident was oxtail soup, chicken noddle soup, grapes, fruit juice. Menu substitution was recorded after brought it up to PCCG's attention.</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 record when resident refuses meal ; if substitution was provided, I will record what was given.</p> <p>Calendar posted by the menu for caregivers to document.</p>	<p style="text-align: right;">4/4/23</p>

2023 APR -5 11:02 AM

23 APR -5 11:02 AM

	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><b>FINDINGS</b>  Resident #1 – “1/2 half 12/20/22” was handwritten on Amlodipine Tab 5mg container. “1/2 20mg AM PM” was written on Furosemide Tab 40mg container.</p>	<p style="text-align: center;">PART 1</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: right;">23 APR -5 AM '23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External and internal medication stored in the same container. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</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: right;">23 APR -5            10:23</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 <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><b>FINDINGS</b>  Resident #1 – Per medication administration record (MAR), Atorvastatin was discontinued on 12/21/2022. SCG stated that a telephone order was received, but the physician's order sheet was not recorded. Most recent medication order dated 1/31/2023 no longer included the medication.</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 Apr -5 10:23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician's order was Docusate NA 50mg/Sennosides 8.6mg tab take 2 tablets by mouth at bedtime for constipation, hold for loose stools. MAR did not include to hold for loose stools.</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><i>I corrected the MAR the Docusate NA 50mg/Sennosides 8.6mg tab take 2 tablets by mouth at bedtime for constipation.</i></p>	<p><i>4/4/23</i></p> <p style="text-align: right;">23 APR -5 MO 23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order for Amlodipine 2.5mg 1 tab once daily dated 1/30/2023 did not include the parameter “Hold for SBP&gt;120.” In February 2023 MAR, the parameter was still listed.</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;"><i>I corrected the mar and removed the parameter Amlodipine 2.5mg 1tab once daily dated 1/30/2023 Hold for SBP &gt; 120</i></p>	<p style="text-align: center;"><i>4/4/23</i></p> <p style="text-align: right;">23 APR -5 AMO :24</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – In MAR, there was no legend for care givers' initial who administer medication.</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;"><i>&amp; corrected the Mar at the time of inspection. 4/4/23</i></p>	<p style="text-align: right;">23 APR -5 MO 24</p>

STATE OF MICHIGAN  
DEPARTMENT OF  
COMMUNITY SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – In MAR, there was no legend for care givers' initial who administer medication.</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 style="text-align: center;">I will make sure there is a legend for care givers' initial of who administer medication I will review the administered medication every 2 weeks I will update as needed.</p>	<p style="text-align: center;">4/4/23</p> <p style="text-align: right;">23 APR -5 110:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b>  Resident #1 – No initial 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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I contacted noanaloni Nursing home and get the corrected clearance tuberculosis; Initial 4/4/23 result.</i></p>	<p style="text-align: right;">23 APR -5 11:0:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No initial tuberculosis clearance.</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 style="text-align: center;">I will make sure <sup>before</sup> <del>after</del> admission that all paper work for <sup>new</sup> residents are all completed using new resident check list.</p>	<p style="text-align: center;">4/4/23</p> <p style="text-align: center;">23 APR -5 AM '24</p> <p style="text-align: center;">STATE OF NEW YORK  DEPARTMENT OF HEALTH  OFFICE OF LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – No current 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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I made an appointment to Dr. Laurel for Tuberculosis clearance, 4/15/23</i></p>	<p style="text-align: center;"><i>4/14/23</i></p> <p style="text-align: right; font-size: small;">STATE OF VT DEPT. OF HEALTH COMMUNITY CARE</p> <p style="text-align: right;">23 APR -5 AMO: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 #1 – No current annual tuberculosis clearance.</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 style="text-align: center;">I will make sure that records of annual physical exams &amp; tuberculosis are done &amp; in resident's binders.</p> <p style="text-align: center;">I will use my check list to keep track the expiration date.</p>	<p style="text-align: center;">4/4/23</p> <p style="text-align: right;">23 APR -5 AIO:23</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><b><u>FINDINGS</u></b> In Permanent Resident Register, "Referred by" was not recorded for two (2) current residents. "Religion" was not recorded for one (1) current resident. Corrected during inspection.</p>	<p>PART 1</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;">23 APR -9 MO :23</p>

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES



	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><b><u>FINDINGS</u></b> In Permanent Resident Register, "Referred by" was not recorded for two (2) current residents. "Religion" was not recorded for one (1) current resident. Corrected during inspection.</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 style="text-align: center;"><i>I will fill out permanent general register upon resident's admission.</i></p> <p style="text-align: center;"><i>I will use the admission check list to complete resident register.</i></p>	<p style="text-align: center;"><i>4/4/23</i></p> <p style="text-align: center;">'23 APR -5 AMO:23</p>

STATE OF CONNECTICUT  
DEPARTMENT OF  
CORRECTIONS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b> A pet dog urinated on a bag under the residents' dining table upon department arrival.</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;"><i>Will removed the dog during inspection.</i></p>	<p style="text-align: center;"><i>4/4/23</i></p> <p style="text-align: center;">23 APR -5 10:24</p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> A pet dog urinated on a bag under the residents' dining table upon department arrival.</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 style="text-align: center;">I will ensure that facility is kept clean at all times. I put a baby gate at the doors caregivers room, so dog will stay inside caregivers room.</p>	<p style="text-align: right;">4/4/23</p>

STATE OF MICHIGAN  
 DEPARTMENT OF  
 SOCIAL SERVICES

23 APR -5 AMO:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b> Hot water temperature was at 124-degree Fahrenheit.</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;"><i>I have changed the Thermostat on the heater. I set the temp. at 108°F.</i></p>	<p style="text-align: center;"><i>4/4/23</i></p> <p style="text-align: center;">23 APR -5 10:14</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b> Hot water temperature was at 124-degree Fahrenheit.</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 style="text-align: center;">I will check hot water temperature every month to ensure that temperature is <del>between</del> 100° - 120° F within the range of</p>	<p style="text-align: center;">4/4/23</p> <p style="text-align: right;">23 APR -5 AM 23</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b>FINDINGS</b> SCG stated that dishes were sanitized once a week. SCG did not sanitize the dishes after lunch.</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 APR -5 110 23</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b>FINDINGS</b> CG stated that dishes were sanitized once a week. SCG did not sanitize the dishes after lunch.</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 retrain <sup>or train</sup> all caregivers <sup>proper</sup> of sanitation &amp; cleanliness of the facility.</p> <p>I train all substitute caregivers to sanitize the dishes after every meal.</p>	<p style="text-align: right;">4/4/23</p> <p style="text-align: right;">23 APR -5 NO:23</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

Licensee's/Administrator's Signature: Celia Olas

Print Name: CELIA OLAS

Date: 4/4/2023

23 APR -5 10:23  
STATE LICENSING