

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: March 13, 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.

23 JUN -5 P 2:56
STATE OF HAWAII
DOH-ONCA
STATE LICENSING

	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><u>FINDINGS</u> SCG #1 – Annual tuberculosis clearance not signed by a physician or APRN. Please mail in a copy of the TB clearance with your plan of correction (POC).</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><i>State of Hawaii TB Form F was submitted and signed by a Physician to correct this deficiency.</i></p>	<p><i>3/28/2023</i></p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>23 JUN -5 P2:56</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><u>FINDINGS</u> SCG #1 – Annual tuberculosis clearance not signed by a physician or APRN. Please mail in a copy of the TB clearance with your POC.</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>To ensure this does not happen again in the future, our Human Resource Administrative team will track certifications for all new and current substitute caregivers to ensure all required certifications are complete and current. HRA team will monitor the certifications via our software system. A task is created to alert the HRA team 30 days prior to the certification expiration date. This task list will be checked weekly, the due task will not be cleared until renewed certification is received. The HRA team will inform the SCs of the expiring certification, they will have 30 days to submit a new certification. If the SC does not submit the certification prior to the due date, HRA team will inform the POC and will be taken off the schedule. The SCs will not be permitted to return to work until they are compliant with all certification requirements.</p> <p>STATE OF HAWAII DHP-OLCA STATE LICENSING</p>	<p>3/20/2023</p> <p>23 JUN -5 P 2:56</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – No documented level of care prior to admission on 3/9/2023. Please mail in a copy of the level of care with your POC.</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><i>Required admission paperwork was submitted multiple times to the rehab facility where resident #1 resided prior to admission. When completed admission paperwork was not received on day of admission, PCG was not able to get a hold of Social Worker at rehab facility. PCG made an appointment with the resident's PCP *primary care physician to complete paperwork. Level of care was signed and completed by PCP to correct this deficiency.</i></p>	<p><i>3/17/2023</i></p> <p>23 JUN -5 P2:56</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – No documented level of care prior to admission on 3/9/2023. Please mail in a copy of the level of care with your POC.</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><i>To ensure this does not happen again, residents will not be admitted without completed admission paperwork (level of care, diet order, medication orders etc.) signed by a physician or APRN. A checklist has been created and will be followed to ensure all necessary documentation is obtained prior to admission. This admission checklist will first be signed off to the POC. To double check completion of the checklist, our new community director will then check and sign off on the checklist within 1-2 days of the admission. Our administrative nurse who will be visiting every other week will also check the admission checklist and make sure all necessary documentation is obtained.</i></p> <p>STATE OF HAWAII DOH-OU-ICA STATE LICENSING</p>	<p>3/30/2023</p> <p>23 JUN -5 P2:56</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><u>FINDINGS</u> Resident #1 – Inventory of personal items brought in by resident not documented. Please mail in a copy of the inventory list with your POC.</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><i>To correct this deficiency an inventory of personal items were taken for resident #1.</i></p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>3/14/2023</p> <p>23 JUN -5 P2:55</p>

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<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><u>FINDINGS</u> Resident #1 – Inventory of personal items brought in by resident not documented. Please mail in a copy of the inventory list with your POC.</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>To ensure this does not happen again, 'Inventory Taken' has been added to the admission assessment as part of a checklist. When the PCA is admitting a resident, this will prompt the PCA to ensure inventory is completed at admission. The Community Director (SCA) will double check the completion of this checklist within 1-2 days of admission. Our administrative nurse, who will be visiting every other week, will also check the completion of the checklist and make sure all necessary documentation is obtained and complete. An inventory due section has been added to the resident's monthly summary. When filling it out, it will prompt the PCA to ensure inventory is taken annually. This will also be checked by the administrative nurse who she visits every other week.</p> <p>STATE OF HAWAII DOH OHEA STATE LICENSING</p>	<p>3/30/2023</p> <p>23 JUN -5 P2:55</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><u>FINDINGS</u> Menu was not followed. Residents were served half portions of sandwich.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>3/30/2023</p> <p>23 JUN -5 P 2:55 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<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><u>FINDINGS</u> Menu was not followed. Residents were served half portions of sandwich.</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>To ensure this will not happen again, the chef/cook and SCA will have reviewed the menu verifying portions, & so the proper portions on the menu will be followed. The PCG and/or the administrative nurse will also randomly audit meals at weekly. The audit will occur randomly throughout the week and during any of the meals, making sure proper the menu is followed and proper portions served. Any discrepancies will be corrected immediately and training on the spot will be provided by the PCG or administrative nurse. Audits will be documented in the kitchen binder.</p>	<p>3/30/2023</p> <p>23 JUN -5 P 2:55</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – No documented diet order on 3/9/2023 admission. Please mail in a copy of the signed diet order with your POC.</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><i>To correct this deficiency, signed diet order was received by resident #1's PCP.</i></p> <p>STATE OF HAWAII DOH-ONZ-A STATE LICENSING</p>	<p>3/17/2023</p> <p>23 JUN -5 P2:55</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that “comfort diet,” ordered 11/16/2022 was clarified with the physician. Please mail in a copy of the clarified diet order with your POC.</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>The original order that was signed on 11/22/2022 was 'Regular pureed consistency with thin fluids. Comfort feedings of regular chopped consistency as tolerated per family request' was documented incorrectly. No clarification on order needed. To correct this deficiency, areas where 'Comfort Diet' was documented have been updated to 'Regular Diet'. See original diet order attached for details- reference.</p> <p>STATE OF HAWAII DOH-ORA STATE LICENSING</p>	<p>4/19/2023</p> <p>23 JUN -5 P2:55</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that “comfort diet,” ordered 11/16/2022 was clarified with the physician. Please mail in a copy of the clarified diet order with your POC.</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><i>To ensure this will not happen again, an administrative nurse will review any new orders monthly. The nurse will double check Progress Notes, Physician Orders, and MARs to ensure everything is correct and updated.</i></p>	<p>23 JUN -5 P2:54</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemicals stored unsecured on cart in unlocked "spa" room.</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><i>The door to the spa room where the cleaning cart has an electronic code lock, is automatically locked when closed. When cleaning cart is in use, substitute caregivers will prop the door open. To correct this deficiency, the door stop has been removed so the door of the spa room is always closed and locked.</i></p>	<p>23 JUN -5 P2:54</p> <p>STATE OF HAWAII DOH-COZA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemicals stored unsecured on cart in unlocked "spa" room.</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><i>To ensure this does not happen again in the future, a sign has been posted on the Spa Room door, to remind as a reminder to close door when not in use. The PCN and community director will be checking the door daily to ensure it is closed and locked when not in use. During their regular visits every other week, our administrative nurse will also be checking the Spa Room door is locked and closed and locked when not in use.</i></p>	<p><i>3/30/2023</i></p> <p>STATE OF HAWAII DOH-CHLA STATE LICENSING</p> <p>23 JUN -5 P2:54</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><u>FINDINGS</u> Resident #1 – No hold parameters included on medication labels for Terazosin, Lisinopril, or Furosemide, as ordered by the physician.</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><i>To correct this deficiency, signed orders with hold parameters were obtained by the resident's primary care physician. A 'Refer' 'Medication Change: Refer to Chart' sticker was placed on each of the medication labels to indicate a change in the orders different from the current medication label.</i></p>	<p><i>3/28/2023</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>23 JUN -5 P2:54</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Third drawer on right medication cart is able to open despite medication cart being locked.</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><i>To correct this deficiency, Pharmacia was contacted and the third drawer on the right (1st floor) medication cart was fixed so that it does not + open unless medication cart is unlocked.</i></p>	<p><i>3/30/2023</i></p> <p>STATE OF HAWAII BOH ORCA STATE LICENSING</p> <p>23 JUN -5 P2:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Third drawer on right medication cart is able to open despite medication cart being locked.</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><i>To ensure this does not happen again, SCGs who are trained to administer medications will audit the medication cart weekly. Part of their audit, they will check the drawers of the medication carts are locked and do not open when the cart is locked.</i></p>	<p><i>3/30/2023</i></p> <p>23 JUN -5 P 2:53</p> <p>STATE OF HAWAII DPH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 –Medication orders available for resident not signed by a physician or APRN. Please mail in a copy of signed medication orders with your POC.</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><i>To correct this deficiency, signed medication orders were obtained by resident #1's PC-PCPP.</i></p>	<p><i>3/28/2023</i></p> <p>23 JUN -5 P2:53 STATE OF HAWAII DOH SP2A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 –Medication orders available for resident not signed by a physician or APRN. Please mail in a copy of signed medication orders with your POC.</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><i>To ensure this does not happen again, residents will not be admitted without completed admission paperwork signed by a physician or APRN. A checklist has been created and will be utilized by the PCA to ensure all necessary paperwork is obtained prior to admission. The Community director will double check this checklist 1-2 days after the admission to ensure it is complete and all necessary paperwork is obtained. Our administrative team who will visit every other week will also check this checklist on their regular visits to ensure all necessary documentation is obtained.</i></p> <p>STATE OF HAWAII DOH-PHSA STATE LICENSING</p>	<p><i>3/30/2023</i></p> <p>23 JUN -5 P2:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Unsigned medication list available for resident; however, additional medications that are not on medication list are being administered to resident (Phillip's Daily Care Colon Health Probiotic and Culturelle Digestive Daily Probiotic).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>To complete this deficiency, signed medication orders were obtained by the resident's PRN PCP.</i></p>	<p style="text-align: right;"><i>4/1/2023</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> <p>JUN -5 P2:53</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Unsigned medication list available for resident; however, additional medications that are not on medication list are being administered to resident (Phillip's Daily Care Colon Health Probiotic and Culturelle Digestive Daily Probiotic).</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><i>To ensure this does not happen again residents will not be admitted without completed admission paperwork signed by a physician or APRN. A check list has been created and will be followed by the PCOs to ensure all necessary paperwork is obtained prior to admission. The community director will check this check list 1-2 days after admission to ensure all necessary paperwork is obtained. Our administrative nurse who will be visiting every other week will also check that all necessary paperwork is complete and obtained.</i></p>	<p>4/1/2023</p> <p>23 JUN -5 P2:53</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 <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 #2 – Milk of Magnesia bottle stored with resident's medications; however, no current order available for it.</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><i>To correct this deficiency, Milk of Magnesia bottle was pulled from the medication cart.</i></p>	<p><i>3/18/2023</i></p> <p>23 JUN -5 P2:52</p> <p>STATE OF HAWAII DOH-DHPS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Milk of Magnesia bottle stored with resident's medications; however, no current order available for it.</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><i>To ensure this does not happen again, the medication cart will be audited weekly. Any medications not on a resident's MAR will be pulled and or are discontinued will be pulled and properly dis disposed.</i></p>	<p>3/18/2023</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>23 JUN -5 P 2:52</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #2 – Haloperidol Lactate 2mg/ml discontinued 11/23/2022; however, medication still in medication cart.</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><i>To correct this deficiency, the medication was pulled from the resident's medications.</i></p>	<p><i>3/18/2023</i></p> <p>23 JUN -5 P2:52</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #2 – Haloperidol Lactate 2mg/ml discontinued 11/23/2022; however, medication still in medication cart.</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><i>To ensure this does not happen again, the medication cart will be audited weekly. Any medications that are not on the resident's MHL and/or are discontinued will be pulled and properly disposed.</i></p>	<p><i>3/18/2023</i></p> <p>STATE OF HAWAII DHF-048A STATE LICENSING</p> <p>23 JUN -5 P2:52</p>

	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><u>FINDINGS</u> Resident #2 – Docusate Sodium 100 mg orally BID, not written on March MAR. Please mail in a copy of the March MAR with your POC.</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><i>To correct this deficiency, medication was written on the March MAR.</i></p>	<p><i>3/18/2023</i></p> <p>23 JUN -5 P2:52</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><u>FINDINGS</u> Resident #2 – Docusate Sodium 100 mg orally BID, not written on March MAR. Please mail in a copy of the March MAR with your POC.</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><i>To ensure this does not happen again, an administrative rule will be writing to check documentation at the home at on the ^a regular basis. This nurse will check resident MARs to ensure all medications and medication orders are complete and correctly transcribed.</i></p>	<p>3/18/2020</p> <p>23 JUN -5 P2:52</p> <p>STATE OF HAWAII DOH CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><u>FINDINGS</u> Resident #1 – No medication administration record (MAR) available for resident admitted on 3/9/2023.</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><i>To correct this deficiency, a MAR was created for this resident.</i></p>	<p><i>3/18/2023</i></p> <p>23 JUN -5 P 2:52</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><u>FINDINGS</u> Resident #1 – No medication administration record (MAR) available for resident admitted on 3/9/2023.</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><i>To ensure this does not happen again, a checklist has been created, to ens will be utilized by the PCG to ensure all necessary documentation is complete prior to and on the day of admission. This checklist will be checked by the community director 1-2 days after admission and by the administrative nurse who visits every other week.</i></p>	<p><i>3/18/2023</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>23 JUN -5 P2:52</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 and #2 – No schedule of activities available. Please mail in a copy for both residents with POC.</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><i>A schedule of activities was posted in the common areas for residents who are bedbound and are unable to participate in group activities. To correct this deficiency, a schedule of activities has been created for residents who are bedbound and are unable to participate in group activities.</i></p>	<p><i>3/31/2023</i></p> <p>23 JUN -5 P2:52</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <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 and #2 – No schedule of activities available. Please mail in a copy for both residents with POC.</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><i>To ensure this does not happen again, a schedule of activities will be available for residents who are ambulatory and non-ambulatory.</i></p>	<p><i>3/31/2023</i></p> <p>23 JUN -5 P2:51</p> <p>STATE OF HAWAII DCJ-0424 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment of resident upon admission. Please mail in a copy with your POC.</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><i>To correct this deficiency, assessment of resident #1 was documented.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p><i>3/14/2023</i></p> <p>23 JUN -5 P2:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 – No documentation of primary care giver's assessment of resident upon admission. Please mail in a copy with your POC.</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><i>To ensure this does not happen again a checklist has been created and will be utilized by the POC. The check list will be checked by the community director within 1-2 days of admission to ensure all necessary documentation is complete. This checklist will also be checked by the administrative nurse who will visit every other week.</i></p>	<p><i>3/14/2023</i></p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p> <p>23 JUN -5 P2:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 – Annual tuberculosis clearance not signed by a physician or APRN.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>To correct this deficiency, annual TB clearance was signed and obtained by the resident's PCP.</i></p>	<p><i>3/29/2020</i></p> <p style="text-align: right;">23 JUN -5 P2:51</p> <p style="text-align: right;">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> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – No signed medication orders on admission. Please mail in a copy of the most recently signed medication orders with your POC.</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><i>To ensure this will not happen again, residents will not be admitted without all necessary admission paperwork is obtained prior to admission. A checklist has been created and will be utilized by the PCC to ensure all required documentation is obtained prior to admission. This checklist will be checked by the community director 1-2 days after admission. Our administrative nurse who will visit every other week will also check this checklist to ensure all required documentation is obtained and completed.</i></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p><i>3/20/2023</i></p> <p>23 JUN -5 P2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – No documented height or weight on admission.</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><i>To correct this deficiency, height and weight have been documented.</i></p> <p>STATE OF HAWAII DOH-CRCA STATE LICENSING</p>	<p><i>3/17/2023</i></p> <p>23 JUN -5 P2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – No documented height or weight on admission.</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><i>To ensure this will not happen in the future, a check list has been created and will be utilized by the PCA to ensure all the required documentation is complete prior to and on day of admission. The community director will check this check list 1-2 days after admission. Our administrative nurse who will visit every other week will also check the check list to ensure all required documentation is obtained and complete prior to and on day of admission.</i></p> <p>STATE OF HAWAII DOH-DCA STATE LICENSING</p>	<p><i>3/17/2023</i></p> <p>23 JUN -5 P2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes available for newly admitted resident.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-CRCA STATE LICENSING</p>	<p>3/17/2023</p> <p>23 JUN -5 P2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes available for newly admitted resident.</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><i>A check list has been created with all required documentation and tasks prior to and on day of admission. The list will be utilized by the PCB. It will be checked by the community director 1-2 day after admission as well and by the admission nurse who will visit every other week to ensure all required documentation is obtained prior to and on day of admission.</i></p> <p><i>'Progress Notes Printed' check box has also been added to our Monthly summary form to prompt the PCB to print and document Progress Notes on a monthly basis.</i></p> <p><i>When the administrative nurse visits every other week, they will also check progress Monthly Summaries and Progress Notes are documented, complete and no additional follow up is needed.</i></p>	<p><i>3/30/2023</i></p> <p>23 JUN -5 P2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Progress notes from March to October 2022 and February 2023 not available.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>3/20/2023</p> <p>23 JUN -5 P2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Progress notes from March to October 2022 and February 2023 not available.</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><i>To ensure this does not happen again, previous progress notes will be properly filed and labeled appropriately so they are readily available. Progress notes will be printed monthly and filed immediately. Administrative nurse will audit the resident's charts to ensure progress notes are complete and filed.</i></p>	<p><i>3/20/2023</i></p> <p>STATE OF HAWAII DOH-DECA STATE LICENSING</p> <p>23 JUN -5 P2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – Records prior to 11/16/2022, readmission not readily available.</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><i>Records prior to 11/16/2022 have been located to correct this deficiency</i></p>	<p><i>3/20/2023</i></p> <p>23 JUN -5 P 2:50 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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – Records prior to 11/16/2022, readmission not readily available.</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><i>To ensure this does not happen again, all resident records will be filed properly and labeled appropriately so they are readily available</i></p>	<p><i>3/20/2023</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>23 JUN -5 P 2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> General register does not include admission of Resident #1. Please mail in copy of Resident #1's admission on general register with POC.</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><i>To correct this deficiency, resident #1 was added to the general register. with POC.</i></p>	<p><i>3/20/2023</i></p> <p>23 JUN -5 P 2:49</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> General register does not include admission of Resident #1. Please mail in copy of Resident #1's admission on general register with POC.</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><i>To ensure this does not happen again, a checklist has been created created with all the required documents documentation prior to and on day of admission. The checklist will be utilized by the POC. The community director will check this checklist 12 days after admission as well as the administrative nurse who visits every other week to ensure all required documentation is complete.</i></p>	<p><i>3/20/2023</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>23 JUN -5 P2:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #2 – Level of care from 11/16/2022 has resident as ARCH; however, resident is mostly bed bound and needs maximum assistance with activities of daily living. Physician not contacted for level of care reevaluation. Please mail in copy of updated level of care form.</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><i>To correct this deficiency, level of care evaluation was submitted to the resident's physician and signed.</i></p>	<p><i>3/24/2023</i></p> <p>23 JUN -5 P 2:49</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #2 – Level of care from 11/16/2022 has resident as ARCH; however, resident is mostly bed bound and needs maximum assistance with activities of daily living. Physician not contacted for level of care reevaluation. Please mail in copy of updated level of care form.</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><i>To prevent this from happening in the future during our administrative Nurse's regular visits every other week, they will review the residents charts and ensure any significant changes are reported to the resident's Physician or APRN.</i></p> <p>STATE OF HAWAII DCH-ONCA STATE LICENSING</p>	<p><i>3/30/2023</i></p> <p>23 JUN -5 P2:49</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><u>FINDINGS</u> Hot water temperature measured at 135 degrees Fahrenheit.</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><i>To correct this deficiency, the water temperature on the water heaters have been adjusted to an acceptable range of temperature.</i></p>	<p><i>3/17/2023</i></p> <p>23 JUN -5 P2:49</p> <p>STATE OF HAWAII DOH CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <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><u>FINDINGS</u> Hot water temperature measured at 135 degrees Fahrenheit.</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><i>To ensure this does not happen again, the water temperature will be checked regularly by our maintenance staff to ensure it is within an acceptable range.</i></p>	<p>3/17/2023</p> <p>23 JUN -5 P2:49</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Licensed bedroom being occupied by PCG.</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><i>To correct this deficiency, the PCG we have moved out of the licensed bedroom.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p><i>5/1/2023</i></p> <p>23 JUN -5 P2:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Licensed bedroom being occupied by PCG.</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><i>To ensure this does not happen again, PCG or SCG will not be residing in the facility.</i></p>	<p><i>7/1/2023</i></p> <p>23 JUN -5 P2:48</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Signaling devices in Bathroom #9 and Bedroom #18 not working.</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><i>To correct this deficiency, signaling devices in Bathroom #9, Bedroom #18 have been checked and are working.</i></p>	<p><i>3/24/2023</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>23 JUN -5 P2:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Signaling devices in Bathroom #9 and Bedroom #18 not working.</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><i>To ensure this does not happen again, the community director and or SCbs will be checking all signaling devices throughout the home on a weekly basis.</i></p>	<p><i>3/24/2023</i></p> <p>23 JUN -5 P2:48</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.</p> <p><u>FINDINGS</u> No registered nurse providing direct management and oversight of residents or direct care staff.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>To correct this deficiency, an RN from our administrative office will be visiting the facility every other week to provide direct management and oversight of residents and direct care staff.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: right;"><i>5/1/2023</i></p> <p style="text-align: right;">'23 JUN -5 P2:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.</p> <p><u>FINDINGS</u> No registered nurse providing direct management and oversight of residents or direct care staff.</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><i>To ensure this does not happen again, a schedule with tasks have has been created for our RN who will be visiting the facility regularly.</i></p>	<p><i>5/1/2020</i></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>23 JUN -5 P 2:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute Care Giver #2 – 5 out of 12 continuing education hours completed. Please mail in a copy of the remaining continuing education hours with your POC.</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><i>To correct this deficiency, 5 continuing education hours were completed by caregiver #2.</i></p>	<p><i>5/1/2023</i></p> <p>23 JUN -5 P 2:48</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute Care Giver #2 – 5 out of 12 continuing education hours completed. Please mail in a copy of the remaining continuing education hours with your POC.</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><i>To ensure this does not happen again, an administrative nurse will be visiting the home at least every other week. During their visit, the nurse will provide at least an hour of training to the SCGs to ensure 12 hours of continuing education courses are completed per year. Documentation of completed training will be filed in the 'Training Records Binder'. The PCG will audit the Training Records Binder every quarter to ensure the required continuing education hours are complete for each SCG. If a SCG does not have sufficient training hours, the PCG will alert the administrative nurse. The administrative nurse will then assign or schedule training via Relias Learning: Online Training Platform to fulfill the required training hours.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p><i>5/1/2013</i></p> <p>23 JUN -5 P2:48</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

Larisa D. Sazon

Date: _____

6/9/2023

STATE OF HAWAII
DHF-092A
STATE LICENSING

23 JUN -5 P2:48