

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Espinoza's (ARCH/E-ARCH)	CHAPTER 100.1
Address: 94-1273 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: April 21, 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.

	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>FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, and SCG #2 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Submit a copy of the Fieldprint results with your plan of correction as evidence of completion.</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>PCG had ^{called} scheduled the Fieldprint the following day ^{after the inspection} to schedule it. And so with BCG #1 and SCG #2. Results filed.</i></p>	<p><i>5/3/2023</i> <i>and</i> <i>5/9/2023</i></p> <p style="text-align: center;">23 JUN 29 AM 53</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, and SCG #2 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Submit a copy of the Fieldprint results with your plan of correction as evidence of completion.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>In the future in the following year, I make sure that every CG will do another Fieldprint on or before it expires. A <u>Reminder</u> is posted in the caregiver Folder</i></p>	<p style="text-align: center;">5/27/27</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 – No documented evidence of a history of positive Tuberculosis (TB) skin test. Chest X-ray and annual attestation is present in care home binder.</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>Click or tap here to enter text.</p> <p style="text-align: center;"><i>Secured a copy of the positive skin test. Received a copy today, 5/11. See copy</i></p>	<p style="text-align: right;"><i>5/11/23</i></p> <p>Click or tap here to enter text.</p> <p style="text-align: right;"><i>5/11/23</i></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 – No documented evidence of a history of positive Tuberculosis (TB) skin test. Chest X-ray and annual attestation is present in care home binder.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>In the future, make sure all necessary DDCs - TB skin test results filed in Caregivers chart A reminder is posted in the front of Caregiver - Care Home Chart</i></p>	<p style="text-align: right;"><i>5/11/23</i></p> <p style="text-align: right;"><i>10-01-23</i></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 evidence of a current annual diet order. Last diet order observed Physician Admission Medical and Personal History form dated 11/30/20.</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>Click or tap here to enter text.</p> <p><i>MD office was called and asked for diet renewal. Received a telephone order for diet.</i></p>	<p>Click or tap here to enter text.</p> <p><i>11/26/22</i></p> <p style="text-align: right;"><i>23 NOV 12 11:41</i></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 evidence of a current annual diet order. Last diet order observed Physician Admission Medical and Personal History form dated 11/30/20.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>Posted a reminder to renew diet on every client annually in CH folder</i></p>	<p>Click or tap here to enter text.</p> <p style="text-align: right;"><i>4/20</i></p> <p style="text-align: right;">22</p>

	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 – Physician order dated 2/13/23 for a “Regular, Pureed, Thin liquids” diet. However, no special diet menu observed in facility.</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>Click or tap here to enter text. <i>Menu for Regular - Pureed Diet posted, see copy.</i></p>	<p>Click or tap here to enter text. <i>4/26/23</i></p> <p style="text-align: right;"><i>11.2.23 - 11.2.23</i></p>

	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 – Physician order dated 2/13/23 for a “Regular, Pureed. Thin liquids” diet. However, no special diet menu observed in facility.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>In the future, a menu for special diet be made for the client. Reminder posted on CH folder.</i></p>	<p style="text-align: right;">4/27/23</p> <p style="text-align: right;">22 APR 15 11:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> Bedroom #1 – Observed ‘Clorox’ toilet bowl cleaner and ‘Ajax’ unsecured in bathroom sink. SCG secured cleaning agents during inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 Nov 18 10:01</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> Bedroom #1 – Observed ‘Clorox’ toilet bowl cleaner and ‘Ajax’ unsecured in bathroom sink. SCG secured cleaning agents during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminded all cft not to leave cleaning solutions in the bathroom Posted reminder in the mirror to not leave any solution unhook. "NO CLEANING SOLUTIONS IN THE BATHROOM"</i></p> <p style="text-align: right;">STATE OF HAWAII DCH-CHCA STATE LICENSING</p>	<p style="text-align: center;">23 JUN 29 AM 5:3</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician order for “Amlodipine 10mg. Give 1 tab by mouth daily. Hold if SBP (Systolic Blood Pressure) is less than 100.” Medication is documented on Medication Administration Record (MAR) as administered on the following dates, despite SBP being less than 100mmHg: 9/5/22, 1/8/23, 2/22/23, 3/3/23, 3/6/23, 3/10/23, and 3/20/23.</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>3/20/23</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><u>FINDINGS</u> Resident #1 – Physician order for “Amlodipine 10mg. Give 1 tab by mouth daily. Hold if SBP [Systolic Blood Pressure] is less than 100.” Medication is documented on Medication Administration Record (MAR) as administered on the following dates, despite SBP being less than 100mmHg: 9/5/22, 1/8/23, 2/22/23, 3/3/23, 3/6/23, 3/10/23, and 3/20/23.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>I talked to Rico who is directly handling the medications to be careful and follow orders a reminder is made ^{per} by by + placed on the medications or MAR in regards to special instructions.</i></p>	<p style="text-align: right;"><i>4/26/23</i></p> <p style="text-align: right;"><i>23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 3/27/23, 7/5/22, 1/9/23, and 3/18/23 for “Amlodipine 10mg. Give 1 tab by mouth daily. Hold if SBP is less than 100.” However, blood pressure documented only on Mondays, Wednesdays and Fridays from August 2022 to April 2023.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">23 NOV 15 11:40</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><u>FINDINGS</u> Resident #1 – Physician order dated 3/27/23, 7/5/22, 1/9/23, and 3/18/23 for “Amlodipine 10mg. Give 1 tab by mouth daily. Hold if SBP is less than 100.” However, blood pressure documented only on Mondays, Wednesdays and Fridays from August 2022 to April 2023.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>Posted reminder in front of MAR on special instructions</i></p>	<p style="text-align: right;"><i>4/26/23</i></p> <p style="text-align: right;">23 MAY 15 11:23 AM</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 – Incomplete physician order during medication re-evaluation date on 1/9/23 and 3/18/23 for the following medications:</p> <ul style="list-style-type: none"> • “Rhopressa 0.02% solution” • “Timolol Maleate 0.5% gel solution” 	<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>Click or tap here to enter text.</p> <p><i>Found original order from eye doctor dated 10/11/21 and order to continue medication as is. Will inform MD to complete order next visit.</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;">23 MAR 15 09:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Incomplete physician order during medication re-evaluation date on 1/9/23 and 3/18/23 for the following medications:</p> <ul style="list-style-type: none"> • “Rhopressa 0.02% solution” • “Timolol Maleate 0.5% gel solution” 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>In the future, will make sure to check written order from MD is complete. Reminder in chart posted</i></p>	<p style="text-align: right;">4/27/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a schedule of activities in resident’s chart/binder.</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>Click or tap here to enter text. <i>Schedule of activities posted in chart</i></p>	<p>Click or tap here to enter text. <i>4/27/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a schedule of activities in resident’s chart/binder.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text. <i>A checklist and reminder posted in CH folder to make sure its filed in the chart</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;"><i>3/21/23</i></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><u>FINDINGS</u> Resident #1 – No documented evidence of an initial 2-step Tuberculosis (TB) skin test upon 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>MD's office was contacted to find out if there was a step 2 TB test done and there was no record found. 2 single step done.</i></p>	<p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>23 JUN 29 AM 11:52</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><u>FINDINGS</u> Resident #1 – No documented evidence of an initial 2-step Tuberculosis (TB) skin test upon admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>In the future, will make sure all necessary docs and procedure is followed out in place when admitting new client. Posted reminder in CH chart.</i></p>	<p style="text-align: right;"><i>5/1/23</i></p> <p style="text-align: right;"><i>23 MAY 15 11:51</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – As needed (PRN) medications of “Gabapentin 100mg, 3 capsules PRN for sleep and “Quetiapine 25mg, 1 tab PO in evening PRN agitation was observed being administered daily in the evening from March 1, 2022 to April 20, 2023. No documented evidence of a response to PRN medication.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 NOV 15 11:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – As needed (PRN) medications of “Gabapentin 100mg, 3 capsules PRN for sleep and “Quetiapine 25mg, 1 tab PO in evening PRN agitation was observed being administered daily in the evening from March 1, 2022 to April 20, 2023. No documented evidence of a response to PRN medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>In the future, will document the need w reason for all PRN medications given. A reminder is posted in the MAR folder</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;"><i>23 Nov 15 11:58</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a monthly weight done from December 2022 to March 2023. Resident #2 – No documented evidence of a monthly weight done from January 2023 to March 2023.</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>02/13/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a monthly weight done from December 2022 to March 2023. Resident #2 – No documented evidence of a monthly weight done from January 2023 to March 2023.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>Reminded all caregivers to record monthly weight of all clients. Reminder posted on the folder of client</i></p>	<p style="text-align: right;"><i>4/26/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White correction tape observed over Month and Year in July 2022's monthly summary progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">23 10/19/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White correction tape observed over Month and Year in July 2022's monthly summary progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>NO CORRECTION TAPE on the records placed in CH folder</i></p>	<p style="text-align: right;"><i>4/26/23</i></p> <p style="text-align: right; vertical-align: bottom;"><i>23 Nov 15 11:47</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(H) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire extinguishers shall be installed in accordance with NFPA 101 Life Safety Code and have a minimum fire extinguisher classification rating as required by the county fire code;</p> <p><u>FINDINGS</u> Inspection date for fire extinguisher located in downstairs living area is not current. Inspection date of 7/2021 was noted.</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>Click or tap here to enter text.</p> <p>Last year 4/1/22, Life Safety Consultant inspected the CH and no deficiencies issued then but didn't notice the fire extinguisher was <u>not dated</u>. He visited in March and will change it and is working on the business factory findings.</p>	<p>Click or tap here to enter text.</p> <p>4/20/23</p> <p style="text-align: right;">23 APR 15 11:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(H) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire extinguishers shall be installed in accordance with NFPA 101 Life Safety Code and have a minimum fire extinguisher classification rating as required by the county fire code;</p> <p><u>FINDINGS</u> Inspection date for fire extinguisher located in downstairs living area is not current. Inspection date of 7/2021 was noted.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text.</p> <p><i>In the future will make sure that Fire Extinguishers and other safety features in the home is compliant and marked as checked after officer checks or visited. A reminder is also added in the Ct's folder</i></p>	<p style="text-align: right;">4/21</p> <p style="text-align: right;">23 NOV 15 4:57</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> Room #1 – unoccupied licensed bedroom observed with closet filled with clothing. SCG stated that clothing items belong to them.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Informed SCL #1 and SCL #2 that they can not occupy the licensed room for the CH. All personal belongings was removed from the room.</i></p>	<p style="text-align: right;"><i>4/22/2023</i></p> <p style="text-align: right;">23 JUN 29 AM 52</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <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>FINDINGS Room #1 – unoccupied licensed bedroom observed with closet filled with clothing. SCG stated that clothing items belong to them.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Click or tap here to enter text <i>Remove portal in the empty client's room door.</i></p> <p>FOR CLIENT # 3 USE ONLY</p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;">23 REV 15 11:45 AM</p>

Licensee's/Administrator's Signature: Hilario Edison

Print Name: Click on HILARIO EDISON to enter text.

Date: Click on 5/14/22 to enter text.

23 MAY 15 01:54