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'23 JUL 25 P1 57

State Licensing Section STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 888 Adult Residential Care Home	CHAPTER 100.1
Address: 98-550 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: June 15, 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. : <u>C</u>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
	§11-100.1-3 Licensing. (b)(1)(1) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; FINDINGS Household member #1 – No Fieldprint result.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU TO CORRECTED THE DEFICIENCY Household member #1 was scheduled right a way to get his fingurprint done. Document is now on film.	AUG 25 A11:	, , , , ,
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	RULES (CRITERIA)	PLAN OF CORRECTION	STATE	Completion 題te
SII-10 Applie	00.1-3 <u>Licensing, (b)(1)(l)</u> cation.	PART 2	で の の で の で に の で に の に に に に に に に に に に に に に	6 2 5
directe provic demon	er to obtain a license, the applicant shall apply to the or upon forms provided by the department and shall le any information required by the department to astrate that the applicant and the ARCH or expanded I have met all of the requirements of this chapter. The	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE TO EXPLAIN A CAIN?	HAT	A11 :47
follow Docur giver, ARCI and su convid	ing shall accompany the application: mented evidence stating that the licensee, primary care family members living in the ARCH or expanded I that have access to the ARCH or expanded ARCH, abstitute care givers have no prior felony or abuse ctions in a court of law; INGS shold member #I – No Fieldprint result.	to grant this defect from happening in the future. I will wake everyone has a fingur completed of household men bows who reside i the facility for more than a month. I will use household man bow and Corregion check list as the vill use gosphe carlende to remind any self to the risult.	ATE LICENSII	JUL 25 P1 57 ATE OF HAWAII

RULES (CRITERIA)	PLAN OF CORRECTION	Completion State
§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	AUG 25 A11
FINDINGS Primary Care Giver - No current annual physical exam. The physical exam form was filled in and dated 4/20/2023, but not signed by the physician. Please submit a copy with your plan of correction (POC).	- Annual physical 12am form was submitted I the doctor's office right away to be signed Documents now is on file. Copy attached	V. 8/25/23
	STATE LICENSING	23 JUL 25 P1 56

2 May 1 Strawn -	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Deje
	\$11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.	PART 2 FUTURE PLAN FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURES PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	AUG 25 AI1 47
	FINDINGS Primary Care Giver - No current annual physical exam. The physical exam form was filled in and dated 4/20/2023, but not signed by the physician. Please submit a copy with your plan of correction (POC),	To grown to this deflectioney from happening in the further to will make sur future. I will make sur to doubt whils before leaving in the adoctor. The ifice of a doctor. It is signal analle some it is signal and anoth before inspections. I will apolate if next.	STATE OF HAWAII

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-2 Personnel, staffing and family requirements. (b) All individuals who dither reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. EINDANG!S PCG - No current annual suberculosis (TB) clearance. TB Risk Assessment and Attestation Screening form was filled but patient's name not recorded. Household member (HM) #1 - No annual/initial TB clearance. Please submit a copy with your POC.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU ENTERINED CORRECTED THE DEFICIENCY Ahmued tuberculosis dearanger name of a patient's name is already inputed the right devisor's name. right devisor's name. Africally on Document is aready on Aile.	23 AUG 25 A11:47 23 JUL 25 P1:56

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS PCG — No current annual tuberculosis (TB) clearance, TB Risk Assessment and Attestation Screening form was filled but patient's name not recorded. Household member (HM) #1 — No annual/initial TE clearance. Please submit a copy with your POC.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To provent this defection from happening in the future. I will double check wary guestion is filled with the right Information. before leaving fun doubles STATE LICENSING	3 AUG 25 AIT :47 23 JUL 25 P1 56

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Qate
§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. FINDINGS Lunch menu contained BBQ chicken. One resident was served fish sticks instead of BBQ chicken. No menu substitution recorded.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	3 AUG 25 A11:47
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	\$11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. RINDINGS Lunch mena contained BEQ chicken. One resident was served fish stick; instead of BBQ chicken. No mena substitution recorded.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this dispection from happening in the f Mehu for residents who preferred no meat mea Sepwate menu will be a Sepwate menu will be a Substitution meal. The substitution meal. The word of substitution meal. The word of substitution meal. The document rhuman substitution The document of substitution meals to document of substitution of substitutions. The resident.	Mus 25 MI 48	Vister
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Congr. Congret Michigan	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-13 Natrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type 1 ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - Physician's diet orders were as follows: 6/24/2022: Cardiac Mechanical Soft, Bite size, thin liquids 3/20/2023: heart healthy 5/5/23/2023: regular There were no menus for special diets that were ordered in the past	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	23 AUG 25 A11:48
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RULES (CRITERIA) PLAN OF CORRECTION Significant series of the series o	Completion Date
\$11-100.1-13 Nourillons (1) Special diets shall be provided for residents only as ordered by their physician or APKN. Only those Typ.1 ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - Physician's diet orders were as follows: 6.24/2022; Cardiac Mechanica: Soft, Bite size, thin liquids 3.20/2023; regular There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. There were no menus for special diets that were ordered in the past. Ther	AUG 25 A11 :48

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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-13 Nutrition. (i) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCH. licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 ~ Physician's diet orders were as follows: 6/24/2022: Cardiac Mechanical Soft, Bite size, thin liquids 3/20/2023; heart healthy 5/23/2023; regular No documented evidence that special diets were provided.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	NUG 25 N11:48
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-13 Nutrition. (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. FINDINGS: Resident #1 - Physician's diet orders were as follows: 6/24/2022: Cardiac Mechanical Soft. Bite size thin liquids 3/20/2023: heart healthy 5/23/2023: regular No documented evidence that special diets were provided.	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE STATE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prive this difficiency for happening in the function of the function of the function of the programme will document on the programme what delt hais an STATE LICENSING EVERY man the	:48

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	\$11-190.1-14 Pood sanitation. (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. FINDINGS Four (4) Glade spray cans were left in two (2) residents both rooms. PCG secured it during inspection.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	23 AUG 25 AI1 :48
		STATE LICENSING	23 JUL 25 P1 55

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, blenches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Four (4) Glade spray cans were left in two (2) residents' both rooms. PCG secured in during inspection.	ETTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTUREST PLAN: WHAT WILL YOU DO TO ENSURE THE TIT DOESN'T HAPPEN AGAIN? To greant this difficient from happening in the function of the function of the form of the function of t	D=23 AUG 25 A11 :48 Y R STATE OF HAWAII

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	\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician of APRN, FINDINGS Resident #1 — Physician's order dated 6/21/2023 included Lesartan 25 mg, 1 tab, qd. Resident was admitted or 6/23/2023. There was an order to stop Losartan 25 mg dated 7/6/2023. The medication vvas not listed in medication administration record (MAR). Per PCG, the resident did not have the medication at admission, but it was not recorded.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	STATE OF HAWAII	23 NUG 25 M11 :48
		STATE LICENSING	STATE OF HAWAII	23 JUL 25 P1 55

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	\$11-100,1-15 Medications, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 FUTURE PLAN SECTION S	AUG 25
	P(ND)NGS Resident #1 - Physician's order dated 6/21/2023 included Losartan 25mg, 1 tab. qd. Resident was admitted on 6/23/2023. There was an order to stop Losartan 25mg dated	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	A11 :48
	7/6/2033. The medication was not listed in medication administration record (MAR). For PCG, the resident did not have the medication at admission, but it was not recorded.	To prevent this odafaciones from happening in the futu	M -
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	progress note aithin 24 hours.	are not on the list of doc	do Ar.
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RULES (CRITERIA)	PLAN OF CORRECTION	SI	om E etion Date
\$11-100.1-17 Records and reports. (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; 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; FINDINGS Reside at #2 ~ No initial TH clearance. Please submit a copy with your POC	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY TO Clearance was request to BCI - PCP decided to do it in a blood test. Resident did the grace but a contract but a contract but because BCP was on vacation. The result or vacation. The result was the document result was the document result was the document is submitted and copy is on file. Copy attached Copy attached Copy attached	lan	NUG 25 N1 :48

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Solution
\$11-100.1-17 Fecords and reports. (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: A report of a recent medical examination and current diagnostis taken within the preceding twoive months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS: Resident #2 - No initial TB clearance. Please submit a copy with your POC.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURED PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prount this defection ey I wan happening in the fatu Facility will make sum all Facility will make sum all Facility will make sum all Facility will be complete The charance will be complete Accuments. STATELICENTE ONE OF THE STATELICENTE O	AUS 25 AII :48

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$\frac{1-100.1-17 Records and reports.}{\text{Pouring residence, records shall include:}}\$ Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; \[\frac{\text{FINDINGS}}{\text{Resident #2} - \text{No current annual Tb clearance. No current annual physical exam Resident #3 - \text{No current annual physical exam.} \] Please submit a copy with your POC.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Ficility called PCP for gchedulad right away to get regident's TB clearance and physicant exam for regident # 2 mod Pestelint # 3. 6/16/23.	'23 AUG
	oft state licensing state licensing	23 JUL 25 P1 :55

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
	\$11-10), 1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tubercurosis: FINDINGS Resident #2 - No current annual Tb clearance. No current annual physical exam. Resident #3 - No current annual physical exam. Please submit a copy with your POC.	PART 2 FITURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURISS. PLAN: WHAT WILL YOU DO TO ENGURE THATE IT DOESN'T HAPPEN AGAIN? To prount this difficiency from happening in the fatign facility will make sum Facility will make sum all necessary documents all necessary documents will be up obtained amountly will be up obtained amountly and will make a mentional and will make a mentional hote to remind for facility hote to ying my calmodor- by asing my calmodor-	STATE OF HAWAII	127
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	RULES (CEITERIA)	PLAN OF CORRECTION	Completion Date
X	\$11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a month y 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; FINDINGS Resident #1 - The resident had Cystoscope and transurethral resection of numors on 3/20/2023. Observation and response to treatment not recorded in progress notes.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	23 AUG 25 AIT :49 STATE OF HAWAII
		STATE LICENSING	23 JL 25 P1 53

RULES (CRITERIA)	PLAN OF CORRECTION	Completion 12ste
\$11-100.1-17 Records and reports. (b)(3) During residence records shall include: Progress notes that shall be written on a month y basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan,	PLAM: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prount this difectory	AUG 25 AIT :49

20000000	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Dale
	Miscel aneous records: A perir ment general register shall be maintained to record all admissions and discharges of residents: FINDINGS In Pern anent Resident Register, "Religion" was not recorded for one (1) current resident. "Admitted from" was recorded for two (2) current residents. Corrected during inspection.	PART 1 STATE LICENSING Correcting the deficiency	
		after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
direction and an artist of the second		STATE LICENSING	23 JU 25 P1 53

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-7 Records and reports. (h)(1) Miscellaneous records:	PART 2	AG
	A permanent general register shall be maintained to record all admissions and discharges of residents;	FUTURE PLAN 555	3 25
	FINDINGS	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	A11 :49
	In Permanent Resident Register, "Religion" was not recorded for one (1) current resident, "Admitted from" was recorded as "rows home." Provide the registed for either a recorded as "rows home."	IT DOESN'T HAPPEN AGAIN?	
	recorded as "care home." Previously resided facility names not recorded for two (2) current residents. Corrected during inspection.	To prevent this defecting	
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	FULES (CRITERIA)	PLAN OF CORRECTION	Completion Bite
	\$11-100.1-23 Physical environment. (g)(3)(1) Fire prevention protection. Type I ARCH's shall be in compliance with, but not limited to, the following provisions: Bach resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: FINDINGS Resident #2 - No self-preservation statement. Please submit a cony with your POC.	DID YOU CORRECT THE DEFICIENCY? ENERGY USE THIS SPACE TO TILL US HOW YOU TO CORRECTED THE DEFICIENCY As soan as I'm I'm facility from his uncation. Facility oglised the doctor officer right away to schooling will't. the resident fis. doctors will't. and git her from filled. and git her form received risident visited the officer periodent on of form received on 7/25/27.	AUG 25 AI1 :49
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	\$11-100.1-23 Physical environment. (e)(3)(1) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: FINDINGS Resident #2 - No self-preservation statement. Please submit a copy with your POC.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURISE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To grown to this defectionary for the famility will make sum to Famility will make sum to Famility will make sum to the PCF will the concertion the PCF will the concertion of all required light to optoin all re	STATE OF HAWAII	NG 25 All:

	RULES (CRITERIA)	PLAN OF CORRECTION 6		i
				ompletion Date
	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:	PART 1		- 128 6
	Bedroom furnishings:	DID YOU CORRECT THE DEFICIENCY?		
	Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be	USE THIS SPACE TO TELL US HOW YOU		N1 :49
	substituted for the top sheet when requested by the resident; FINDINGS	A. comfortable matteress Dag		
1100000	In resident's bedroom #3, bedsheet was placed directly on the waterproof mattress cover. A comfortable mattress pad was not provided.	as applied right after inspection. on belroom#3.	6	115/23
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	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:	PART 2	STATE AUG
	Bedroom furnishings:	FUTURE PLAN	16 25
	Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be	USE THIS SPACE TO EXPLAIN YOUR FUTURES PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	A11 :49
	FINDINGS In resident's bedroom #3, bedsheet was placed directly on the waterproof mattress cover. A comfortable mattress pad was not provided.	To prount this defecting of from happens of in fur from fortune from happens in fur from from happens in fur for complete or comfort methods occupied or comfort methods occupied or the always. I have also gh suffy of comfortable matters, go of the comfortable matters of the comfortable matter of the comfortable matters of the comfortable matter of the comfortable matters of the comfortable matt	nohe ready.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: 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. FINDINGS PCG and Substitute Care Giver (SCG) #1 — Confirmed completed continuing education credits was nine (9) hours only. SCG #2 — Confirmed completed continuing education credits was five (5) hours only. Please submit a copy of additional credits completed to obtain 12 hours credits. The credits will not be counted toward 2024 annual inspection.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOUNG CORRECTED THE DEFICIENCY RCG and Substitute Carred a substitute translating attend a in survice translating right a way for gehod a constability. All documents a constability. All documents away to filed and completed.	23 JUL 25 P1 52

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	(CILLI ESKET)	PLAN OF CORRECTION	Completion	
	§11-100.1-83 Personnel and staffing requirements. (5)		Date]
	In addition to the requirements in subchapter 2 and 3:	PART 2	73	
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	Primary and substitute care givers shall have documented	FUTURE PLAN		
	evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent	Light delite on the party of th	3 25	
-	to the management of an expanded ARCH and care of	USE THIS SPACE TO EXPLAIN YOUR FUTURES	UI	
	expanded ARCH residents.	PLAN: WHAT WILL YOU DO TO ENSURE THAT	2	
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	FINDINGS	1 1/4 I Carlanted	6	
ł	PCG and Substitute Care Giver (SCG) #1 - Confirmed	To privent this and		
ļ	completed continuing education credits was nine (9) hours only.	in the Intust	_	
· ·	SCG #2 - Confirmed completed continuing education	from huppening		
	credits was five (5) hours only.	111 set a golidate		
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	Please submit a copy of additional credits completed to obtain 12 hours credits. The credits will not be counted	In on on one		
	toward 2024 annual inspection.	mannial all in service	į	
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Licensee's/Administrator's Signature: Unth Loforty Print Name: Victor Lafort Date: 7/25/23	- fina :	ta engana ana ana ang ang ang ang ang Julyan ang ana ang ang ang ang ang ang ang ang
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