

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jociel Adult Care Services LLC	CHAPTER 100.1
Address: 83 Kilani Avenue, Wahiawa, Hawaii 96786	Inspection Date: June 5, 2023 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OLCA
STATE LICENSING

23 SEP 21 AM 38

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member (HM) #1 – No annual physical exam.</p> <p>Please submit a copy 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>Copy of the Physical Exam dated 1/11/23 was found and another one dated 6/15/23 was obtained.</p> <p>→ copy attached</p>	<p>June 6, 2023</p>

STATE OF HAWAII
POLICE
ST. LOUIS

23 SEP 21 AM 35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member (HM) #1 – No annual physical exam.</p> <p>Please submit a copy with your plan of correction (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 put/organize all documents related to the ARCH on its proper/ designated binder.</p> <p>→ I will review my documents 2 months before my inspection</p> <p>STATE OF HAWAII DOH-SHCA STATE LICENSING</p>	<p>6/06/23</p> <p>23 SEP 21 AM 03:35</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> Household member (HM) #1 – No current tuberculosis clearance.</p> <p>Please submit 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>Called Kaiser (PCR) and made appointment for 2 step TB Test.</p> <p>Step one : 6/23/23</p> <p>Step two: 7/17/23</p> <p>→ Initial TB clearance obtained.</p> <p>→ see attached</p>	<p>7/17/23</p> <p>23 SEP 21 AM 03:55</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> Household member (HM) #1 – No current tuberculosis clearance.</p> <p>Please submit 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>Due to negligence I was not aware that after 2 yrs old kids need to do PE and TB test annually. I put into my phone calendar so I will not forget and is able to make appointment ahead of time.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>7/17/23</p> <p>23 SEP 21 AM 0:35</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> No menu posted in residents' dining room. Corrected 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>06/07/23</p> <p>23 SEP 21 AM 3:55</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> No menu posted in residents' dining room. Corrected during inspection.</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>Menu is already posted and trained and informed SCG's that menu needs to be posted at all times at the dining and kitchen area.</p>	<p>06/07/23</p> <p>23 SEP 21 AM 0:35</p> <p>STATE OF HAWAII DOH-DHS-A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #1 – Menu substitution for lunch was partially recorded. It did not include all foods provided. Corrected 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>07/05/23</p> <p>23 SEP 21 AM 10:35</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE OF HAWAII</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #1 – Menu substitution for lunch was partially recorded. It did not include all foods provided. Corrected during inspection.</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>Will make a better layout of form to be able to provide/write all the food that is serve and specific as possible. Will train together with SCG's every now and then to minimize mistakes and remind each other.</p> <p>STATE OF HAWAII DOH-612A STATE LICENSING</p>	<p>06/05/23</p> <p>23 SEP 21 AM 135</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>FINDINGS Resident #1 – Renal diet was ordered on 2/28/2023, Diabetic diet was ordered on 5/3/2023. Per Primary Care Giver (PCG), a nutritionist at the dialysis center recommended serving what the resident wants to eat due to low body weight and weakness on 4/6/2023. Thus, PCG provided a regular diet to the resident. Physician's order that reflects this nutritionist's recommendation was not available.</p> <p>Please clarify with physician.</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>Called Mr. Horinchi's PCP to address the concerned and was able to get appointment 6/16/23. Diet was also confirmed by Dr. Yamamoto (nephrologist) and US Renal dialysis (Wahiawa) regarding the order. An order was made 6/16/23 and 6/28/23. → Regular diet was ordered.</p>	<p>6/16/23</p> <p>23 SEP 21 AM 0:35</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DEPARTMENT OF STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <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 #1 – Renal diet was ordered on 2/28/2023, Diabetic diet was ordered on 5/3/2023. No record that special diets were provided. On the day of the inspection 6/5/2023, a regular diet menu was served for lunch.</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>06/16/23</p> <p>23 SEP 21 AM 35</p> <p>STATE OF HAWAII DOH-2023 STATE INSPECTION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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 – March 2023, April 2023, May 2023 medication administration record (MAR) not initialized completely. Unable to confirm that the medication was given as physician ordered.</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 DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>06/06/23</p> <p>23 SEP 21 AM 035</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 – March 2023, April 2023, May 2023 medication administration record (MAR) not initialized completely. Unable to confirm that the medication was given as physician ordered.</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>Re-evaluate the MAR to match with the Med-List. every month and if there is changes on medication/order.</p> <p>Re-traine SCA's on how to do the MAR.</p>	<p>06/06/23</p> <p>23 SEP 21 10:35</p> <p>STATE OF HAWAII DOH-CRCA 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>FINDINGS Resident #1 – Physician's order dated 3/7/2023 is "Metoprolol Succinate XL 25mg Tab sr 24h. Take 0.5 tablets by mouth daily. Hold if BP is less than 120." BP was recorded as follows,</p> <p>3/8/2023: 118/59 3/9/2023: no record 3/10/2023: 116/60 3/11/2023: 118/59 3/12/2023: 95/52 3/13/2023: 104/53 3/14/2023: 117/56 3/15/2023: 110/55</p> <p>MAR was initialed as given.</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-CRCS STATE LICENSING</p>	<p>07/16/23</p> <p>23 SEP 21 AM 3:55</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's order dated 3/7/2023 is "Metoprolol Succinate XL 25mg Tab sr 24h. Take 0.5 tablets by mouth daily. Hold if BP is less than 120." BP was recorded as follows,</p> <p>3/8/2023: 118/59 3/9/2023: no record 3/10/2023: 116/60 3/11/2023: 118/59 3/12/2023: 95/52 3/13/2023: 104/53 3/14/2023: 117/56 3/15/2023: 110/55</p> <p>MAR was initialed as given.</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>To always double check the physician's order and medication labels. Will make sure that it will be match. by correcting it right away if there will be changes.</p> <p>→ I trained SGA's to double check physician's order before administering or giving the medication.</p>	<p>06/16/23</p> <p style="text-align: right;">23 SEP 21 AM 03:55</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>§11-100.1-15 <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>FINDINGS Resident #1 – Physician's orders dated 3/7/2023 and 5/3/2023 are "Metoprolol Succinate XL 25mg Tab sr 24h. Take 0.5 Tablets by mouth daily. Hold if BP less than 120." Physician's order dated 2/28/2023 is to "Hold for SBP<100, Heart Rate <50. Give after Dialysis on Dialysis days." MAR did not indicate blood pressure and heart rate parameters.</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>Re-check my MAR and labeled the medication bottle. To make sure that all physicians orders and meds are match. Trained my SCG's about medication.</p> <p>→ Physician's changed the order on 6/16/23. Parameter not required.</p> <p>STATE OF HAWAII DOH-OSCA STATE LICENSING</p>	<p>6/16/23</p> <p>23 SEP 21 AM 10:35</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 – Physician's orders dated 3/7/2023 and 5/3/2023 are "Metoprolol Succinate XL 25mg Tab sr 24h. Take 0.5 Tablets by mouth daily. Hold if BP less than 120." Physician's order dated 2/28/2023 is to "Hold for SBP<100, Heart Rate <50. Give after Dialysis on Dialysis days." MAR did not indicate blood pressure and heart rate parameters.</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 train my SCG's all about orders and medication. Will make sure that all medication and orders will match and be followed. Label the medication label if necessary as a guide.</p> <p>→ I will review medication orders monthly.</p> <p>→ I will update the MAR as needed.</p>	<p>23 SEP 21 10:35</p>

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – May 2023 MAR was not initialed for Levetiracetam 250mg, Levetiracetam 500mg, and Metoprolol Succinate XL 25mg, Mirtazapine 7.5mg. April 2023 MAR was initialed partially for Levetiracetam 250mg and Levetiracetam 500mg.</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 DEH-CIOA STATE LICENSING</p>	<p>06/06/23</p> <p>23 SEP 21 AM 03:55</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 – May 2023 MAR was not initialed for Levetiracetam 250mg, Levetiracetam 500mg, and Metoprolol Succinate XL 25mg, Mirtazapine 7.5mg. April 2023 MAR was initialed partially for Levetiracetam 250mg and Levetiracetam 500mg.</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>Check all the MAR of residents and did a training for ALL my SCG's. I would also need to remind myself and SCG's that if there is new Med Orders, always add to the MAR and make sure that order and drug label match.</p> <p>→ I will review the MAR at least monthly and as needed.</p>	<p>06/06/23</p> <p>STATE OF HAWAII DOH-CDPH STATE LICENSING</p> <p>23 SEP 21 A10:36</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 plan of care and activities schedule. Corrected 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>STATE OF HAWAII DOH-0107 STATE LICENSE NO.</p>	<p>06/05/23</p> <p>23 SEP 21 AM 03:35</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 plan of care and activities schedule. Corrected during inspection.</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 make a to-do list and put a reminder to the calendar and phone calendar.</p> <p>→ To use "Admission Checklist"</p>	<p>06/05/23</p> <p>23 SEP 21 AM 0:36</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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 admission assessment.</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 DEPARTMENT OF HEALTH STATE LICENSURE</p>	<p>06/06/23</p> <p>23 SEP 21 AM 10:35</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 admission assessment.</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 would need to follow the admission check list and review residents binder monthly and as needed.</p> <p style="text-align: right;">STATE OF HAWAII BOH-CICA STATE LICENSING</p>	<p style="text-align: right;">06/06/23</p> <p style="text-align: right;">23 SEP 21 AM 36</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 #4 -- No record that height was obtained at admission.</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 COM-GMCA STATE LIC# 100000000</p>	<p>06/26/23</p> <p>23 SEP 21 AM 0:35</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 #4 – No record that height was obtained at 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>I will use admission checklist to remind myself. To obtain residents height.</i></p>	<p><i>09/19/23</i></p> <p>23 SEP 21 AM 0:36</p>

STATE OF HAWAII
DOH-0001
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – There was a list of personal items recorded but not dated.</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>Transferred the personal items to the intended form.</p> <p>→ form completed.</p>	<p>06/06/23</p> <p>23 SEP 21 AM 3:35</p> <p>STATE OF HAWAII DON-CHICA 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)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – There was a list of personal items recorded but not dated.</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 will follow the admission checklist and use the correct form. Prepare the papers before the admission day.</p>	<p>06/06/23</p> <p>23 SEP 21 AM 036</p> <p>STATE OF HAWAII DCH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes.</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-CHS STATE LICENSING</p>	<p>06/06/23</p> <p>23 SEP 21 AM 03:34</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.</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 should make a habit to do a monthly progress notes and as needed. Will remind my SCG's to review the "to-do list" everyday → I will document during 1st week of the month.</p>	<p>04/06/23</p> <p>23 SEP 21 AIO:36</p> <p>STATE OF HAWAII DOH-610-A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(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 #2 – No record for April 2023 weight. Resident #3 – No record for February 2023, March 2023, and April 2023 weight.</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 BOH-ONEA STATE LICENSING</p>	<p>06/06/23</p> <p>23 SEP 21 AM 34</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 #2 – No record for April 2023 weight. Resident #3 – No record for February 2023, March 2023, and April 2023 weight.</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>Found the record of Resident #2 and already transferred. However for Resident #3, resident is not able to stand up and has no doctors appointment to be able to get weight.</p> <p>→ Included on to my "to-do list" that every 1st day/week of each month take the weight and to use the right form.</p> <p>→ Resident #3 is discharged.</p>	<p>06/06/23</p> <p>23 SEP 21 AM 36</p>

STATE OF HAWAII
DOH-DCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 – On 3/16/2023, resident visited ER. No incident report generated.</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-CHCA STATE LICENSING</p>	<p>06/06/23</p> <p>23 SEP 21 AM 03:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – On 3/16/2023, resident visited ER. No incident report generated.</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>Included into my "to-do list" that report must be made every ER visit. SCA's and myself review and train how to make an incident report.</p>	<p>6/6/23</p> <p>23 SEP 21 AM 10:36</p> <p>STATE OF HAWAII DCH-ENICA 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 #1 – ER visit on 3/16/2023 records stated to schedule a follow up visit with a physician as soon as possible. No record that the visit was scheduled or conducted. PCG stated that a follow-up visit was made on 3/29/2023, but there was no record.</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-GHSA STATE LICENSING</p>	<p>6/06/23</p> <p>23 SEP 21 AM 03:34</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 #1 – ER visit on 3/16/2023 records stated to schedule a follow up visit with a physician as soon as possible. No record that the visit was scheduled or conducted. PCG stated that a follow-up visit was made on 3/29/2023, but there was no record.</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 put all the records on residents binder ASAP. to prevent from misplacing the important documents.</i></p>	<p><i>06/06/23</i></p> <p>23 SEP 21 AM 36</p> <p>STATE OF HAWAII DOH-OSHA STATE LICENSES</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 was used in Permanent Resident Register and MAR.</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 - OHDA STATE LICENSING</p>	<p>06/06/23</p> <p>23 SEP 21 A10:34</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 was used in Permanent Resident Register and MAR.</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;">Did a training for all my SCG's regarding proper documentation. I will also put it on my "reminder list/ to-do list" binder & Communication book)</p>	<p>06/06/23</p> <p style="text-align: right;">23 SEP 21 10:36</p>

STATE OF HAWAII
DOH-SCG
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	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> One discharged resident not reflected in Permanent Resident Register.</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>Discharged date already documented.</i></p> <p><i>→ Permanent Resident Register was documented.</i></p>	<p><i>07/06/23</i></p> <p>23 SEP 21 AM 0:34</p>

STATE OF HAWAII
DOH-OLCA
STATE LICENSING

	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> One discharged resident not reflected in Permanent Resident Register.</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>Would add to my "to-do list".</p> <p>I will also need to do a follow a discharged check list to refrain from forgetting anything.</p>	<p>06/06/23</p> <p>23 SEP 21 AM 36</p> <p>STATE OF HAWAII DOH-ODCA STATE LICENSE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No financial agreement.</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 style="text-align: center;"><i>Financial agreement was signed by the resident and filed</i></p>	<p><i>06/06/23</i></p> <p style="text-align: right;">23 SEP 21 AM 34</p> <p style="text-align: right;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No financial agreement.</p>	<p align="center">PART 2</p> <p align="center">FUTURE PLAN</p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will make it a habit to prepare the forms/documents before the day of admission. Will also need to attach a admission and discharge forms on resident's binder.</p>	<p>06/06/23</p> <p align="right"> <small>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</small> 23 SEP 21 AM 136 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – No record that PCG trained Substitute Care Giver (SCG) for insulin administration and blood glucose check.</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>Trained SCG's and let them try in-person. Hand-outs are in educational binder.</p> <p>→ Training was documented.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div>	<p>06/06/23</p> <p style="text-align: right;">23 SEP 21 AM 34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #2 – No record that PCG trained Substitute Care Giver (SCG) for insulin administration and blood glucose check.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Added to my "reminder list binder". Also will need to recheck the admission check-list for a reminder.</p> <p>* I will use SCG check list to provide training to my SCG's.</p>	<p>06/06/23</p> <p>23 SEP 21 10:36</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STANDARD & REGISTRATION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Smoke detectors in residents' living room was chirping throughout inspection.</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 style="text-align: center;"><i>Battery was already changed.</i></p> <p style="text-align: center;"><i>→ Smoke detector is working properly.</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII BOH-0000000000 STATE LICENSING</p> </div>	<p><i>06/05/23</i></p> <p style="text-align: right;">23 SEP 21 AM 0:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Smoke detectors in residents' living room was chirping throughout inspection.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will have a fire detector's battery always available. Bought extra batteries and container for emergency and in-need.</p>	<p>06/10/23</p> <p>23 SEP 21 AM 03:36</p> <p>STATE OF HAWAII DHS-002A STATE OF HAWAII</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Fire drills were conducted quarterly. Only "Fire Drill" was noted in "DESCRIPTION OF DRILL."</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-0162A STATE LICENSING</p>	<p>06/05/23</p> <p>23 SEP 21 AM 0:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Care giver stated dishes were sanitized every other day.</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-OTDA STATE LICENSING</p>	<p>06/05/23</p> <p>23 SEP 21 AM 34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS Care giver stated dishes were sanitized every other day.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Sanitation instruction was posted on the kitchen cabinet near the sink as a reminder for all caregivers to follow.</p> <p>→ To put 1 tbsp of clorox for each gallon of water. Submerged All the dishes on a container. Wait at least 5 min then air dry (no need rinse) After every meal.</p>	<p>06/04/23</p> <p>23 SEP 21 AM 03:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Care giver stated dishes were sanitized every other day.</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-CHCA STATE LICENSING</p>	<p>06/05/23</p> <p>23 SEP 21 AM 03:34</p>

Date: 09/20/23

52