

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yolanda Razon-Collo	CHAPTER 100.1
Address: 4345 Likini Street Honolulu, Hawaii 96818	Inspection Date: July 31, 2023 Annual

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

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

23 OCT 26 A 8:05  
STATE OF HAWAII  
OFFICE OF  
STATE LICENSING

	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><b>FINDINGS</b>  Resident #2: Diet order for "regular, pureed" diet. Menu posted in facility does not meet dietary guideline for pureed.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I have created a puree diet menu.</i></p>	<p style="text-align: center;"><i>10/25/23</i></p> <p style="text-align: right;">23 OCT 26 A 8:05</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</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><b>FINDINGS</b>  Resident #2: Diet order for "regular, pureed" diet. Menu posted in facility does not meet dietary guideline for pureed.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future before admitting a client PCG should have a 4 cycles of menus for the resident</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS  DEPARTMENT OF HEALTH  STATE LICENSING</p>	<p style="text-align: right;">10/25/23</p> <p style="text-align: right;">23 OCT 26 A 8:05</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><b><u>FINDINGS</u></b> The following cleaners/toxic chemicals were observed unsecured in the following areas:</p> <p>-Raid bud spray, Lysol toilet cleaner, Comet, Windex were found unsecured under the bathroom sink in private bathroom of bedroom #1.</p> <p>-Ajax, and 2 Clorox toilet cleaners were observed unsecured under the sink of common bathroom located along the corridor.</p> <p><b>PCG and SCG secured all cleaners and toxic chemicals during the inspection. Only future plan required for this deficiency.</b></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correction was made during the annual inspection. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSES</p>	<p style="text-align: right;">23 OCT 26 A 8:05</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><b><u>FINDINGS</u></b> The following cleaners/toxic chemicals were observed unsecured in the following areas:</p> <p>-Raid bud spray, Lysol toilet cleaner, Comet, Windex were found unsecured under the bathroom sink in private bathroom of bedroom #1.</p> <p>-Ajax, and 2 Clorox toilet cleaners were observed unsecured under the sink of common bathroom located along the corridor.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center; font-size: 1.2em;">I have posted a reminder to lock all toxic chemicals.</p>	<p style="text-align: center; font-size: 1.2em;">10/25/23</p> <p style="text-align: right; font-size: 0.8em;">       STATE OF ILLINOIS        DEPARTMENT OF        STATE FIRE MARSHAL        23 OCT 26 11:05     </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Observed over the counter (OTC)  “Acetaminophen extra strength 500mg” in resident’s medication bin without proper label for OTC medications.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I corrected and I labelled the medication to make it proper</i></p>	<p style="text-align: right;"><i>10/25/23</i></p> <p style="text-align: right;">23 OCT 26 AM 8:05</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS  DEPARTMENT OF HEALTH  STATE LICENSE BOARD</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Observed over the counter (OTC)  “Acetaminophen extra strength 500mg” in resident’s medication bin without proper label for OTC medications.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I have posted a reminder to label all OTC medication properly and included an example.</i></p>	<p style="text-align: center;"><i>10/25/23</i></p> <p style="text-align: center;">23 OCT 26 11:05</p> <p style="text-align: center;">STATE OF CONNECTICUT  DEPARTMENT OF  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b>            Resident #1- "Rocklatan" eye drops were observed unsecured in resident's private bathroom drawer.</p> <p>PCG removed eye drops and secured in resident's medication bin. Only future plan is required for this deficiency.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correction was made during the annual inspection. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 OCT 26 A8:05</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS            DEPARTMENT OF HEALTH            STATE LICENSING</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b>            Resident #1- "Rocklatan" eye drops were observed to be improperly stored in an unlocked Ziplock bag on the downstairs refrigerator door.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I now have a secured container of it in my refrigerator to keep refrigerated medication.</i></p>	<p style="text-align: right;">10/25/23</p> <p style="text-align: right;">STATE OF HAWAII POLICE STATE LIAISONS</p> <p style="text-align: right;">OCT 26 18:05</p>

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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><b>FINDINGS</b> Resident #1 – Metoprolol 25mg tab, 1 tab by mouth BID, Hold for SBP &lt;110, HR &lt;55.” However, on 11/2/22, medication was initialed as given in the medication administration record (MAR) despite blood pressure reading recorded at 108/56.</p> <p>No documented evidence of blood pressure re-taken nor was there any other reason documented (in progress notes or otherwise) to justify administration of medication outside of hold parameter.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 OCT 26 A 8:05</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH SWINE FLU DIVISION</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><b><u>FINDINGS</u></b> Resident #1 – Metoprolol 25mg tab, 1 tab by mouth BID, Hold for SBP &lt;110, HR &lt;55.” However, on 11/2/22, medication was initiated as given in the medication administration record (MAR) despite blood pressure reading recorded at 108/56.</p> <p>No documented evidence of blood pressure re-taken nor was there any other reason documented (in progress notes or otherwise) to justify administration of medication outside of hold parameter.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>going forward I will double check that I have indicated correctly on the MAR when BP meds are given or not held.</i></p> <p><i>Reminder when holding BP medication put an H on the MAR instead of my initials</i></p>	<p style="text-align: center;">10/28/23</p> <p style="text-align: right;">23 OCT 26 18:04</p> <p style="text-align: right; font-size: small;">STATE OF MARIANA NOTARY PUBLIC 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><b>FINDINGS</b>  Resident #1 – MAR for the entire month of February 2023 does not have record of “Metoprolol 25mg tab, 1 tab by mouth BID” whether medication is being administered, held or refused by resident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 OCT 26 A 8:05</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  HOSPITAL  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><b><u>FINDINGS</u></b> Resident #1 – MAR for the entire month of February 2023 does not have record of “Metoprolol 25mg tab, 1 tab by mouth BID” whether medication is being administered, held or refused by resident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future I will check weekly all of resident MAR to make sure all of the slots have been signed</p> <p>posted a reminder to check MAR weekly for any discrepancies.</p>	<p style="text-align: right;">10/25/23</p> <p style="text-align: right;">23 OCT 26 A8:05</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE ELECTRONICS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – No current annual tuberculosis (TB) clearance. Observed last TB clearance on file dated 6/29/22.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">TB Clearance obtained on 10/5/23</p>	<p style="text-align: center;">10/28/23</p> <p style="text-align: right;">23 OCT 26 AM 104 STATE OF ILLINOIS DEPARTMENT OF STATE LIBRARIANS</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – No current annual tuberculosis (TB) clearance. Observed last TB clearance on file dated 6/29/22.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future I will record each resident's expiration of TB clearance and physical Exam. on my calendar to remind myself.</p>	<p style="text-align: center;">8/27/23</p> <p style="text-align: right;">STATE OF HAWAII HOM-CARE STATE LICENSING</p> <p style="text-align: right;">23 OCT 31 AM 11:50</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – No current annual physical examination. Last physical exam on file dated 7/7/22. Per PCG, an earlier appointment could not be obtained and next appointment available is in 8/30/23.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Physical Exam Obtain on 10/6/23</p>	<p style="text-align: center;">10/25/23</p> <p style="text-align: right;">23 OCT 26 AM 8:04 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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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> (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><b><u>FINDINGS</u></b> Resident #1 – Emergency information on file not maintained with updated medications. Medication does not list Vitamin D3 (ordered 9/14/22) and Acetaminophen (ordered 3/22/23).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I made a new resident emergency information to update her medications.</i></p>	<p style="text-align: center;"><i>10/25/23</i></p> <p style="text-align: right;">23 OCT 26 18:04</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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<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><b><u>FINDINGS</u></b> Resident #1 – Emergency information on file not maintained with updated medications. Medication does not list Vitamin D3 (ordered 9/14/22) and Acetaminophen (ordered 3/22/23).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="font-size: 2em; font-family: cursive;">Reminder ☆ update Emergency Information when ever there are changes to the info.</p>	<p style="text-align: right; font-size: 1.5em; font-family: cursive;">10/25/23</p> <p style="text-align: right; font-size: 0.8em;">STATE OF MICHIGAN DEPARTMENT OF CORRECTIONS STATE LICENSING</p> <p style="text-align: right; font-size: 0.8em;">'23 OCT 26 A 8:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Observed downstairs wet bar with sink, 1 refrigerator, 1 toaster oven, and 1 microwave, making it a full kitchen.</p> <p>Microwave and toaster oven removed during inspection. Only future plan is required for this deficiency.</p>	<p>PART 1</p> <p><b>Correction was made during the annual inspection. For this deficiency, only a future plan is required.</b></p>	<p>23 OCT 26 18:04</p> <p>STATE OF OHIO DEPT. OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r)            Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b>            Observed downstairs wet bar with sink, 1 refrigerator, 1 toaster oven, and 1 microwave, making it a full kitchen.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I am now aware of what a wet bar is and heating elements will not be kept in wet bar.</i></p>	<p style="text-align: center;"><i>10/25/23</i></p> <p style="text-align: right;">23 OCT 26 8:04</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE INSPECTIONS</p>

Licensee's/Administrator's Signature:

*Tolanda R. Collo*

Print Name:

Tolanda R. Collo

Date:

10 / 25 / 23

STATE OF HAWAII  
DOT-PS&A  
STATE LICENSING

23 OCT 26 A8:04