

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aalyson Care Home LLC	CHAPTER 100.1
Address: 911 Winant Street, Honolulu, Hawaii 96817	Inspection Date: September 8, 2023 Initial

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.

24 FEB 12 A9:38

STATE OF HAWAII
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23 DEC 1 A8:41


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> License not posted. 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>My license is currently posted now on a conspicuous area along with my other credentials.</p>	<p>'23 DEC 11 A8:41</p>

'24 FEB 12 A9:38

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>24 FEB 12 A9:39</p>	<p><input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> License not posted. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will create a weekly environmental round (every Sunday) for groceries, supplies, alarms in working condition, signaling device location, and my licenses are posted on a conspicuous place at all times.</p>	<p style="text-align: right;">2/12/24 <i>[Signature]</i></p> <p style="text-align: right;">23 DEC 11 A8:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Substitute Care Giver (SCG) #1 – No Fieldprint result.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I made a tracking spreadsheet for me and my caregivers annual requirements, e.g. PPD, Medical clearance, fieldprint. See attached below.</p> <p>SCG #1 J. B = no longer a caregiver  2/12/24</p> <p>She recently scheduled a new fieldprint</p>	<p style="text-align: center;">STATE OF HAWAII Department of STATE LICENSING</p> <p style="text-align: center;">23 DEC 11 A8:41</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No Fieldprint result.</p> <p>Please submit a copy with your plan of correction (POC).</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>I have created a tracking spreadsheet for my caregivers and myself and check it periodically for upcoming expiration.</p>	<p style="text-align: right;">2/12/24 R8</p> <p style="text-align: right;">23 DEC 11 A8:41</p>

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	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> SCG #1 – No current physical exam.</p> <p>Please submit a copy with your POC.</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>SCG 1 current physical is filed in the binder</p> <p><i>See attached</i></p>	<p style="text-align: right;"><i>2/12/24</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">23 DEC 11 08:41</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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STATE OF HAWAII
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	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> SCG #1 – No current physical exam. Please submit a copy with your POC.</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>There will be a tracking system that I will file in ARCH binder and post it on the wall. I will check this every 3 months to ensure annual compliance. See below.</p>	<p style="text-align: right;">2/12/24 8</p> <p style="text-align: right;">'23 DEC 11 A 8:41</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 – No initial tuberculosis clearance. No annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I obtained a copy of my SCG 1 & 2 to be filed in the binder</p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: right;"><i>2/12/24</i> <i>my</i></p>	<p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">23 DEC 11 A8:41</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 – No initial tuberculosis clearance. No annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>I will have a tracking system and to be checking it every 3 months to ensure annual compliance with my caregivers and myself. This will be posted on the wall and in my ARCH binder.</p>	<p style="text-align: right;">2/12/24 8</p> <p style="text-align: right;">23 DEC 11 A 8:41</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 and #2 – No First Aid certification.</p> <p>Please submit a copy with your POC.</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 style="text-align: center;">I obtained a copy of their first aid and filed it in the binder.</p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>2/12/24</i></p> <p style="text-align: center;"><i>子</i></p> <p style="text-align: center;">23 DEC 11 A8:41</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – No record that Primary Care Giver (PCG) trained SCG #1 to make prescribed medication available to residents.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I filled out the PCG training form and went ahead and reviewed this with her.</p>	<p style="text-align: right;">2/12/24 8</p> <p style="text-align: right;">23 DEC 11 A8:41</p>

24 FEB 12 A9:39

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – No record that Primary Care Giver (PCG) trained SCG #1 to make prescribed medication available to residents.</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>The PCG/SCG training sheet is also in my spreadsheet to be checked quarterly to ensure they received the proper training.</p>	<p style="text-align: right;">2/12/24 B</p> <p style="text-align: right;">23 DEC 11 A 8:41</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 and #2 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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 style="text-align: center;">I requested a copy of their CPR and filed in the binder.</p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: center;"><i>2/12/24</i></p> <p style="text-align: center;"><i>[Signature]</i></p>	<p style="text-align: center;">23 DEC 11 A8:41</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 and #2 – No level of care.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I filed the copy of level of care in their binders.</p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: center;"><i>2/12/24</i></p> <p style="text-align: center;"><i>J</i></p>	<p style="text-align: center;">23 DEC 11 A8:42</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 and #2 – No level of care.</p> <p>Please submit a copy with your POC.</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>I'll follow the ARCH checklist for each admission and also put a copy of this checklist on the resident's binder.</p>	<p style="text-align: right;">2/12/24 </p> <p style="text-align: right;">23 DEC 11 A8:42</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No record that fire drills were conducted. No record that two (2) current residents received orientation for emergency procedures.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I documented the fire drill I conducted with my caregivers and residents. It's located in my arch binder.</p> <p><i>I provided the orientation for emergency procedures for 2 residents and documented in Arch binder.</i></p> <p style="text-align: right;"><i>2/12/24</i></p>	<p style="text-align: center;">23 DEC 11 A8:42</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Regular diet menu did not meet national dietary guidelines as it did not include portion sizes of specific foods.</p> <p>Please submit weekly menus (7 days) for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I made a new weekly diet list that shows the portion sizes of specific foods.</p> <p><i>I created a regular menu & special diet menu for a total of 4 weeks.</i></p> <p style="text-align: right;"><i>2/12/24</i> <i>ly</i></p>	<p style="text-align: right;">23 DEC 11 A8:42</p>

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	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>FINDINGS Posted lunch menu was hot open face beef sandwich, mashed potatoes with gravy, squash medley, fruit cocktail, milk low fat 1%, cranberry juice. Lunch provided was cut chicken nuggets (1/2 inch), cut baby broccoli and green beans, cut papaya and watermelon (1 inch), and water. No menu substitution recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Educated myself and staff to follow the menu at all times</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">23 DEC 11 A 8 :42</p>

24 FEB 12 A 9 :40

STATE OF HAWAII
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	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> Posted lunch menu was hot open face beef sandwich, mashed potatoes with gravy, squash medley, fruit cocktail, milk low fat 1%, cranberry juice. Lunch provided was cut chicken nuggets (1/2 inch), cut baby broccoli and green beans, cut papaya and watermelon (1 inch), and water. No menu substitution recorded.</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>Educated and reminded myself and my SCG to always follow the menu posted in the kitchen. This includes substitution menu for each resident. Wrote on substitution menu sheet like an example on the left. Substitution menu is done everyday when not following a current weekly menu.</p>	<p style="text-align: right; font-size: 1.5em;">2/12/24</p> <p style="text-align: center; font-size: 2em;">J</p> <p style="text-align: right;">23 DEC 11 A8:42</p>

24 FEB 12 A9:40

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23 DEC 11 A8:42

	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 and #2 – No diet order.</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>Obtained a copy of diet order for resident 1 (see below) and filed in the chart. Also notify staff of resident's diet.</p>	<p style="text-align: right;">2/12/24 <i>[Signature]</i></p> <p style="text-align: right;">23 DEC 11 A8:42</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 and #2 – No diet order.</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>I will follow the checklist during admission and also file it in the chart to ensure I have all the necessary documents at admission.</p>	<p style="text-align: right;">2/12/24 <i>[Signature]</i></p> <p style="text-align: right;">23 DEC 11 A8:42</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cleaning supplies, laundry detergent, and Clorox containers were stored by one of three (3) exits. The door to the area was not locked.</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>We put away all cleaning supplies and chemicals and locked them underneath the sink in the kitchen.</p>	<p style="text-align: right;">2/12/24 8</p> <p style="text-align: right;">23 DEC 11 A 8:42</p>

24 FEB 12 A 9:40

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cleaning supplies, laundry detergent, and Clorox containers were stored by one of three (3) exits. The door to the area was not locked.</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>It will be in my daily) environmental checklist to safely stored and locked up all cleaning supplies and toxic chemicals. This way it will be visibly noted if need to lock up.</p>	<p style="text-align: right;">2/12/24 <i>[Signature]</i></p> <p style="text-align: right;">'23 DEC 11 A 8:42</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication/binder cabinet was not locked upon department arrival. The cabinet was placed in laundry room where the area can be secured with door lock. But the door between the laundry room and the residents' dining area was not locked.</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>My SCG and myself locked up the medication/binder cabinet for safety and privacy.</p> <p>We had moved the med cart where we can monitor it better and to check that it's always locked</p>	<p style="text-align: right;">2/12/24 J</p> <p style="text-align: right;">23 DEC 11 A8:42</p>

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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> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication/binder cabinet was not locked upon department arrival. The cabinet was placed in laundry room where the area can be secured with door lock. But the door between the laundry room and the residents' dining area was not locked.</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;">This will be in my daily environmental rounds/checklist to ensure compliance with safety and privacy.</p>	<p style="text-align: right;">2/12/24 <i>J</i></p> <p style="text-align: right;">23 DEC 11 A8:42</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><u>FINDINGS</u> Resident #1 and #2 - There was no medication order.</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>Checked and got the medication order. Filed it in their chart.</p>	<p style="text-align: right;">2/12/24 J</p> <p style="text-align: right;">23 DEC 11 AM 8:42</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><u>FINDINGS</u> Resident #1 and #2 - There was no medication order.</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>I will follow the ARCH Checklist for each admission to obtain all important documents at admission. This will also be filed on their chart.</p>	<p style="text-align: right;">2/12/24 8</p> <p style="text-align: right;">'23 DEC 11 A8:42</p>

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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 #2 – No medication administration record (MAR). Per PCG, the resident was on antibiotics at time of admission on 8/31/2023. After finishing the medication, resident is not on any medication.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2/12/24 8</p> <p>23 DEC 11 A8:42</p>

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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 #2 – No medication administration record (MAR). Per PCG, the resident was on antibiotics at time of admission on 8/31/2023. After finishing the medication, resident is not on any medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will list any medication in MAR esp ABX as ordered. I will go over the new ARCH ADMlssion checklist during admission.</p>	<p style="text-align: right; font-size: 1.2em;">2/12/24 B</p> <p style="text-align: center; font-size: 1.2em;">23 DEC 11 A8:43</p>

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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 – MAR was not initialed since 8/25/2023. There was no September 2023 MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I initialed the August 2023 MAR and filed. September MAR 2023 created</p>	<p style="text-align: right;">2/12/24 </p> <p style="text-align: right;">23 DEC 11 A8:43 STATE OF HAWAII STATE LICENSING</p>

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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 – MAR was not initialed since 8/25/2023. There was no September 2023 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>We will remind ourselves daily to check the MAR for any missing initials or signatures. We will initial the MAR each time medication is given daily. I will post a reminder sign in front of the MAR to remind us to check it again before the end of the day for accuracy.</p>	<p style="text-align: right;">2/12/24 8</p> <p style="text-align: right;">23 DEC 11 A8:43</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 and #2 – No plan of care and activities schedule.</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>Started the plan of care and activities for each resident. The plan of care is filed in the binder.</p>	<p style="text-align: right; font-size: 1.2em;">2/12/24 </p> <p style="text-align: right;">23 DEC 11 AM 8:43</p>


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<p style="text-align: center;">24 FEB 12 A9:41</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 and #2 – No plan of care and activities schedule.</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>Everyone new admission, I will check each tab in the ARCH binder if it's completed with all signatures from Resident or POA. I will also check if all forms have been completed. I will go over the RESIDENT BINDER checklist.</p>	<p style="text-align: right;">2/12/24 Z</p> <p style="text-align: right;">23 DEC 11 A8:43</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH 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)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 and #2 – No physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I found the residents' physical exam and filed it in their charts. Below is Resident's 1 physical exam. Second page is resident's 2 physical exam.</p>	<p style="text-align: right;">2/12/24 </p> <p style="text-align: right;">23 DEC 11 A8:43 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> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 and #2 – No physical exam.</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>I will make a checklist for all residents' annual requirements and will check it monthly for accuracy and compliance. I will also use the ARCH new admission checklist</p>	<p style="text-align: right;">2/12/24 </p> <p style="text-align: right;">23 DEC 11 A8:43</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> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – No initial tuberculosis clearance.</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>Located resident's CXR and filed in chart.</p>	<p style="text-align: right;">2/12/24 </p> <p style="text-align: right;">23 DEC 11 A 8:43</p> <p style="text-align: center;">STATE OF HAWAII 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> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – No initial tuberculosis clearance.</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>I will utilize a form to help me remember when to renew their PPD and also will follow the ARCH admission checklist.</p>	<p style="text-align: right;">2/12/24 <i>[Signature]</i></p> <p style="text-align: right;">23 DEC 11 A8:43</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> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – No record that weight was taken at admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;"><i>2/12/24</i> <i>J</i></p> <p style="text-align: right;">23 DEC 11 A8:43</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> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – No record that weight was taken at admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will utilize and follow the ARCH new admission checklist for new admissions which includes their admission weight.</p> <p>If resident is refusing, I will indicate it on the form.</p>	<p style="text-align: right;">2/12/24 </p> <p style="text-align: right;">23 DEC 11 A8:43</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> (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><u>FINDINGS</u> Resident #2 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I located her annual PPD and filed in the chart.</p>	<p style="text-align: right;">2/12/24 8</p> <p style="text-align: right;">23 DEC 11 A8:43</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> (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><u>FINDINGS</u> Resident #2 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will follow the ARCH new admission checklist upon admission and if there are none, I will take resident to a facility that provides PPD testing.</p>	<p style="text-align: right;">2/12/24 J</p> <p style="text-align: right;">23 DEC 11 A8:43</p>

24 FEB 12 A9:41


STATE OF HAWAII
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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – In July 2023 MAR, legend for care givers who administer medication was not provided.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;"><i>2/12/24</i></p> <p style="text-align: right;"><i>J</i></p> <p style="text-align: right;">23 DEC 11 A 8:43</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

24 FEB 12 A 9:41

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS Resident #1 – In July 2023 MAR, legend for care givers who administer medication was not provided.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have a daily reminder in front of MAR BOOK to remind me and my SCG to sign or initial the MAR daily. See below:</p> <p style="text-align: center;">Bottom of MAR has a Legend for SCG/PCTG 2/12/24 </p>	<p style="text-align: center;">23 DEC 11 AM 8:43</p>

24 FEB 12 AM 9:41

STATE OF HAWAII
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23 DEC 11 AM 8:43

	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> In Permanent Resident Register, "Religion" and "Admitted from" not recorded for one (1) current resident. One (1) admitted resident was not recorded.</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>Asked the family member for the residents with missing religion info and entered it on the form</p>	<p style="text-align: right;">2/12/24 Z</p>

24 FEB 12 A9:41

STATE OF HAWAII
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23 DEC 11 A8:44

	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>FINDINGS In Permanent Resident Register, "Religion" and "Admitted from" not recorded for one (1) current resident. One (1) admitted resident was not recorded.</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>I will utilize and go over the ARCH BINDER CHECKLIST to fill out all necessary documents or info needed esp for new admission.</p>	<p>2/12/24 8</p> <p>23 DEC 11 A8:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No financial statement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I was able to obtain the signature from resident's POA and filed in resident's binder.</p>	<p style="text-align: right;"><i>hr/rlr</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">23 DEC 11 A8:44</p>

24 FEB 12 A9:41

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No financial statement.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>During new admission, I will go over the Resident Binder checklist to get all the info or signatures I might need in their chart.</p>	<p style="text-align: right;"><i>2/12/24</i></p> <p style="text-align: right;"><i>Z</i></p> <p style="text-align: right;">23 DEC 11 A8:44</p>

24 FEB 12 A9:41

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Childproof doorknobs were installed on two (2) designated emergency exits. Removed by SCG during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;"><i>2/12/24</i></p> <p style="text-align: right;"><i>8</i></p> <p style="text-align: right;">23 DEC 11 A8:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">'24 FEB 12 A9:41</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Childproof doorknobs were installed on two (2) designated emergency exits. Removed by SCG during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will include in my weekly (SUNDAY) environmental checklist if doors or exit ways are free of unsafe materials, this includes the doorknobs. Will stop using or installing any childproof doorknobs in emergency exits for safety.</p>	<p style="text-align: right;">2/12/24 Z</p> <p style="text-align: center;">'23 DEC 11 A8:44</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
24 FEB 12 A9:41 STATE OF HAWAII STATE LICENSING	<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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; <u>FINDINGS</u> No record that the smoke detectors were tested.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	 STATE OF HAWAII STATE LICENSING 23 DEC 11 A8:44 <i>myle</i> <i>z</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">24 FEB 12 A9:42</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §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>FINDINGS No record that the smoke detectors were tested.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will utilize the weekly environmental checklist if smoke detectors are tested monthly by checking the ARCH binder when it was last checked.</p>	<p style="text-align: right;">2/12/24 Z</p> <p style="text-align: center;">23 DEC 11 A8:44</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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:</p> <p>FINDINGS Resident #1 and #2 – No self-preservation statement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I had located the self preservation for the two residents and filed them in their charts.</p>	<p style="text-align: right;"><i>2/12/12</i></p> <p style="text-align: right;"><i>2</i></p> <p style="text-align: right;">23 DEC 11 08:44</p>

24 FEB 12 09:42

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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:</p> <p>FINDINGS Resident #1 and #2 – No self-preservation statement.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will utilize the new ARCH ADMISSION checklist for any new admission to the carehome. This way, I won't miss or forget any necessary Documents required upon admission.</p>	<p style="text-align: right;"><i>2/12/24</i></p> <p style="text-align: right;"><i>2</i></p> <p style="text-align: right;">23 DEC 11 A8:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Resident's soaked shorts and T-shirt were left in cabinet under the sink in residents' bathroom between bedroom #1 and #2. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;"><i>2/12/24</i></p> <p style="text-align: right;">23 DEC 11 A8:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">'24 FEB 12 A9:42</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS Resident's soaked shorts and T-shirt were left in cabinet under the sink in residents' bathroom between bedroom #1 and #2. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will include in my weekly <i>daily</i> ^{ly} environmental rounds the checking of each residents' room for any hidden items or dirty clothing, as well as cleanliness.</p>	<p style="text-align: center;">2/12/24 z</p> <p style="text-align: center;">'23 DEC 11 A8:44</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p><u>FINDINGS</u> Household member (HM) #1 and #2 reside in licensed bedroom #2 for resident use.</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>They had been removed from the home the following day. Residents' room had been cleaned and prepared for possible admission.</p>	<p style="text-align: right;"><i>m/le</i> <i>R</i></p> <p style="text-align: right;">23 DEC 11 A8:44</p>

24 FEB 12 A9:42

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p>FINDINGS Household member (HM) #1 and #2 reside in licensed bedroom #2 for resident use.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The residents' room will only be utilized for admitted residents. I will not allow visiting family or friends to be using the assigned room for residents even though there are no resident occupying the room.</p>	<p style="text-align: right;"><i>m/e/l/e</i></p> <p style="text-align: right;"><i>R</i></p> <p style="text-align: right;">23 DEC 11 A8:44</p>

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Licensee's/Administrator's Signature: MJ Lonzame
Print Name: Mary Jane Lonzame
Date: December 3, 2023

2/12/24
J

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23 DEC 11 A8:44
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DEPARTMENT OF
STATE LICENSING

Licensee's/Administrator's Signature:  _____

Print Name: mary jane lonzame

Date: Sep 18, 2023