

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aida's	CHAPTER 100.1
Address: 45-552 Liula Street, Kaneohe, Hawaii 96744	Inspection Date: November 7, 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.**

STATE OF HAWAII  
HEALTH CARE  
STATE LICENSING

'23 DEC 21 P 4:09

	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><b>FINDINGS</b>            Primary Care Giver (PCG), Substitute Care Giver (SCG), Household Member (HM) #1 and HM #2- No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law. Repeat citation from 2022 inspection.</p> <p>Please provide a copy of the Fieldprint results with your plan of correction.</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>I obtained all missing fingerprint  <del>the</del> attached is a copy of the appointment            All fingerprint done 11/30/23</p> <p>FD sent when request comes in for 4 HM.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">             DEPARTMENT OF HAWAII              STATE LICENSING              DEC 21 4:09 PM           </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><b>FINDINGS</b>  Primary Care Giver (PCG), Substitute Care Giver (SCG), Household Member (HM) #1 and HM #2- No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law. Repeat citation from 2022 inspection.</p> <p><b>Please provide a copy of the Fieldprint results with your plan of correction.</b></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 will continue to check my records of my staff + myself to comply c DOT requirement. Do monthly audit. See attached audit checklist to prevent from happening again.</p>	<p style="text-align: right;">23 DEC 21 P4:09</p> <p style="text-align: center;">STATE OF HAWAII  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> HM #1- No current documented evidence of annual tuberculosis clearance.</p> <p>Please provide a copy of the annual tuberculosis clearance with your plan of correction.</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;">TD clearance obtained to all caregivers. See attached forms. HM-1 →</p> <p style="text-align: center;">①</p>	<p style="text-align: right;">23 11/20/23 4:09</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</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><b><u>FINDINGS</u></b> HM #1- No current documented evidence of annual tuberculosis clearance.</p> <p><b>Please provide a copy of the annual tuberculosis clearance with your plan of correction.</b></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 will continue to use my Audit checklist to check my records monthly to prevent this from happening again</p> <p>② 4+5 page - copy enclosed</p>	<p>11/20/23</p> <p style="text-align: right;">23 DEC 21 P 4:09</p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING</p>

	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><b><u>FINDINGS</u></b> SCG- No documentation that the PCG trained SCG to make prescribed medication available to residents.</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;">Training conducted to SCG by PCG. See attached form.</p>	<p style="text-align: center;">11/21/23</p> <p style="text-align: right;">23 DEC 21 P 4:09 STATE OF HAWAII STATE LICENSING</p>

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23 DEC 21 P 4:08

23 DEC 21 P 4:08

STATE OF HAWAII  
STATE LICENSING

	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><b><u>FINDINGS</u></b>            Resident #4- No level of care assessment at the time of admission.</p> <p><b>Please clarify with the physician and provide an updated level of care assessment with your plan of correction.</b></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>Level of care was clarified with the provider. See attached form.</p>	<p>11/21/23</p>



	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><b>FINDINGS</b>  Resident #4- No level of care assessment at the time of admission.</p> <p><b>Please clarify with the physician and provide an updated level of care assessment with your plan of correction.</b></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>To prevent this from happening again. I will make sure that LOC is present upon or before admission. Attached is my Admission checklist.</i> </p>	<p style="text-align: right;"><i>11/21/23</i></p> <p style="text-align: right;">    <b>23 DEC 21 P4:08</b> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Three expired can goods found in food supply.</p> <p>PCG corrected at the time of inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>'23 DEC 21 P 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Three expired can goods found in food supply. PCG corrected at the time of inspection.</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 will do environmental rounds weekly to prevent this from happening again. See attached EOC form. (Environmental @ Cafe)</p>	<p style="text-align: right;">11-30-23</p> <p style="text-align: right;">23 DEC 21 P4:08</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT SUPERIOR COURT JUDICIAL BRANCH 1 MIDDLETOWN</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Large container of coconut shavings found uncovered in the refrigerator.</p> <p>PCG corrected at the time of inspection.</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 DEC 21 P4:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII STATE DEPARTMENT OF HEALTH SANITATION DIVISION</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><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>• One can of Lysol disinfectant spray and roach bait found on kitchen counter.</li> <li>• Insect killer Raid found in Resident's #2 bedroom.</li> </ul> <p>PCG corrected at the time of inspection.</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: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: center;">23 DEC 21 P4:08</p>

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	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></p> <ul style="list-style-type: none"> <li>• Resident #3- Eye drops and Pepto Bismuth Tablets found in the resident's dresser in bedroom #3.</li> <li>• Resident #5- Albuterol inhaler found on the resident's chair in bedroom #4.</li> <li>• Eye drops with no label found in the residents' bathroom cabinet.</li> </ul> <p>PCG removed and secured the above medications during the inspection.</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 DEC 21 P 4:08</p> <p style="text-align: right; font-size: small;">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> (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-</p> <ol style="list-style-type: none"> <li>1. Fish Oil 1,000 mg capsules was discontinued by the physician on 10/17/23, however on the October 2023 Medication Administration Record (MAR) reflected the medication was discontinued on 10/11/23.</li> <li>2. Physician ordered Levofloxacin 500 mg one tablet every 24 hours for 7 days, however the medication was given for 10 days from 9/26/23 to 10/4/23.</li> <li>3. Physician ordered Tylenol 500 mg on 10/17/23, however the medication was not recorded on the October 2023 MAR.</li> <li>4. Physician ordered Miralax powder on 10/17/23, however the medication was not recorded on the October 2023 MAR.</li> </ol>	<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: center;">mar +</p>	<p style="text-align: right;">23 DEC 21 P 4:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII 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><b><u>FINDINGS</u></b> Resident #1-</p> <ol style="list-style-type: none"> <li>5. Fish Oil 1,000 mg capsules was discontinued by the physician on 10/17/23, however on the October 2023 Medication Administration Record (MAR) reflected the medication was discontinued on 10/11/23.</li> <li>6. Physician ordered Levofloxacin 500 mg one tablet every 24 hours for 7 days, however the medication was given for 10 days from 9/26/23 to 10/4/23.</li> <li>7. Physician ordered Tylenol 500 mg on 10/17/23, however the medication was not recorded on the October 2023 MAR.</li> <li>1. Physician ordered Miralax powder on 10/17/23, however the medication was not recorded on the October 2023 MAR.</li> </ol>	<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 order for this not to happen again, I will do chart audit monthly focusing on the med &amp; Physician Order to prevent error. See attached audit form.</p>	<p style="text-align: right;">11/30/23</p> <p style="text-align: right;">'23 DEC 21 P 4:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII STATE LICENSING</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><b>FINDINGS</b>  Resident #1- No schedule of activities available at the time of inspection.</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>Schedule of Activities developed. See attached <del>for</del> form.</i></p>	<p style="text-align: center;">23 DEC 21 P 4:08</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><b><u>FINDINGS</u></b>  Resident #1- No schedule of activities available at the time of inspection.</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>to prevent this from happening again, I will make sure that schedule activities is passed by the board. PCB will develop as to clients functional capacity. It will reflect in the care plan. See attached audit form.</p>	<p style="text-align: right;">11-22-20</p> <p style="text-align: right;">23 DEC 21 P 4:01</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  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><b><u>FINDINGS</u></b>  No current inventory of valuables available at the time of inspection for Resident #1 and Resident #2.</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;">Inventories done, for both residents. Please see attached form.</p>	<p style="text-align: center;">DEC 21 P4:07</p> <p style="text-align: center;">11-30-22</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">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)(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><b><u>FINDINGS</u></b>  No current inventory of valuables available at the time of inspection for Resident #1 and Resident #2.</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 will do chart audit &amp; check their valuables monthly so <sup>we</sup> recorded in their chart. See attached monthly audit form.</p>	<p style="text-align: right;">(1/22/23)</p> <p style="text-align: right;">23 DEC 21 PM 4:07</p> <p style="text-align: right;">STATE OF HAWAII  STATE ENGINEERING</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><b><u>FINDINGS</u></b> Resident #1-</p> <ol style="list-style-type: none"> <li>1. No documentation that the physician was made aware regarding weight loss of 12 pounds from initial of 138 pounds to current 126 pounds.</li> <li>2. Progress note did not reflect the need and response to Tylenol 500 mg prn given on 11/5/23.</li> </ol>	<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: center;">23 DEC 21 P4:07</p> <p style="text-align: center;">STATE OF HAWAII STATE ENGINEERS</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><b><u>FINDINGS</u></b> Resident #1-</p> <ol style="list-style-type: none"> <li>1. No documentation that the physician was made aware regarding weight loss of 12 pounds from initial of 138 pounds to current 126 pounds.</li> <li>2. Progress note did not reflect the need and response to Tylenol 500 mg prn given on 11/5/23.</li> </ol>	<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 make sure to audit the recorded weight monthly &amp; notify MD for a significant weight loss. Audit more monthly and make sure client need for medication is documented. See attached audit form. —</p>	<p style="text-align: right;">11/21/23</p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING</p>

23 DEC 21 P 4:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b> Resident #1- No documentation of the treatments ordered by the physician on 8/15/23 for "Nutritional Supplement Shakes 1 carton once daily (alternate flavors for total of 2 cartons daily)" has been provided.</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>Physician order was obtained. See attached form.</p>	<p style="text-align: right;">11/20/23</p> <p style="text-align: right;">23 DEC 21 4:07</p> <p style="text-align: right;">STATE OF HAWAII 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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1- No documentation of the treatments ordered by the physician on 8/15/23 for "Nutritional Supplement Shakes 1 carton once daily (alternate flavors for total of 2 cartons daily)" has been provided.</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 will make sure that all medication &amp; supplements <del>have</del> will have Physician order that are signed. See attached chart audit form. will do chart audit. monthly</p>	<p style="text-align: right;">11/30/23</p>

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 DIVISION OF LICENSING

23 DEC 21 PM 4:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b>FINDINGS</b> Resident #1- No documentation that written policies were established.</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;">Policies established. See attached documentation in chart next visit</p>	<p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 DEC 21 04:07</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1- No documentation that written policies were established.</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 will make sure that policies are available to all POA + clients upon admission + make sure that they are filed in the chart, signed. See attached audit form.</p>	<p>11/20/23</p> <p style="text-align: right; font-size: small;">STATE OF VERMONT DEPARTMENT OF STATE LICENSING</p>

23 DEC 21 P 4:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b> Resident #1- No documentation of general operating policy describing rates for services and that the resident's POA was informed of the charges for services.</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>Policy obtained <del>at</del> signed by POA. See attached signed form on your next visit</p>	<p style="text-align: right;">11/30/23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES DIVISION</p>

23 DEC 21 PM 4:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1- No documentation of general operating policy describing rates for services and that the resident's POA was informed of the charges for services.</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 will make sure that forms signed by the POA will be present in the chart. I will do my audit monthly to prevent this from happening again. See <del>at</del> attached admission checklist - on your next visit</p>	<p>11/22/23</p> <p>She [signature]</p> <p>p. 20</p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STANDARD INSPECTION

23 DEC 21 PM 1:00



23 DEC 21

STATE OF OHIO  
STATE DEPARTMENT OF  
AGING

	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><b><u>FINDINGS</u></b> Resident #1- No self- preservation assessment at the time of admission.</p> <p><b>Please clarify with the physician and provide a self-preservation assessment with your plan of correction.</b></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>Self presentation obtained. See attached document (completed). Signed by the provider.</p> <p>see if you wanted @ pin inside she</p>	<p>407</p> <p>11/20/23</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><b>FINDINGS</b> Resident #1- No self- preservation assessment at the time of admission.</p> <p><b>Please clarify with the physician and provide a self-preservation assessment with your plan of correction.</b></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 order for this not happen again, I will do my admission checklist for each admission. I will make sure all documents are completed, signed &amp; transcribed. See attached admission checklist. see chart and checklist.</p>	<p style="text-align: right;">11/20/23</p> <p style="text-align: right;">23 DEC 21 P4 07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Trash receptacle in the Residents' bathroom did not have a tight fitting cover.</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;">TRASH RECEPTACLE WAS CHANGED. MAKE SURE COVER IS TIGHT.</p>	<p style="text-align: center;">11/21/20</p> <p style="text-align: center;">23 DEC 21 P4:06</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH SANITATION DIVISION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Trash receptacle in the Residents' bathroom did not have a tight fitting cover.</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 will do my EOC rounds daily to make sure surrounding are clean + tidy for the safety of my clients. See Attached EOC form.</p>	<p style="text-align: right;">11/21/23</p> <p style="text-align: right;">23 DEC 21 P4:06</p> <p style="text-align: center;">STATE OF HAWAII STATE DEPARTMENT OF HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  All fire drills conducted between 8:00 am and 8:00 pm. No fire drills conducted during the evening hours.</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 DEC 21 P 4:06</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII STATE ENGINEERING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u>  All fire drills conducted between 8:00 am and 8:00 pm. No fire drills conducted during the evening hours.</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 will make sure that I will conduct fire drill in the evening to make sure all SGGP HM are trained as well at night time.</p> <p>This m.c. for conducted @ 9:30 pm</p>	<p>11/20/23</p> <p style="text-align: right;">23 DEC 21 P4 06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><b><u>FINDINGS</u></b>  No smoke detector testing completed for the month of October 2023.</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 DEC 21 P 4:06</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety</u>, (a)(4)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><b><u>FINDINGS</u></b>  No smoke detector testing completed for the month of October 2023.</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>Will do monthly/weekly/daily EOC to make smoke detector fire working properly in accordance to the regulation. See EOC form.</p>	<p style="text-align: right;">23 DEC 21 P4:06</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  HONOLULU  STATE RECORDING</p>

Licensee's/Administrator's Signature: Z.T. Bautista  
Print Name: Zenaida T. Bautista  
Date: 12/20/23

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

23 DEC 21 P4:06