

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Aloha Elderly Care LLC | CHAPTER 100.1 |
| Address: 1193 Ala Napunani Street, Honolulu, Hawaii 96818 | Inspection Date: January 12, 2024 Annual |

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

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

2024 FEB 22 P1:17

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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 – Current Fieldprint dated 4/13/2023 result does not include fingerprint screening.</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>Fingerprint screening was completed on 1/22/2024.</p> <p style="text-align: center; font-size: 2em;"><i>→ see attach</i></p> | <p style="text-align: center;">01/22/2024</p> <p style="text-align: center; font-size: 1.5em;">24 FEB 22 P1:17</p> <p style="text-align: center; font-size: 0.8em;">STATE OF MICHIGAN DEPARTMENT OF LICENSING COMMERCIAL DRIVER LICENSE DIVISION</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-3 <u>Licensing</u>, (b)(1)(1) 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 – Current Fieldprint dated 4/13/2023 result does not include fingerprint screening.</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>A routine check shall be completed to track all the resident and caregivers' requirements, such as but not limited to: Annual PE and PPD for the resident; Fingerprinting, CPR/First Aid, CE, Annual PE and PPD for caregivers. Schedule training and/or appointments a month before the expiration date.</p> | <p>01/13/2024</p> <p style="text-align: right;">STATE OF HAWAII FEB 22 2024 1:17 PM</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 – No annual tuberculosis (TB) clearance. SCG #1 – TB clearance issued by the DOH TB branch stated “Negative CXR (Expiration Date 07/07/2023).” Follow up appointment was on 7/6/2023. There was no record that the appointment was kept. Thus, no annual TB 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>SCG#1 with positive PPD of 14mm on 4/09/2014, therefore an X-ray is needed annually instead. Chest X-ray completed on 1/18/2024 with a negative result.</p> <p>SCG#2 A copy of the summary of SCG’s evaluation and completion of treatment for Latent Tuberculosis Infection (LTBI) was acquired and attached to SCG’s records. Per records:</p> <p>Tuberculin Skin test results: 21 mm POSITIVE Date read: 4/19/2023</p> <p>Chest X-ray result: NEGATIVE, no evidence of active TB Date: 07/06/2023</p> | <p style="text-align: center;">01/18/2024</p> <p style="text-align: center;">24 FEB 22 P 1:17</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 – No annual tuberculosis (TB) clearance. SCG #1 – TB clearance issued by the DOH TB branch stated “Negative CXR (Expiration Date 07/07/2023).” Follow up appointment was on 7/6/2023. There was no record that the appointment was kept. Thus, no annual TB 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>A routine check shall be completed to track all the resident and caregivers' requirements, such as but not limited to: Annual PE and PPD for the resident; Fingerprinting, CPR/First Aid, CE, Annual PE and PPD for caregivers. Schedule training and/or appointments a month before the expiration date. Attach all the up-to-date requirements in the binder for references</p> | <p style="text-align: center;">01/13/2024</p> <p style="text-align: right; vertical-align: bottom;">24 FEB 22 P1:17</p> |

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| <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> Lunch menu was Chicken Cuts, Green Papayas, Romaine Lettuce, Apple, and White Rice. Lunch provided was Chinese take out food. Menu substitution was recorded as "Chinese Take-Out." Details of food provided were not recorded.</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;">STATE OF HAWAII DEPARTMENT OF HEALTH 24 FEB 22 P 1:17</p> |

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| <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> Lunch menu was Chicken Cuts, Green Papayas, Romaine Lettuce, Apple, and White Rice. Lunch provided was Chinese take out food. Menu substitution was recorded as "Chinese Take-Out." Details of food provided were not 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>Details of food from Chinese Take-out as Menu substitution shall be available and be posted for the resident and family's reference.</p> <p>- menu substitution form.</p> <p>* I trained SCC to fill-out substitution form. I will post a menu sub. form by the weekly menus.</p> | <p>01/13/2024</p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 24 FEB 22 P 1:17</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s diet orders were as follow,</p> <p>8/21/2023: “dysphagia, pureed & honey consistency liquid regular”</p> <p>10/13/2023: “DIET RECOMMENDATIONS: SOFT AND BITE SIZE, MINCED SOLIDS IF NOT ABLE TO SOFTEN+ADDED MOISTURE (POURABLE SAUCES, GRAVY), THIN LIQUIDS BY CUP.”</p> <p>No record that the diet orders were clarified with the physician.</p> <p>Please clarify with physician whether the 10/13/2023 diet recommendations are a new 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>Recommendations from the therapist shall be clarified to residents' primary care providers before implementation.</p> <p><i>I will review the diet orders. Once a month to check if there's any changes. If I need more information to contact nutritionist.</i></p> | <p>02/04/2024</p> <p style="text-align: right;">24 FEB 22 P1:17</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 – Physician’s diet orders were as follow.</p> <p>8/21/2023: “dysphagia, pureed & honey consistency liquid regular”</p> <p>10/13/2023: “DIET RECOMMENDATIONS: SOFT AND BITE SIZE, MINCED SOLIDS IF NOT ABLE TO SOFTEN+ADDED MOISTURE (POURABLE SAUCES, GRAVY), THIN LIQUIDS BY CUP.”</p> <p>No record that the diet orders were clarified with the physician.</p> <p>Please clarify with physician whether the 10/13/2023 diet recommendations are a new 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>A copy of the diet recommendation of Soft and Bite Size, Minced Solid if not able to soften + added moisture (Pourable sauces, gravy) thin liquids by the cup.” was faxed to the resident's new Primary Care on 1/31/2024. A response was received on 2/4/2024, MD reviewed and signed.</p> | <p style="text-align: center;">02/04/2024</p> <p style="text-align: center;">24 FEB 22 P 1:17</p> |

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| <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><u>FINDINGS</u> Two (2) rice bags were stored on the wood board inside the food pantry. The wood board width was less than six (6) inches above the floor.</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>The 3" wood board installed in the food storage was changed to a 6" wood board covering the floor area. This will keep everyone from placing food on the ground.</p> | <p style="text-align: center;">01/15/2024</p> <p style="text-align: center;">24 FEB 22 P 1:17</p> <p style="text-align: center; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION OFFICE OF THE ATTORNEY GENERAL</p> |

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| <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><u>FINDINGS</u> Two (2) rice bags were stored on the wood board inside the food pantry. The wood board width was less than six (6) inches above the floor.</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>Anything installed in the care home shall comply with Hawaii Administrative Rules for Adult Residential Care homes.</p> | <p style="text-align: center;">01/15/2024</p> <p style="text-align: center;">24 FEB 22 P1:17</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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> Resident #1 – Current order dated 11/17/2023 included “Lorazepam 1mg Tablet, Take 1 tablet by mouth every 8 hours as needed for Agitation” and “Apixaban 5mg Tablet, Take 1 tablet by mouth 2 times a day.” The medication was not listed in the medication administration record (MAR). Per Primary Care Giver (PCG), it was discontinued. No physician’s order on file.</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>The resident was re-admitted to care home after days of hospitalization (8/9/2023- 8/23/2023) dx: Cellulitis of Right Foot. Lorazepam and Apixaban were not included in the list of discharge meds.</p> <p>A copy of the current medication list was faxed on 1/25/2024 and 1/31/2024 to MD’s office for review. Included in the notes is that the resident hasn’t been taking Apixaban and Lorazepam since 8/23/2023. Received signed current medication list on 2/5/2024 but no response regarding PRN Lorazepam and Apixaban- if need to restart or discontinue.</p> <p>Faxed another paper regarding the concern medications on 2/9/2024.</p> <p><i>current medication list does not included lorazepam and Apixaban..</i></p> | <p style="text-align: center;">02/09/2024</p> <p style="text-align: right;">24 FEB 22 P1:17</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH ST. LOUIS COUNTY</p> |

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| <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> Resident #1 – Current order dated 11/17/2023 included “Lorazepam 1mg Tablet, Take 1 tablet by mouth every 8 hours as needed for Agitation” and “Apixaban 5mg Tablet, Take 1 tablet by mouth 2 times a day.” The medication was not listed in the medication administration record (MAR). Per Primary Care Giver (PCG), it was discontinued. No physician’s order on file.</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>For new admission and re-admission. A copy of the resident's discharge medication list shall be faxed and reconciled to the resident's PCP to prevent discrepancies on both ends. The resident medication list shall be sent to PCP during their annual PE for review.</p> <p><i>- I will review medication order at least once a month. If I need clarification, I will contact PCP w/in 24 hrs.</i></p> | <p>02/05/2024</p> <p style="text-align: right;">24 FEB 22 P 1:17</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No current 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>The resident completed her annual PE on 1/18/2024. See Attachment.</p> | <p>01/18/2024</p> <p style="text-align: right;">24 FEB 22 P 1:17</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STANDARDIZATION</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No current 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>A routine check shall be completed to track all the resident and caregivers' requirements, such as but not limited to: Annual PE and PPD for the resident; Fingerprinting, CPR/First Aid, CE, Annual PE and PPD for caregivers. Schedule training and/or appointments a month before the expiration date.</p> | <p style="text-align: center;">01/13/2024</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LIAISONING</p> <p style="text-align: right;">24 FEB 22 P 1 :17</p> |

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| <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, "Diagnosis" was recorded as "See Binder" for current residents. Information was not documented.</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>The Diagnosis column in the Resident's General Information was filled out as indicated.</p> | <p style="text-align: center;">01/13/2024</p> <p style="text-align: center;">24 FEB 22 P 1:17</p> <p style="text-align: center; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH GENERAL SERVICES</p> |

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| <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, "Diagnosis" was recorded as "See Binder" for current residents. Information was not documented.</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 resident's general information shall be completed upon admission.</p> | <p>01/13/2024</p> <p style="text-align: right;">24 FEB 22 P1:17</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p>FINDINGS Resident #1 – No record that physician was notified of weight loss. No progress notes for PCG's observation for changes in weight. Weight was recorded as follows.</p> <p>8/2023: 168 lbs. 9/2023: 179.1 lbs. 10/2023: 177.6 lbs. 11/2023: 175 lbs. 12/2023: 145 lbs. 1/2024: 148 lbs.</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>2/9/2024- updated resident's PCP of the weight changed since admission.</p> | <p style="text-align: center;">02/09/2024</p> <p style="text-align: center;">*24 FEB 22 P 1:18</p> <p style="text-align: center; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p>FINDINGS Resident #1 – No record that physician was notified of weight loss. No progress notes for PCG's observation for changes in weight. Weight was recorded as follows.</p> <p>8/2023: 168 lbs. 9/2023: 179.1 lbs. 10/2023: 177.6 lbs. 11/2023: 175 lbs. 12/2023: 145 lbs. 1/2024: 148 lbs.</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>Any significant changes noted regarding the resident shall be communicated to the resident's PCP. w/in 24 hr.</p> <p><i>1 MD review any mt. significant changes, communicate to MD w/in 24 hr.</i></p> | <p>02/09/2024</p> <p style="text-align: right;">24 FEB 22 P 1:18</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE DIRECTOR'S OFFICE</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Resident #1 – There were consent documents for “Use of Baby Monitor” and “Use of Surveillance Cameras.” Residents and families’ right to refuse the use of cameras was not included in the consent document.</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>The consent document for “Baby Monitor” was edited. The new consent form for “Baby Monitor”, which is now called “Use of smart cameras” has a section if the resident/responsible party wants to decline the consent.</p> <p>The use of Surveillance Cameras is utilized only in common areas where there is no “reasonable expectation of privacy”. No surveillance cameras were installed in “private” areas such as bathrooms and resident’s rooms. Surveillance cameras are for the safety of all the residents and staff, this is part of the facility protocol. Video Surveillance Policy has changed to Acknowledgement and Release only.</p> | <p>02/01/2024</p> <p style="text-align: right;">*24 FEB 22 P 1 :18</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Resident #1 – There were consent documents for “Use of Baby Monitor” and “Use of Surveillance Cameras.” Residents and families’ right to refuse the use of cameras was not included in the consent document.</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>For new admissions: The new consent form for “Baby Monitor”, which is now called “Use of smart cameras” shall be used. This has a section if the resident/responsible party wants to decline the consent. Additionally, the Primary Caregiver shall explain to the resident/ responsible party the pros and cons of having smart cameras, including the facility protocol for using the surveillance camera in the common areas.</p> | <p style="text-align: center;">02/01/2024</p> <p style="text-align: center;">24 FEB 22 P 1:18</p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</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>FINDINGS Per fire drill record, January 2023 and February 2023 fire drills were conducted with only care givers and household members. Residents' names were not recorded as participants.</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; font-size: small;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p> | <p style="text-align: center;">24 FEB 22 P 1:18</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> Per fire drill record, January 2023 and February 2023 fire drills were conducted with only care givers and household members. Residents' names were not recorded as participants.</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>Moving forward, everyone who participated in fire drills conducted shall be documented in the Fire Drill record.</p> | <p>01/13/2024</p> <p style="text-align: right;">24 FEB 22 P 1:18</p> <p style="text-align: right; font-size: small;">STATE OF OHIO OFFICE OF STATE LICENSING</p> |

Licensee's/Administrator's Signature: Anabelle Chang

Print Name: Anabelle Chang

Date: Feb 9, 2024 Feb. 22. 2024

STATE OF OHIO
DEPARTMENT OF
STATE LICENSING

24 FEB 22 P 1:18