Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Harmony	CHAPTER 100.1
Address: 1631 Owawa Street, Honolulu, Hawaii 96819	Inspection Date: October 11, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.	PART 1	Date
***************************************	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:	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
THE PERSON NAMED IN COLUMN TO PERSON.	Documented evidence stating that the licensee, primary care giver, fam'ly 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;	The Field Print was on Soft 10, 2023 online.	4/24/24
	FINDINGS Primary Care Giver (PCG) and Substitute Caregiver (SCG) #2- Background checks completed only, observed no APS/CAN registry checks. SCG#1- Observed no documentation of background clearance check completed.		
7000	Please provide copies of Fieldprint results with your plan of correction.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
RULES (CRITERIA) §11-100.1-3 Licensing. (b)(1)(1) Application. 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: Documented evidence stating that the licensee, primary care giver, family members living in the ARCL 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; FINDINGS Primary Care Giver (PCG) and Substitute Caregiver (SCG) #2- Background checks completed only, observed no APS/CAN registry checks. SCG#1- Observed no documentation of background clearance check completed. Please provide copies of Fieldprint results with your plan of correction.	PLAN OF CORRECTION PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? [It over to prevent this deficiency from hosppening again I as feel will create a checklist to add Filppint Results to be done by certain date before it spires I will place this checklist is my carehome bislet and I will refer to this checklist when I do my wanty august.	Completion Date
	This checklist when I do my yearly and .	

i	RULES (CRITERIA)	PLAN OF CORRECTION	1
	,	LAN OF CORRECTION	Completion
	§11-100.1-12 Emergency care of residents and disaster	PART 1	Date
	preparedness. (b) The licensee shall maintain a first aid kit for emergency use		
	for each Type I ARCH.	DID YOU CORRECT THE DEFICIENCY?	
	FINDINGS		*****
	Observed triangular bandage unavailable in First Aid kit.	USE THIS SPACE TO TELL US HOW YOU	
	and and an analysis and an	CORRECTED THE DEFICIENCY	
		The primary carrenver selled	
	,		1 2420
,		The Triangular bandage	111/27
		The primary caregiver ældel the triangular bandage on the First Aid Kit.	,
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. FINDINGS Observed triangular bandage unavailable in First Aid kit.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Privary Caregiver will include the First Aid Kit to list of needed Roamrenate to complete & update the livence.	V/2424

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident#1- Physician order on 7/10/23 written to "discontinue Doxycycline 100 mg", however on the Medication Administration Record (MAR) transcribed Resident was given Doxycycline 100 mg until 7/18/23.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

\boxtimes	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered	PART 2	
	by a physician or APRN. FINDINGS	FUTURE PLAN	
	Resident#1- Physician order on 7/10/23 written to "discontinue Doxycycline 100 mg", however on the Medication Administration Record (MAR) transcribed	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	Resident was given Doxycycline 100 mg until 7/18/23.	The Primary Caregiver will	
n n n n n n n n n n n n n n n n n n n		yellow out the medication, chart that has been DICD	
		take out the medicine Ded	4/24/24
		from the medicine cart.	
***************************************		All S Caregivers will be notified of the DCL webicates	•
		Til peaced a porter on the	
		medication cart to the	
		SUGS.	

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

RULES (CRITERIA) PLAN OF CORRECTION St1-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. PLAN ETHIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Caregiver will was a per WD's order. Primary caregiver will be administered to the Resident as per WD's order. Primary caregiver will writing Substitute Caregiver of specific instructions of the period of t	[DIH EC (CDITEDIA)		
\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake Some that the Yourt which cature dayage will be administered to the Reindant as per Mp's order. Yimany careginer will with Santstutute Careginer of Apecific instructions a change of Apecific instructions a change of Apecific instructions and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will was per Mp's order. White Some that the Your days, as per Mp's order. Yimany careginer will was per Mp's order. Your and mustatery medication—to all resulants.		RULES (CRITERIA)	PLAN OF CORRECTION	Completion
All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. The Primary Caregiver will wake Sure that the Start we administered to the Resident as per MD's order. Physician or APRN. USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Caregiver will wake Sure that the Start we his cution does not a per MD's order. Primary curegiver will writing Substitute Caregiver of specific instructions of specific instructions of specific instructions of all residents.	- KZ	211 100 1 15 16 19		
FITURE PLAN minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. The Primary Caregiver will wake Sure that the short medicature dosage will be administrable to the Resident as per MP's order. Yrimary caregiver will worthy Sarbstutute Caregiver of Apecific instructions a changes in administration of Apecific instructions a changes in administration of Apecific instructions and all residents.		§11-100.1-15 <u>Medications.</u> (e)	PART 2	
FINDINGS Residentif 1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. BETURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake Sure that the Spact medication dosagl will be administered to the Resident as per MV's order. White Sure that the Space to EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake Sure that the Space administered to the Resident as per MV's order. White Sure that the Space to EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake Sure that the Space and		All medications and supplements, such as vitamins,		
FINDINGS Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Caregiver will wake Sure that the graat medication does not a per MD's order. Primary caregiver will worke Surbativate Caregiver of specific instructions of specific instructions of specific instructions of all resident.		by a physician or ADDAL	FIITIDE DI AN	Ī
Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. The Primary Careginer will wake sure that the gract medication door will be administered to the Resident as per MD's order. PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake sure that the gract medication door will be administered to the Resident as per MD's order. PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake sure that the gract medication of specific instructions of specific instructions of specific instructions of specific instructions of all residents.		by a physician of APRIX,	I OTORE I LAIV	
Resident#1- Physician order for Prednisone 10mg to be given half (1/2) tablet every other day (QOD) for ten days, however on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. The Primary Careginer will wake sure that the gract medication door will be administered to the Resident as per MD's order. PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake sure that the gract medication door will be administered to the Resident as per MD's order. PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Careginer will wake sure that the gract medication of specific instructions of specific instructions of specific instructions of specific instructions of all residents.		FINDINGS	HOP THE CDACE TO THE ANALOGE	
bowever on August 2023 MAR, transcribed Resident was given Prednisone 10 mg daily from 8/12/23 to 8/21/23. The Primary Caregiver will wake some that the gract medication door will be administered to the Resident as per MD's order. Primary curegiver will with gract will writing Substitute Caregiver of specific instructions of specific instructions of changes and resident.]			
The Primary Caregiver will be administered to the Resident of primary curesiver will writing Substitute Caregiver of specific instructions of changes in administering medication to all resident.		given half (1/2) tablet every other day (OOD) for ten days		
The Primary Careginer will wake some that the gract medication doogle will be administered to the Resident of fay a per MD's order. Thimary curegiver will writing substitute Caregiver of specific instructions of changes in administering medication to all residents.		nowever on August 2023 MAR, transcribed Resident was	IT DOESN'T HAPPEN AGAIN?	
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make sure that the gract makication doogle will be administered to the Resident as per MD's order. Primary conegiver will motify Substitute Caragivers of specific instructions of changes an administering medication to all residents.			The Primary Caregover will	
medication doogle will be administered to the Resident of Exf24 as per MD's order. Primary curequier will notify Substitute Caragivers of specific instructions ochanges an administering medication to all residents.				
administered to the Resident of 12424 as per MD's order. Frimary curegiver will notify Substitute Caregivers of specific instructions ochanges xu administering medication to all residents.				
of specific instructions of changes as per MD's order. Primary curegiver will notify Substitute Caregivers of specific instructions ochonges xu administering medication to all residents.				
Primary curegiver will notify Substitute Caregivers of specific instructions ochonges en alministering medication to all residents.			administered to the pleasant	4/2424
of specific instructions ochonges an administering medication to all rendents.			as per MD's order.	1.17
of specific instructions ochonges an administering medication to all rendents.			Primary conegiver will	
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to all rendents. page und post a note so that deficiency also not happen agrees	ĺ		in axministering medication	
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			deficitly and the safe	-

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
S11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; FINDINGS Resident#1- No monthly progress note for August 2023 and September 2023. Last progress note was transcribed on 7/18/23 with no response to medications, wound care treatment and diet.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; FINDINGS Resident#1- No monthly progress note for August 2023 and September 2023. Last progress note was transcribed on 7/18/23 with no response to medications, wound care treatment and diet.	ETTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Privary Caregorer will be downenting pragress Notes every worth and whenever there are changes in the Resident's health conditions, Doctor's new orders and Response for medication treatments of diet. PCG will post a note to remain to write in the pages note morthly.	4/24/24

	RULES (CRITERIA)	DI AN OF CORRECTION	
	(SIXII)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:	PART 1	Date
	•		
	All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by	Correcting the deficiency	
	the individual making the entry;	after-the-fact is not	
	<u>FINDINGS</u>		
	Resident #1- MAR for August 2023 and September 2023 was transcribed with blue ink.	practical/appropriate. For	
	The same of the same same same same same same same sam	this deficiency, only a future	
		plan is required.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	RULES (CRITERIA) §11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; FINDINGS Resident #1- MAR for August 2023 and September 2023 was transcribed with blue ink.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Privary Caregiver will no longer use blue interest and any other color into greet black into that will be used in its recording Notes on all Residents chart: The Privary Caregiver well wifty all Substitute caregivers of these change.	Completion Date
7		A -1.4	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: 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: 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; FINDINGS Resident#1- Charges for services transcribed with a flexible rate and not a fixed rate.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The framery Careginor corrected the worthy rate fee on lash fasifents chart with an agreed fixed amount every month.	4/24/2

 DITTER (CIDERTEE A)	114.44	
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: 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: 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; FINDINGS Resident#1- Charges for services transcribed with a flexible rate and not a fixed rate.	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Primary Caregiver will because the agreed upon monthly rate fee for lah fleident onl will be written lach flesidents contrad PCG created a chicklist for Resident's worthly fix Late fee.	4/24/24

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
RULES (CRITERIA) §11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; FINDINGS Fire exit from kitchen observed not accessible to safe area of refire due to clutter and obstruction.	PLAN OF CORRECTION PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Primary Caregiver deared out The area where clutter and obstraction were present at the fire that from the fire that	Date
	from the pursues.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-23 Physical environment. (g)(3)(B)		Date
	Fire prevention protection.	PART 2	
1	Type I ARCHs shall be in compliance with, but not limited to, the following provisions:	<u>FUTURE PLAN</u>	411
	There shall be a clear and unobstructed access to a safe area of refuge;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	7 (00
	FINDINGS Fire exit from kitchen observed not accessible to safe area of refuge due to clutter and obstruction		
	refug ; due to clutter and obstruction	The Prensity Caregorer will make sure that the fire	
		Kit from kitchen & front	alad la
		clear to the safe area	19/104
		of refuge all the time.	
		of refuge all the time. pce will post to a note to somied not to block	
		fre gits.	
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	RULES (CRITERIA)	DI AN OF CODDICTION	
	(CILLIDATIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-23 Physical environment. (j)(1)	DADT 1	Date
	Waste disposal:	PART 1	
	Every Type I APCH shall married a succession	DID YOU CORRECT THE DEFICIENCY?	
	Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for	DID TOO CORRECT THE DEFICIENCY?	
	rubbish, garbage, refuse, and other matter. These recentacles	USE THIS SPACE TO TELL US HOW YOU	
1	shall be kept closed by tight fitting covers;	CORRECTED THE DEFICIENCY	Programme
ľ	FINDINGS	THE DEFICIENCY	
į	Receptacle in the bathroom observed no tight fitting cover.	* 0	
	the desired no again maning cover.	The Primary Caregurer replaced	_
		the bathwoon rejectable with a tight fitting Cover.	
		me bathroom repectable	4/24/24
Ì		with a traft letter	11 / (137
		water de soulfor from g	
		Conver.	
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Waste disposal: 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; FINDINGS Receptacle in the bathroom observed no tight fitting cover. PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
of Requirements for the Care brone and will periodically check this on a monthly basis.	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; FINDINGS	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The fruncy Caregorer roll include this for the lest of Requirements for the	Plays

	RULES (CRITERIA)	DI ANOE CORDECTION	· -
	(CIRILIDITAL)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-86 Fire safety. (a)(3)	PART 1	Date
	A Type I expanded ARCH shall be in compliance with	IARII	
	existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:	Correspondent All I de	
	_	Correcting the deficiency	
	Fire drills shall be conducted and documented at least	after-the-fact is not	
	monthly under varied conditions and times of day;		
	FINDINGS	practical/appropriate. For	
	Monthly fire drill from October 2022 to October 2023 were conducted between 6:30am to 7:30pm. Times not varied to	this deficiency only a future	
	cover night shift.	this deficiency, only a future	The second secon
	·	plan is required.	

\$11-100.1-86 Fire safety. (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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS Monthly fire drill from October 2022 to October 2023 were conducted between 6:30am to 7:30pm. Times not varied to cover night shift. The francy Carlywer will the fascillar and overnight for the fascillar and overnight for the fascillar and the	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS Monthly fire drill from October 2022 to October 2023 were conducted between 6:30am to 7:30pm. Times not varied to	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date

Licensee's/Administrator's Signature:

Print Name:

Date:

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