

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hilina`i Care Home, LLC	CHAPTER 100.1
Address: 94-250 Kipou Street, Waipahu, Hawaii 96797	Inspection Date: January 17, 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.

APR -5 AM 49

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Household member (HM) #1 – DOH Tuberculosis Clearance Certificate stated, “Tuberculin test: 5mm, Given: 01.12.2005, Read: 1/14/2005” and “2 Step – 1 st PPD given: 1/5/05.” 5mm of induration is considered negative. Thus, annual tuberculosis clearance (skin test) is required. There is no record available for annual tuberculosis clearance.</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>PCG OBTAINED RESULT OF PPD STEP 2 FOR HM 1 FROM DOH AND FOUND POSITIVE RESULT. RECORD WAS PLACED IN THE ARCH BINDER.</p> <p style="text-align: center;"><i>copy submitted</i></p>	<p>01/26/2024</p> <p style="text-align: right;">24 APR -5 PM 0:49</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><u>FINDINGS</u> Household member (HM) #1 – DOH Tuberculosis Clearance Certificate stated, “Tuberculin test: 5mm, Given: 01.12.2005, Read: 1/14/2005” and “2 Step – 1 st PPD given: 1/5/05.” 5mm of induration is considered negative. Thus, annual tuberculosis clearance (skin test) is required. There is no record available for annual tuberculosis clearance.</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>IN THE FUTURE ALL INDIVIDUALS WHO RESIDE OR PROVIDE CARE OR SERVICES TO RESIDENTS IN THE TYPE 1 ARCH SHALL HAVE DOCUMENTED EVIDENCE OF AN INITIAL AND ANNUAL TUBERCULOSIS CLEARANCE AND PLACED IN THE ARCH BINDER.</p> <p><i>I will all records 2 months before inspection. If update are needed I will remind them to obtain a new documents.</i></p>	<p>01/26/2024</p> <p style="text-align: right;">24 APR -5 PM:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 owns a walker and dentures, which was not recorded in a list of resident's personal items brought to the care home. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 APR -5 AM 2:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 owns a walker and dentures, which was not recorded in a list of resident's personal items brought to the care home. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE ALL PERSONAL ITEMS BROUGHT INTO THE TYPE I ARCH BY THE RESIDENT SHALL BE MAINTAINED AND DOCUMENTED IN THE RESIDENTS BINDER.</p> <p><i>I will use admission checklists to obtain all required documents.</i></p>	<p>01/17/2024</p> <p style="text-align: right;">24 APR -5 PM '09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Posted menus did not include portion sizes of each food.</p> <p>Please submit weekly regular diet menus (7 days) for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>POSTED MENU THAT INCLUDE PORTION SIZES OF EACH FOOD WITH AN APPETIZING, NOURISHING, WELL-BALANCED DIET THAT MEETS THE DAILY NUTRITIONAL NEEDS AND DIET ORDER PRESCRIBED BY STATE AND NATIONAL DIETARY GUIDELINES WAS POSTED AND AVAILABLE FOR THE PCG, SCG, RESIDENT'S AND FAMILIES.</p> <p style="text-align: center;"><i>Menu was submitted</i></p>	<p style="text-align: center;">01/19/2024</p> <p style="text-align: right; font-size: small;">24 APR -5 NO:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Posted menus did not include portion sizes of each food.</p> <p>Please submit weekly regular diet menus (7 days) for department review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE POSTED MENUS SHALL INCLUDE PORTION SIZES OF EACH FOOD FOR RESIDENTS WITH AN APPETIZING, NOURISHING, WELL-BALANCED DIET THAT MEETS THE DAILY NUTRITIONAL NEEDS AND DIET ORDER PRESCRIBED BY STATE AND NATIONAL DIETARY GUIDELINES.</p>	<p>01/19/2024</p> <p style="text-align: right;">24 APR -5 10:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Posted menus are too small for residents to see.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 APR -5 10:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Posted menus are too small for residents to see.</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>POSTED MENUS WAS PRINTED BIGGER IN 11"x17" PAPER SIZE AND POSTED IN THE KITCHEN AND IN A CONSPICUOUS PLACE IN THE DINING AREA FOR THE RESIDENTS AN DEPARTMENT TO REVIEW.</p>	<p style="text-align: center;">01/19/2024</p> <p style="text-align: center;">24 APR -5 P.O. 49</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><u>FINDINGS</u> Resident #1</p> <p>-Physician's orders dated 5/1/2023 and 11/3/2023 were "Famotidine (PEPCID) 20mg Oral Tab, Take 1 tablet by mouth every other day alternating with Omeprazole every other day for heartburn." Per medication administration record (MAR), Famotidine was given for two consecutive days on 10/31/2023 and 11/1/2023, 12/31/2023 and 1/1/2024.</p> <p>-Physician's orders dated 5/1/2023 and 11/3/2023 were "Omeprazole (PRILOSEC) 20mg Oral CPDR SR Cap, Take 1 capsule by mouth every other day 30 minutes before a meal, alternating with famotidine 20mg every other day for heartburn." Per MAR, Omeprazole was given for two consecutive days on 12/30/2023 and 12/31/2023.</p> <p>Per MAR, physician's order was not followed.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 APR -5 AM 4:49</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><u>FINDINGS</u> Resident #1</p> <p>-Physician's orders dated 5/1/2023 and 11/3/2023 were "Famotidine (PEPCID) 20mg Oral Tab, Take 1 tablet by mouth every other day alternating with Omeprazole every other day for heartburn." Per medication administration record (MAR), Famotidine was given for two consecutive days on 10/31/2023 and 11/1/2023, 12/31/2023 and 1/1/2024.</p> <p>-Physician's orders dated 5/1/2023 and 11/3/2023 were "Omeprazole (PRILOSEC) 20mg Oral CPDR SR Cap, Take 1 capsule by mouth every other day 30 minutes before a meal, alternating with famotidine 20mg every other day for heartburn." Per MAR, Omeprazole was given for two consecutive days on 12/30/2023 and 12/31/2023.</p> <p>Per MAR, physician's order was not followed.</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>IN THE FUTURE ALL MEDICATIONS AND SUPPLEMENTS, SUCH AS VITAMINS, MINERALS, AND FORMULAS, SHALL BE MADE AVAILABLE AS ORDERED BY PHYSICIAN OR APRN AND PHYSICIAN'S ORDER SHALL BE FOLLOWED AND DOCUMENTED AS THE PHYSICIAN'S ORDER.</p> <p><i>MAR will be initialed right after medication is given. I also trained my SGA to initial right away. I will review MAR at the end of the month for completeness.</i></p>	<p>01/17/2024</p> <p style="text-align: right;">24 APR -5 AM 4:19</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>FINDINGS Resident #1 – Physician’s order dated 5/1/2023 and 11/3/2023 were “Carboxymethyl Cellulose (REFRESH CELLUVISC) 1% Opht DpGe, Instill 1 drop in both eyes 4 times a day. Use as needed for dry eye sensation.” Per MAR, the medication was given daily. No progress notes were recorded for Primary Care Giver (PCG)’s observation of the resident’s response to medication and needs for daily use.</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;">24 APR -5 AMO :49</p>

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<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><u>FINDINGS</u> Resident #1 – Physician's order dated 5/1/2023 and 11/3/2023 were "Carboxymethyl Cellulose (REFRESH CELLUVISC) 1% Opht DpGe, Instill 1 drop in both eyes 4 times a day. Use as needed for dry eye sensation." Per MAR, the medication was given daily. No progress notes were recorded for Primary Care Giver (PCG)'s observation of the resident's response to medication and needs for daily use.</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>IN THE FUTURE PROGRESS NOTES, OBSERVATION OF THE RESIDENT'S RESPONSE TO MEDICATION AND NEEDS FOR DAILY USE FOR FOR PRN MEDICATIONS. DOCUMENTATION SHALL BE COMPLETED AND RECORDED IMMEDIATELY.</p> <p><i>I will review progress notes at the end of the month. I will document as necessary.</i></p>	<p>01/17/2024</p> <p style="text-align: right;">24 APR -5 AM 4:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> HEIGHT AND MONTHLY WEIGHT RECORD form did not state years. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 100 STATE STREET, SUITE 300 HARTFORD, CT 06103</p>	<p style="text-align: center;">24 APR -5 AIO:49</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> HEIGHT AND MONTHLY WEIGHT RECORD form did not state years. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE HEIGHT AND MONTHLY WEIGHT RECORD FORM SHALL STATE YEARS. ALL RECORDS SHALL BE COMPLETE, ACCURATE, CURRENT, AND READILY AVAILABLE FOR REVIEW BY THE DEPARTMENT OR RESPONSIBLE PLACEMENT AGENCY.</p>	<p>01/17/2024</p> <p style="text-align: right;">24 APR -5 NO:49</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 was recorded twice in Permanent Resident Register with different admission dates (4/25/2023 and 5/1/2023), addresses, and diagnoses.</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>PERMANENT RESIDENT REGISTER WAS CORRECTED AND PLACED IN THE BINDER.</p>	<p>01/17/2024</p> <p style="text-align: right;">24 APR -5 110:50</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE REGULATORY AGENCY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 was recorded twice in Permanent Resident Register with different admission dates (4/25/2023 and 5/1/2023), addresses, and diagnoses.</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>IN THE FUTURE A PERMANENT GENERAL REGISTER SHALL BE MAINTAINED TO RECORD ALL ADMISSIONS AND DISCHARGES OF RESIDENTS AND PLACE IN THE BINDER.</p> <p><i>I review all residents records within 1 week of admission. I will update as necessary.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STAFF OFFICE</p>	<p>01/17/2024</p> <p style="text-align: right;">24 APR -5 AMO-50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician's note dated 11/3/2023 stated, "Clinic visit in 1-2 weeks." PCG stated that Resident #1 has an appointment with a new physician on 1/19/2024, due to Primary Care Physician's retirement. No progress notes recorded that an appointment was rescheduled more than two (2) months later. PCG recorded during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 APR -5 MO 50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's note dated 11/3/2023 stated, "Clinic visit in 1-2 weeks." PCG stated that Resident #1 has an appointment with a new physician on 1/19/2024, due to Primary Care Physician's retirement. No progress notes recorded that an appointment was rescheduled more than two (2) months later. PCG recorded during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE PCG AND SCG SHALL PROVIDE AND DOCUMENT APPOINTMENTS AND RESCHEDULED APPOINTMENTS IMMEDIATELY IN THE PROGRESS NOTES AND PROVIDE HEALTH CARE WITHIN THE REALM OF THE PRIMARY OR SUBSTITUTE CARE GIVERS CAPABILITIES FOR THE RESIDENT AS PRESCRIBED BY A PHYSICIAN OR APRN.</p> <p><i>I will review progress note at the end of the month and I will update as necessary.</i></p>	<p style="text-align: center;">01/17/2024</p> <p style="text-align: right;">STATE OF MONTANA NURSING & STATE LICENSING</p> <p style="text-align: right;">24 APR -5 AIO-50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><u>FINDINGS</u> An electric saw was placed in the back of the house outside near the table where residents sit during daytime. The saw was secured during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 APR -5 AMO 50</p> <p style="text-align: center; font-size: small;">STATE JAIL CORNO</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS In Resident's bedrooms #1 and #2, comfortable mattress pads were not available for residents' use. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>	<p style="text-align: center;">24 APR -5 AM 50</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> In Resident's bedrooms #1 and #2, comfortable mattress pads were not available for residents' use. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE EACH BED SHALL BE SUPPLIED WITH A COMFORTABLE MATTRESS COVER, A PILLOW, PLIABLE PLASTIC PILLOW PROTECTOR, PILLOW CASE, AND AN UPPER AND LOWER SHEET. A SHEET BLANKET MAY BE SUBSTITUTED FOR THE TOP WHEN REQUESTED BY THE RESIDENT.</p>	<p style="text-align: center;">01/17/2024</p> <p style="text-align: center;">24 Apr -5 AM 50</p> <p style="text-align: center;">STATE LICENSING</p>

Licensee's/Administrator's Signature: Maribel Tan

Print Name: Maribel Tan

Date: Jan 31, 2024

Maribel Tan 4/5/24

STATE OF FLORIDA
BONITA
STATE LICENSING

24 APR -5 AMO:50