Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Care Home LLC	CHAPTER 100.1
Address: 151 Chong Streets, Hilo, Hawaii 96720	Inspection Date: November 13, 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 Date
	\$11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Resident #3: No documented evidence of annual physical exam.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PERIODEN # 3 The has his appointent on Jan / 4 / 2024 for 1945 This physical exam. Periodene will have his annual physical exam document by his pep physical exam is now on filed	12/9/25

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (a)	PART 2	12/9/23
All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented	<u>FUTURE PLAN</u>	- .
evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
FINDINGS Resident #3: No documented evidence of annual physical	The resident #3 obtain his	
exam.	annual physical exam	
	This document will be	
	placed on residents Binder i ensure that he Doesn't	
	i ensure that it Doesne	
	happen again	
	I Will generate a checklise with all Annual Physical exammy checklist will be in front	
	Withall Annual Physical Exam	1
	my checklise will be in frome	
	Of residents Chart	
	1. Will refer to my checklist &	er eleatances,
	,	

*	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #3: No documented evidence of annual diet order.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Resident #3 has NO Special Diet Order order. This Resident is Regular. Diet.	12/9/23

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #3: No documented evidence of annual diet order.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Resident # 3 has NO Special Diet Order #3 Resident had Regular Diet Since the Admitsion dated Diet order is on filed	12/9/23

\$11-100.1-13 Nutrition. (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. FINDINGS Resident #1: Diet order of "Vegetarian, no dairy". No documented evidence that special diet is being provided as ordered. PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY? PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY? PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY? PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY? PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY? PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY? PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY. PERI JUNE 1 DID YOU CORRECT THE DEFICIENCY. PERI JUNE 1 DID	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	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. FINDINGS Resident #1: Diet order of "Vegetarian, no dairy". No documented evidence that special diet is being provided as	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	12/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100.1-13 <u>Nutrition.</u> (1)	PART 2	
	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	<u>FUTURE PLAN</u>	
	requiring such diets.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	FINDINGS Resident #1: Diet order of "Vegetarian, no dairy". No	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	12/9/23
	documented evidence that special diet is being provided as ordered.	The Resident Special diet	
		Menu has been made.	
		We provided Resident, Special	
	·	Die every day as ardered	
		Die everyday as ardered These vegetarian Die menu has been provided to resident	
		has been provided to resident	
		every cay, in the Suture Never	
		going to happen again	
		more our ends resident per	
		get proper menu 8x8tem, my list will be in front of residents chark. I will refer to my checkings for clearance	
	•	my list will refer to my	
		Checking for clearance	
		my pheaklis will be Wised duding	a Admin

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (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. FINDINGS Resident #3: Medication for resident pre poured for seven (7) days in pill storage box.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Resident #3 POUR Storage BOX has Removed. Removed. Medication is separate placed in Locked BOX. Pill BOX has bee Discarded.	12/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\boxtimes	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and	PART 2 FUTURE PLAN	12/9/33
or company	security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS Resident #3: Medication for resident pre poured for seven	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	(7) days in pill storage box.	The Resident #3 Rour Storage	
		Box has removed	
		only the time to time	
		only the time to time as peeded open up the Bottle to provided to Resident. Will Discontin	Geo.
		Used Pill 138X In force C	
		I engure that provide:	
		the medication to resident	
	•	Fresh Open Bottle. I will genrate a checkist with all medication orders	
L	1	all medication orders	1 000

9 my checklise will be in front of residence of my checklise will refer to my checking for claudar chart, I is annighed at 1801 not to USed pill Box

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sa temperature, light, moisture, ventilation, segregation security. Medications that require storage in a refrishall be properly labeled and kept in a separate lock container. FINDINGS Resident #4: Medication for resident pre poured for (7) days in pill storage box.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	12/9/23 1e veias

RU	JLES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medi Drugs shall be store temperature, light, n security. Medicatio shall be properly lab container.	cations. (b) d under proper conditions of sanitation, noisture, ventilation, segregation, and ns that require storage in a refrigerator beled and kept in a separate locked	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 Resident #4 Medication Pill Storage box. has been Removed. Now only the time to time as needed open up the medication Bottle to Provided to the resident This Happen Will Disconting I. ensure that serve the medication from Soft of the medication from the medi	Date 12/9/23
		will generate a checklist with all medication orders my checklist will be in front of R MUIII refer to my checklist for Reminder used not to us	esidents Ci clearance

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1: No documented evidence of medication administration flowsheet.	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Resident # Does not Taking any medication Therefore No document. There is no evidence Of Resident medication Apar Will be generated more Readily Avaliable.	Date 12/9/3

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #1: No documented evidence of medication administration flowsheet.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Resident of the Nas No medication to take. Never had any Doctor or prescription. No evidence of administration medication, document, i will make to Board. Reminder my Calender of the Redily Ava.	12/9/23

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #3: No documented evidence by whom medication was made available to resident.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Resident #3 made Appointment by his pep January # 2024 Resident will have the document for his medicata List signed by his pep. Legend has been addied to mar, indicating who is great the medication	12/9/23

Section Sect	 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Reminder to my checklist for Plearance Reminder to check mars for signorture an Initals will be done every socterday Reflected on my Board	Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Resident #3: No documented evidence by whom medication was made available to resident.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The resident #3 PCG TOOK RESIDENT #3 to his PCP, Obtain resident medication List. This document will be placed on residents Binds I ensure that it Doesn't appen again to list order will generate a Chieklis will generate a Chieklis will generate a Chieklis will generate a Chieklis will be it of residents Chart.	e by nerone

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission.	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Resident #1 Signed Admission assessment. JE was placed into home. Record. Record. Reep this document will be Resident's File.	· •
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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual	PART 2	
records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the	<u>FUTURE PLAN</u>	12/9/23
licensee or primary care giver for the department's review:	USE THIS SPACE TO EXPLAIN YOUR FUTURE	1 1
Documentation of primary care giver's assessment of resident upon admission;	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
FINDINGS Resident #1: Admission assessment not signed by resident,	The Resident # 1 has been. Signed her Admission assessment document. It was placed into	
legal guardian, family, or responsible party.	The Admission assessm	CAC.
	Signed her TE Who placed into)
-	document it was y	
	has a lines	
	I will make sure it Doesn't	
	happen again, in the future.	
	I encure the update an	16
	admission assessment do cumer	
	Signed by every each residence	
	my checklist will be with	
	Crone of Residents Charles	al alego
	admission assessment do cumer. Signed by every each resident. My Checklist will be in front of Residents charts. I will refer to my checklist. I will used on during the Adn	1) DC FM
	1. Will used on during the Hell	1182 1017

12.	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 Records and reports. (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: A current inventory of money and valuables. FINDINGS Resident #1: no documented evidence of current inventory list of valuables.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Resident # 1 Has been check all the industry list of valuables, These document has been placed into Resident's Binda	12/9/3

Sil-100.1-17 Records and reports. (a)(8) PART 2 The licensee or primary care giver shall maintain individual records for each resident. On admission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. FINDINGS Resident #1: no documented evidence of current inventory list of valuables. FINDINGS Resident #1: no documented evidence of current inventory list of valuables. The Resident #1 Check all the Item Valuables Check all the Item Valuables These document has been Coumented.	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. FINDINGS Resident #1: no documented evidence of current inventory list of valuables. The Resident #1 Check all the Item Aluables and inventory list has been documented. These documented. These documented has been filed, place into Residents Home Binder In the Juture Does not going to happen again I ensure the inventory list Support into Residents I alwang Geep it into Residents	The licensee or primary care giver shall maintain individual	PART 2	
A current inventory of money and valuables. FINDINGS Resident #1: no documented evidence of current inventory list of valuables. The Resident #1 to documented evidence of current inventory list of valuables. The Resident #1 to documented evidence of current inventory list has been commented. The Resident #1 to list has been commented. These documented has been filed. Place into Resident's Home Binder in the future Does not going to happen again 1. ensure the inventory list is resident's	transfer of a resident there shall be made available by the		149/23
Resident #1: no documented evidence of current inventory list of valuables. The Resident #1 Check all the item valuables and inventory list has been documented. These document has been filed. Place into Resident's Home Binder. In the future Does not going to happen again 1. ensure the inventory list is a lesident's	A current inventory of money and valuables.	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
and inventory list has been documented. These document has been filed. Place into Resdents Home Binder: In the future Does not going to happen again I ensure the inventory list is always Keep it into Residents	Resident #1: no documented evidence of current inventory	·	
These document has been filed. Place into Resdent's Home Binder in the future Does not going to happen again 1. ensure the inventory list is always Keep it into Resident's			
These document has been filed. Place into Resdent's Home Binder in the future Does not going to happen again 1. ensure the inventory list is always Keep it into Resident's		and inventory list has been	
Home Binder In the future Does not going to happen again 1. ensure the inventory list 1s. aways Keep it into Residents		documented.	
In the future Does not going to happen again 1. ensure the inventory list 1s. aways Keep it into Residents		These document has been filed. Place into Resdents Home Rinder	
going to happen again 1. ensure the inventory list 2. ensure the inventory list 3. ensure the inventory list 4. ensure the inventory list 5. ensure the inventory list 6. ensure the		in the future Does not	
1. ensure the inventory list 2. ensure the inventory list 3. ensure the inventory list 4. ensure the inventory list 4. ensure the inventory list 4. ensure the inventory list 5. ensure the inventory list 6. ensure the inventory list 1. ens		going to happen again	
s always Keep it into Residents file all-time my checklist will be in front of Residents		1. ensure the inventory list	
my checklist will be in front of resid		is always Keep it into Residents	
19 Will refer to my checklist for Chi		file all-time my checklist will be in front 19 will refer to my checklist for 1 will used checklise cle duding the Admission.	of residente or Chares arance

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (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: A current inventory of money and valuables. FINDINGS Resident #2: no documented evidence of current inventory list of valuables.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Resident # 2 This resident already has evidence of current inventory is of Valuable	12/9/23

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (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: A current inventory of money and valuables. FINDINGS Resident #2: no documented evidence of current inventory list of valuables.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Residene of 2. already has inventory list of Valuables. Since resident Admission date 03/22/23 will used checklis during the Admission.	12/9/2

77.00	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$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: Blue ink used in admission assessment.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I'd Redo, all the admission assessment document with Black mk, own placed interest Binder	12/9/23

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
§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: Blue ink used in admission assessment.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG. has been used Black. INK, Redone Resident Admission assessment document, and placed into Resident's Bindle I will make SureitDoesnot Happen again, ensure the every doquments will be used Black ink pen- in future of my check ise, will be placed on canlender in placed on canlender in a placed on canlender in a placed on canlender in a placed on conlender in a placed on conle	re H	ances
	23	-	

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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 #3: Blue ink used in 2023 medication administration records.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCB Has been Changed. All Blue ink pen to Black per all Blue ink pen to Black per The medication administrate records Resident home Binder with all Black ink pen. My Reminder	12/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\boxtimes	§11-100.1-17 Records and reports. (f)(1) General rules regarding records:	PART 2	butt
	All entries in the resident's record shall be written in black	<u>FUTURE PLAN</u>	12/9/23
	ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	FINDINGS Resident #3: Blue ink used in 2023 medication	TO DOMONIO IT A DEPOS A CLASSO	
	administration records.	pc6 has been changed all pc6 has been changed all plue ink pen to Black ink per	7.
		Die ink pen to Black "	
		In the Cature all according	nte
		Record is only use Bk ink per l'ilmake sure le Does not	
		l'Ilmake sure le Does noe	
		happen again. I ensure that every each document will be	•
		every each cocument with	
		used Black in pen. only. I will generate a checklise	
		front of my Binder	T A CALL TO THE CA
		troite of my phecklist	}
		1 will refer to my checklist for clearances,	
		my reminder will be on Boar	

my reminder will be on Board.

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.I-17 Records and reports. (h)(3)(C) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Emergency information; FINDINGS Resident #1: No documented evidence of emergency information sheet.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Resident #1 Emergency Contact information has filed and it has been placed into resident's Binder	12/9/23

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (h)(3)(C) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Emergency information; FINDINGS Resident #1: No documented evidence of emergency information sheet.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Resident #1 Emergency Information has been filed. This emergency document: Is placed into Resident's Binder. I will make sure. It woun't happen again. I ensure the every time. Each: Am ission has emergency contact, information will be placeinto Resident's filed Binder. I will generate a checklise for Bilder, I will refer to my checklis used on Admission.	12/9/23

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-21- Residents' and primary care givers' rights and responsibilities. (a)(2)(N) Residents' rights and responsibilities: Each resident shall: Manage his or her financial affairs, or be given at least a quarterly accounting of financial transactions made on his or her behalf by the Type I ARCH should the Type I ARCH accept his or her written delegation of this responsibility to the Type I ARCH for any period of time in conformance with state law; FINDINGS Resident #1: No documented evidence of resident financial statement.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Resident #1 fmancial Statement's Completed. The Podument has been signed and financial seatement is residents have Binder	12/9/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(N) Residents' rights and responsibilities:	PART 2 <u>FUTURE PLAN</u>	12/9/23
	Each resident shall: Manage his or her financial affairs, or be given at least a quarterly accounting of financial transactions made on his or her behalf by the Type I ARCH should the Type I ARCH accept his or her written delegation of this responsibility to the Type I ARCH for any period of time in conformance	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Residene # 1	
	with state law; FINDINGS Resident #1: No documented evidence of resident financial statement.	Financial document has been filed.	
	-	these financial statement. has completed, and placed into Residents Binder	
	-	1. make sure His not going-to happen again. Ensure that	
-		Does not make some misker in future. I will generate a checklist with all others; my che with will befront of my Binder	cklise
		1. will refer to my checklist for	clear ance

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS Fire exit partially obstructed by pile of dry plants.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The pile of dry planes has been Removed. Fire exit has cleared. There is no obstruct is Fire exit.	12/9/23

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS Fire exit partially obstructed by pile of dry plants.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Pile of dry plants has been taken away now Fire Exit is Cleared There is no obstructed is on the way to Fire Exit I make sure nothing is obstructed to fire exit	Date 23
	always clear and Ofened for Emergency my checklist will front of my Binder, I will ref Checklist of Clearances, will check once week. fir all clear will used my Remember.	er to my exit is calender to

Licensee's/Administrator's Signature:	
Print Name: Hestia Lee	
Date: 01/08/2024	