

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa View Carehome LLC	CHAPTER 100.1
Address: 2625 Ferdinand Avenue, Honolulu, Hawaii 96822	Inspection Date: November 28, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DHHS-ORCA
STATE LICENSING

24 FEB 15 AM 1:38

	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> Substitute Care Giver (SCG) #1 – No initial 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>I have obtained a copy of initial tuberculosis clearance of substitute #1 and filed it into care home binder.</p> <p>See copy attached</p>	<p>01/08/2024</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-ORCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 FEB 15 AM 1:38</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> Substitute Care Giver (SCG) #1 – No initial 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 to prevent it from happening again,I will check every week to make sure all initial tuberculosis clearance was up to date for each substitute caregiver and PCG.</p> <p>Also i will remind caregiver two months before inspection.</p>	<p>01/08/2024</p> <p style="text-align: right;">24 FEB 15 AM 11:38</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (c)</u> The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> In the fire drill record, the number of residents who participated in fire drills was recorded. But names of residents 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 DH-0HCA STATE LICENSING</p> <p style="text-align: right;">24 FEB 15 AM 1:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Resident #1 – No record that emergency procedures were explained to the resident.</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>I now have the emergency procedures being recorded and explained it into resident #1 and place it into resident binder.</p>	<p>12/10/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (c)</u> The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Resident #1 – No record that emergency procedures were explained to the resident.</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>To prevent this happening, the moment I admitted the resident I will explain right away the emergency procedures and have them sign the document and give them a copy with both PCG and resident signature being recorded.</p> <p>I will use (other) admission check list and assignment to remind myself to do emergency procedure or orientation.</p>	<p>12/10/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:38</p>

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 “3 meatballs, ½ c noodles, ½ c steamed vegetables, 1 baked roll, 1 slice choc cake.” Lunch served was a slice of toasted bread with butter, green salad with dressing, noodles with boiled eggs and meatballs. Menu substitution was not recorded.</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 style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>24 FEB 15 AM 39</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 "3 meatballs, ½ c noodles, ½ c steamed vegetables, 1 baked roll, 1 slice choc cake." Lunch served was a slice of toasted bread with butter, green salad with dressing, noodles with boiled eggs and meatballs. Menu substitution was 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>To prevent from happening, everyday i will check to ensure i have the menu being up dated and posted in to the fridge.</p> <p>Menu substitution form is posted on the fridge, I also train SCG to record when menu substitution is given.</p>	<p>11/29/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DUI-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> There was half gallon whole milk, one gallon of (unsweetened) almond milk, two heads of romaine lettuce, ½ carrot, approximately 15 grapes, and one apple. An adequate amount of fresh produce for residents for three (3) days was not available at home.</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>I have provided and now have an adequate amount of fresh produce for all residents and available for 3 days at home.</p>	<p>11/29/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-ONICA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Physician's note dated 7/18/2023 stated, "No added salt, no concentrated sweet/starch, Low saturated fat/cholesterol diet. Discussed reduced portions using the fist rule – Regular diet, regular consistency." Also, the admission assessment/plan of care dated 7/28/2023 stated, "Diet: low salt." Diet order was not clarified.</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>I have contacted the physician and now have the low salt diet order and place it into the resident chart. Also i have added regular diet, regular consistency and filed it into the resident binder.</p>	<p>01/12/2024</p> <p style="text-align: right;">24 FEB 15 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator temperature was 48-degree Fahrenheit.</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>I have place a new thermometer and now have temperature of 38-degree fahrenheit.</p>	<p>11/28/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – No label for MiraLAX and Vitafusion Men’s health.</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>I have obtain the label for Miralax and Vitafusion Men's health and place into the resident Medication container.</p>	<p>11/28/2023</p> <p style="text-align: right;"> STATE OF HAWAII DOH-ORCA STATE LICENSING 24 FEB 15 AM 39 </p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> “Acetaminophen 650mg, Suppos” and “Onelax 10mg Suppositories” were stored unsecured in refrigerator door.</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>I now have the Acetaminophen 650 mg, Suppositories and Onelax 10 mg being properly stored and labeled with residents name in their own individual container.</p> <p>Medication is now stored in a locked container.</p>	<p>11/19/2023</p> <p style="text-align: right;">24 FEB 15 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DDP-OHCA STATE LICENSING</p>

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<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 – PCG recorded the medication order for Vitafusion Supplement and MiraLAX on 8/23/2023, Melatonin 3mg and Tamsulosin 20mg on 11/2/2023. The care giver who received the order did not sign. The record did not include dosage and frequency. The record did not state that it was a verbal order received by resident’s family member from physician.</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>I have provided the record for verbal order received by resident's family member from physician and i filed into the resident binder.</p> <p>Physicians writtend orders were received.</p>	<p>11/29/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<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 – “Docusate Sodium 100mg Soft gel, take 1 cap orally twice daily, hold for loose stool for constipation started 09/09/2023” was listed in MAR as current. The medication was stored with current medication. Per PCG, the medication was discontinued. There was no physician’s order to start or discontinue. Please obtain a physician’s 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>I have contacted PCP to provide a doctors order for resident #1 Docusate Sodium 100 mg soft gel was being discontinued. Also I have obtain a copy and place it into the resident chart.</p> <p>see attached copy</p>	<p>01/12/2024</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-DHCA STATE LICENSING</p>

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<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 – Most current order dated 7/18/2023 includes CVS D3 125mg (5000UT). 1 capsule by mouth daily at lunch. No record that the medication was given as MAR did not list it since 7/21/2023. Per PCG, it was discontinued on 8/28/2023. No written 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>Cannot be corrected Resident Admission was 07/28/2023 I obtained updated medication order the order do not include D3 125 mg.</p>	<p>12/05/2023</p> <p style="text-align: right;">24 FEB 15 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Most current order dated 7/18/2023 includes CVS D3 125mg (5000UT). 1 capsule by mouth daily at lunch. No record that the medication was given as MAR did not list it since 7/21/2023. Per PCG, it was discontinued on 8/28/2023. No written 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>In the future to prevent this happening I will check the physician order as soon as being prescribed. If there any medication missing or discontinued I will immediately consult with the physician of a copy of this continued medication.</p> <p><i>I will review medication orders at least once a month.</i></p>	<p>12/05/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/18/2023 is Carvedilol 6.25mg, 1 tab BID at breakfast and supper. Hold systolic BP Less than 110. The record shows that BP was checked once a day. PCG stated that BP was checked in the morning only.</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 FEB 15 AM 1:39</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/18/2023 is Carvedilol 6.25mg, 1 tab BID at breakfast and supper. Hold systolic BP Less than 110. The record shows that BP was checked once a day. PCG stated that BP was checked in the morning only.</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>To prevent this from happening , everyday i will double check the MAR to insure all Medication is updated and correctly followed.</p> <p>I have a note book to log B/P 2x a day at 7Am and 9pm. I trained SCG fo use note book to record B/P.</p>	<p>11/28/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 is on Amlodipine Besylate 5mg, Carvedilol 6.25mg, and Lisinopril 20mg with BP parameter. No record that BP was checked from 11/23/2023 to current.</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 FEB 15 AM 1:39</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 is on Amlodipine Besylate 5mg, Carvedilol 6.25mg, and Lisinopril 20mg with BP parameter. No record that BP was checked from 11/23/2023 to current.</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 to prevent this from happening, everyday i have monitored and documented all resident blood pressure to ensure i have it being recorded.</p> <p>I have a note book to log B/p 2x a day at 7AM and 4pm. I trained SCC to use notebook to record B/p.</p>	<p>01/16/2024</p> <p style="text-align: right;">24 FEB 15 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/18/2023 was Amlodipine Besylate 5mg, 1 tab, qd, hold if systolic BP less than 110. BP was recorded as 106/59 on 8/15/2023, 108/77 on 8/30/2023. MAR was initialed as the medication was given.</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 FEB 15 AM 1:39</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/18/2023 was Amlodipine Besylate 5mg, 1 tab, qd, hold if systolic BP less than 110. BP was recorded as 106/59 on 8/15/2023, 108/77 on 8/30/2023. MAR was initialed as the medication was given.</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>To prevent this happening again, i will double check all physician order to ensure all medication was being followed correctly and have sign by the PCG or Substitute caregiver.</p> <p>I will initial MAR right after medication is given. I will review medication orders and MAR at least a month.</p>	<p>01/16/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – MAR listed “Tamsulosin HCL 0.4mg cap. Take 2 capsules by mouth at bedtime for Enlarged prostate. Started 11/2/2023.” The medication was held from 11/16/2023 to current. There was no physician’s order to hold.</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>I have obtain and now have physician order being discontinue and place it into my resident chart.</p> <p>See copy attach</p>	<p>01/12/2024</p> <p style="text-align: right;">24 FEB 15 AM 1:40</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – MAR listed “Tamsulosin HCL 0.4mg cap. Take 2 capsules by mouth at bedtime for Enlarged prostate. Started 11/2/2023.” The medication was held from 11/16/2023 to current. There was no physician’s order to hold.</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 to prevent this from happening i have check each medication being ordered by the physician was being correctly followed through. Also I will review each month the record and obtain a copy of continue or discontinued medication.</p>	<p>01/12/2024</p> <p style="text-align: right;">24 FEB 15 AM 1:40</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-QHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR, “Terazosin 1mg, take 1 cap by mouth every day at bedtime. Hold if systolic B/P less than 110” was discontinued on 9/9/2023. No physician’s order on file. Per PCG, family received the order and passed the information to PCG.</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 style="text-align: center;"><i>an order</i></p> <p>I have obtain a copy of being discontinued of Terazosin 1 mg and now being added into the resident binder.</p>	<p style="text-align: center;">01/16/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 FEB 15 AM 1:40</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 – Per MAR, “Terazosin 1mg, take 1 cap by mouth every day at bedtime. Hold if systolic B/P less than 110” was discontinued on 9/9/2023. No physician’s order on file. Per PCG, family received the order and passed the information to PCG.</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, every day i have checked all my residents chart to ensure i have all medication list being continue or discontinued was added into the residents binder.</p> <p>I will review medication orders at least once a month. If i need clarification, I will contact doctor. within 24 hrs.</p>	<p>01/16/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:40 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – PCG recorded medication order “Tamsulosin 20mg” on 11/2/2023 that was given to resident’s family. Medication available at home was “Tamsulosin HCL 0.4mg Capsule, take 2 capsule by mouth every day.” The PCG’s record and medication bottle label do not match. Please clarify with physician and obtain an 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>I have contacted the PCP and obtain a copy of the physician order and now I have the same record from the medication bottle being labeled.</p>	<p>01/16/2024</p> <p style="text-align: right;">24 FEB 15 AM 1:40 STATE OF HAWAII DOR-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – PCG recorded medication order “Tamsulosin 20mg” on 11/2/2023 that was given to resident’s family. Medication available at home was “Tamsulosin HCL 0.4mg Capsule, take 2 capsule by mouth every day.” The PCG’s record and medication bottle label do not match. Please clarify with physician and obtain an 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>In the future I will immediately contact the PCP to clarify each medication to make sure the prescription record should be much from the medication bottle labeled. Also I will review each month the record and obtain a copy of continued or discontinued medications.</p> <p><i>I will review and compared medication order and Mar at once a month.</i></p>	<p>01/16/2024</p> <p style="text-align: right;">24 FEB 15 AM 1:40 STATE OF HAWAII DOH-ORCA STATE LICENSING</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> One (1) resident is scheduled to be admitted on 12/1/2023. Weight for December 2023 was already recorded in the "HEIGHT AND MONTHLY WEIGHT RECORD" form.</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 FEB 15 AM 1:40</p> <p style="text-align: center;">STATE OF HAWAII DHS-OLCA STATE LICENSING</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> One (1) resident is scheduled to be admitted on 12/1/2023. Weight for December 2023 was already recorded in the "HEIGHT AND MONTHLY WEIGHT RECORD" form.</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>To prevent this from happening again new resident will be log in into the CareHome binder according to actual date of admission to ensure the accurate documentation.</p>	<p>11/28/2023</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">24 FEB 15 AM 1:40</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> Resident #1 – Medication list in emergency information sheet was not updated.</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>I have obtain and now have emergency information sheet being completely updated and place it into the residence chart.</p>	<p>12/03/2023</p> <p style="text-align: right;">24 FEB 15 AM 1:40 STATE OF HAWAII DOH-ORCA STATE LICENSING</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> Resident #1 – Medication list in emergency information sheet was not updated.</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,I will immediately updated each resident emergency information.When there is any changes in the information sheets,I will put reminder a month before the expiration date on a calendar.Also I will review the records once a month.</p>	<p>12/03/2023</p> <p style="text-align: right;">24 FEB 15 AM 11:40</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-OHCA STATE LICENSING</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> Resident #1 – Height in the Admission Assessment form was recorded as 5’6”. In the “HEIGHT AND MONTHLY WEIGHT RECORD” form, it was recorded as 5’3”.</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 FEB 15 AM 1:40</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</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> Resident #1 – Height in the Admission Assessment form was recorded as 5’6”. In the “HEIGHT AND MONTHLY WEIGHT RECORD” form, it was recorded as 5’3”.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening I will updated every month the height and weight. I will review at the end of the month to ensure information has been documented correctly. Also I will consult the physician for any changes as needed.</p>	<p style="text-align: center;">12/28/2023</p> <p style="text-align: center;">24 FEB 15 AM 1:40</p> <p style="text-align: center;">STATE OF HAWAII DOR-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested in October 2023.</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 HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">24 FEB 15 AM 1:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested in October 2023.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 future, I will check beginning of the month each smoke detector to ensure proper testing. Also I will change battery immediately if needed and record it with my initial and place into the CareHome binder.</p>	<p>12/08/2024</p> <p style="text-align: right;">24 FEB 15 AM 1:40</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Marilou Mendoza

Print Name: Marilou Mendoza

Date: Jan 15, 2024

Jan 15, 2024

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

24 FEB 15 AM 1:40