

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: ORI – Unit #10</b>	<b>CHAPTER 89</b>
<b>Address: 64-1498 Kamehameha Highway, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: July 25 &amp; 26, 2023 Annual</b>

**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.**

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

23 NOV 16 P 1:39

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure.</u> (e)  A developmental disabilities domiciliary home shall consist of a caregiver's certification and facility license.</p> <p><b><u>FINDINGS</u></b>  Current license is not displayed in the care home.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected. Copy of the license was given to the caregiver and was displayed on the board.</p>	<p style="text-align: center;">11.06.23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  STATE LICENSING</p> <p style="text-align: right; font-size: small;">23 NOV 16 P 1:39</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (e) A developmental disabilities domiciliary home shall consist of a caregiver's certification and facility license.</p> <p><b><u>FINDINGS</u></b> Current license is not displayed in the care home.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future the license will be displayed at the house as soon as it is received.</p> <p>The case manager will ensure that upon receipt of the License, he/she will immediately provide a copy to the caregiver to display on the board.</p>	<p style="text-align: center;">23 NOV 16 P 1:39</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> The following repairs need to be made:</p> <ul style="list-style-type: none"> <li>• Broken glass mirror closet door.</li> <li>• Bathroom vanity light is rusted through and bulb is missing.</li> <li>• Bathroom vanity cabinet is quite moldy and requires replacement or cleaning.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, broken mirror closet have been replaced, bathroom vanity light have been replaced, light have been replaced and the vanity cabinet have been replaced.</p>	<p style="text-align: center;">11.10.23</p> <p style="text-align: center;">23 NOV 16 P1:39</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 90-day medication renewals do not include route of medications, excluding drops for eyes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, the 90-day medication renewals have been updated to include the route of the said medication (eye drops).</p>	<p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P 1:39</p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 10/26/22 Physician signed order or “Tobrex opth 0.3%, two (2) drops QID” needed clarification on which eye(s) to administer the drops into.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: right;">23 NOV 16 P1:39</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 10/26/22 Physician signed order or “Tobrex opth 0.3%, two (2) drops QID” needed clarification on which eye(s) to administer the drops into.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager will ensure that in the future when a client is seen by the physician and if given a new medication, clarify with the physician especially eye drops on which eyes to be put in.</p>	<p style="text-align: right;">23 NOV 16 P 1:39</p> <p style="text-align: right;">STATE OF MARIANA DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(5)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – On 3/22/23, Physician signed order to discontinue Tobrex oph drops, however, medication is listed again on 90-day medication re-evaluation orders dated 4/4/23 and signed by physician. Unclear as to whether medication is to be restarted.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Medication was clarified with the physician, eye drops was discontinued and 90-day medication renewal was updated and eye drops was taken out from the 90-day renewal update.</p>	<p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P 1:39  STATE OF HAWAII  HDL-8001  STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Podiatrist note on 7/13/22 and again on 3/15/23 orders orthopedic shoes for resident. Per caregiver, resident does not have orthopedic shoes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager was advised that anything new for the clients, inform the caregiver so that he/she is aware.</p>	<p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LEPUNING</p> <p style="text-align: right;">23 NOV 16 P 1:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 10/26/22, in relation to a stye, Physician signed order reads, "Keep clean" and "warm soaks QID". Orders were incomplete and required clarification.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: right;">23 NOV 16 P 1:38</p>



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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident; the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b> Resident #1 10/26/22 Physician signed order reads, "Keep clean" and "warm soaks QID". There is no documented evidence that these orders are being carried out. Orders are not listed in the MAR or Treatment administration record (TAR).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 NOV 16 P 1:38</p> <p>STATE OF ILLINOIS STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident; the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 7/2022 progress notes describes that resident “took 2 tablets of ibuprofen for complaint of back pain”. Medication administration record (MAR) for the month of 7/2022 does not indicate ibuprofen was given.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The caregiver was advised that in the future if PRN is being administered, to ensure and initial the MAR in a proper area.</p> <p>The case manager was also advised to check the MAR immediately when caregiver submits the MAR every 15th and end of the month.</p>	<p>11.06.23</p> <p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P1:37</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LITIGATIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b> Resident #1 – MAR not initialed when medication administered to resident. No legitimate MAR available for review from 2/18/23 to 3/15/23.</p> <p>Per caregiver, despite a staff accompanying resident on a trip (2/18/23 to 3/15/23), no MAR was taken on the trip. "Just medications are taken on the trip" and an "I" placed on the MAR left back in the care home by non-accompanying staff member who did not go on the trip.</p>	<p>PART I</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIBRARIAN</p> <p>23 NOV 16 P 1:37</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – MAR not initialed when medication administered to resident. No legitimate MAR available for review from 2/18/23 to 3/15/23.</p> <p>Per caregiver, despite a staff accompanying resident on a trip (2/18/23 to 3/15/23), no MAR was taken on the trip. "Just medications are taken on the trip" and an "I" placed on the MAR left back in the care home by non-accompanying staff member who did not go on the trip.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Future travel for all residents will be accompanying with MAR.</p> <p>The case manager was advised to send MAR to all clients that travels to ensure there is documentation from the supervisors that medication were being administered during trip.</p>	<p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P1:37</p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - 7/2022 progress notes describes that resident "took 2 tablets of ibuprofen for complaint of back pain", however, notes do not say what date or time medication was given.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: center;">23 NOV 16 P 1:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - 7/2022 progress notes describes that resident "took 2 tablets of ibuprofen for complaint of back pain", however, notes do not say what date or time medication was given.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The caregiver was advised that in the future if PRN is being administered, to ensure and initial the MAR in a proper area.</p> <p>The case manager was also advised to check the MAR immediately when caregiver submits the MAR every 15th and end of the month.</p>	<p>11.06.23</p> <p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P1:37</p> <p style="text-align: right;">STATE OF HAWAII  <small>DEPARTMENT OF</small>            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – On 7/27/22 Physician notes resident was “exposed to COVID” and to “avoid exposure to roommates x10 days”, however, caregiver progress notes do not mention COVID exposure and does not describe any observations by caregivers regarding resident’s response to exposure including order to avoid exposing roommates x10 days.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 NOV 16 P 1:37</p> <p>STATE OF HAWAII STATE LIBRARY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – On 7/27/22 Physician notes resident was “exposed to COVID” and to “avoid exposure to roommates x10 days”, however, caregiver progress notes do not mention COVID exposure and does not describe any observations by caregivers regarding resident’s response to exposure including order to avoid exposing roommates x10 days.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Any future significant event that happened to all clients will ensure to document on the progress notes.</p> <p>The case manager will check the monthly observation coming from the caregiver every end of the month to ensure that any significant event that happened with residents were being documented.</p>	<p style="text-align: center;">23 NOV 16 P 1:37</p> <p style="text-align: center;">STATE OF ILLINOIS            DEPARTMENT OF            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u>            Resident #1 –There is no mention in progress notes regarding resident's response to his seizure, visit to the emergency room (ER), or any observations of the resident by caregivers following the incident, such as, any changes (or none) resident may have experienced following the seizure. No recognition of order to monitor seizures is documented.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 NOV 16 P 1:37</p> <p>STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes There is no mention in progress notes regarding resident's response to his seizure, visit to the emergency room (ER), or any observations of the resident by caregivers following the incident, such as, any changes (or none) resident may have experienced following the seizure. No recognition of order to monitor seizures is documented.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Any future significant event that happened to all clients will ensure to document on the progress notes.</p> <p>The case manager will check the monthly observation coming from the caregiver every end of the month to ensure that any significant event that happened with residents will be documented.</p>	<p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">23 NOV 16 P1:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Physician visit note dated 10/26/22 notes a swollen cyst (stye) on left eye, however, caregiver progress notes make no mention of the stye such as observations of resident before/after seeing the Physician. Resident's response to stye itself, response to medications ordered or whether warm soaks are being carried out.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII        DEPARTMENT OF HEALTH        STATE LICENSING</p>	<p style="text-align: right;">23 NOV 16 P 1:36</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Physician visit note dated 10/26/22 notes a swollen cyst (stye) on left eye, however, caregiver progress notes make no mention of the stye such as observations of resident before/after seeing the Physician. Resident's response to stye itself, response to medications ordered or whether warm soaks are being carried out.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Any future significant event that happened to all clients will ensure to document on the progress notes.</p> <p>The case manager will check the monthly observation coming from the caregiver every end of the month to ensure that any significant event that happened with residents will be documented.</p>	<p style="text-align: right;">23 NOV 16 P 1:36</p> <p style="text-align: right;">STATE OF HAWAII            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u>            Resident #1 – Saw Physician on 3/16/23 for vomiting x1. Caregiver progress notes make no mention of the vomiting, circumstances surrounding it or any observations of resident's response to any part of the incident or after the incident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 NOV 16 P 1:36</p> <p style="text-align: right;">STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Saw Physician on 3/16/23 for vomiting x1. Caregiver progress notes make no mention of the vomiting, circumstances surrounding it or any observations of resident's response to any part of the incident or after the incident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Any future significant event that happened to all clients will ensure to document on the progress notes.</p> <p>The case manager will check the monthly observation coming from the caregiver every end of the month to ensure that any significant event that happened with residents will be documented.</p>	<p style="text-align: right;">23 NOV 16 P1:36</p> <p style="text-align: right;">STATE OF HAWAII  <small>DEPARTMENT OF</small>            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Podiatrist note on 7/13/22 and again on 3/15/23 orders orthopedic shoes for resident. There is no mention of orthopedic shoes in the caregiver progress notes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, training were given to caregivers and other staff regarding what to and what not to document on the monthly report.</p>	<p>11.07.23</p> <p style="text-align: right;">23 NOV 16 P1:36 STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Podiatrist note on 7/13/22 and again on 3/15/23 orders orthopedic shoes for resident. There is no mention of orthopedic shoes in the caregiver progress notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager will continue to check the monthly observation report coming from the caregiver to ensure that every event for the residents are being documented.</p>	<p style="text-align: right;">23 NOV 16 P1:36</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH SMILE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Progress notes do not describe resident's progress towards reaching ISP goals.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, caregiver and other staff who handles their PAB program have been given re-training on the monthly observation for the progress of each residents towards reaching their goals.</p>	<p>11.07.23</p> <p style="text-align: right;">23 NOV 16 P 1:36</p> <p style="text-align: right;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LINDSEMS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes do not describe resident's progress towards reaching ISP goals.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager will check the observation report every end of the month to ensure that the progress of each clients were documented on the observation report.</p>	<p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: center;">23 NOV 16 P1:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – On 10/13/22, Physician notes resident was seen in the ER on 9/30/22 for a seizure. Physician also signed an order to “Stop electronics after 1900” however, there is no information or documented evidence in the record that this is being carried out.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected. Caregiver will continue to remind resident#1 to stop using his/her device at 1900 every night.</p>	<p>23 NOV 16 P1:36</p> <p>STATE OF HAWAII            HEALTH CARE            STAFF LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – On 10/13/22, Physician notes resident was seen in the ER on 9/30/22 for a seizure. Physician also signed an order to “Stop electronics after 1900” however, there is no information or documented evidence in the record that this is being carried out.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager will check resident#1 to ensure that the order from the PCP will be carried out. The case manager will ensure that the caregiver will continue to remind resident#1 to stop watching or playing on his tablet at 1900.</p> <p>The case manager will check the monthly observation coming from the caregiver every end of the month to ensure that the order from the PCP to stop electronic devise at 1900 will be carried out and documented.</p>	<p style="text-align: center;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p> <p style="text-align: center;">23 NOV 16 P 1:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – On 10/13/22, Physician notes resident was seen in the ER on 9/30/22 for a seizure. Physician signed order reads, “Monitor for seizures”, however, there is no documented evidence, such as a flowsheet or progress notes, that seizures are being monitored.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, the case manager have come up with a form that the caregiver can use to document if seizures occur.</p> <p>The caregiver and other staff were given re-training on what and what not to document on the monthly observation progress note.</p>	<p>11.06.23</p> <p>11.07.23</p> <p style="text-align: right;">23 NOV 16 P1:36            STATE OF HAWAII            DEPARTMENT OF            HEALTH SERVICES            STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – On 10/13/22, Physician notes resident was seen in the ER on 9/30/22 for a seizure. Physician signed order reads, "Monitor for seizures", however, there is no documented evidence, such as a flowsheet or progress notes, that seizures are being monitored.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager will check the monthly observation coming from the caregiver every ending of the month to ensure that necessary report will be included or documented on the monthly observation report.</p>	<p style="text-align: center;">STATE OF HAWAII STATE LINDSING</p> <p style="text-align: center;">23 NOV 16 P1:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Podiatrist note on 7/13/22 and again on 3/15/23 orders orthopedic shoes for resident. There is no documented evidence in the record that confirms resident is wearing orthopedic shoes, such as on a TAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, daily use of resident#1 orthopedic shoes is being documented on the TAR.</p>	<p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P 1:36</p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Podiatrist note on 7/13/22 and again on 3/15/23 orders orthopedic shoes for resident. There is no documented evidence in the record that confirms resident is wearing orthopedic shoes, such as on a TAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager will ensure that in the future any new order coming from the physician will be documented in the monthly observation report and on TAR to ensure that residents is wearing the orthopedic shoes.</p>	<p style="text-align: center;">STATE OF HAWAII            STATE LICENSING</p> <p style="text-align: center;">23 NOV 16 P1:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Per caregiver, despite a staff accompanying resident on a trip (2/18/23 to 3/15/23), there are no progress notes written during that time that include any of the components required by the rule.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">23 NOV 16 P 1:35</p> <p style="text-align: center;">STATE OF HAWAII            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Per caregiver, despite a staff accompanying resident on a trip (2/18/23 to 3/15/23), there are no progress notes written during that time that include any of the components required by the rule.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In any future trip, the case manager was advised to send in MAR accompanying the residents when going on any trips, to ensure that medications are properly administered and to initialed by the staff who is administering the medications.</p> <p>The case manager will ensure that any future trip for the residents will be documented on the monthly observation.</p>	<p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P 1:35            STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – On 7/14/23, Registered Dietician (RD) recommended carb-controlled limit portions and second helpings, however, currently care home has only a regular diet menu.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, the caregiver was given a copy of the residents diet order. She was advised to follow the order accordingly.</p>	<p style="text-align: center;">23 NOV 16 P1:35</p> <p style="text-align: center;">STATE OF HAWAII  HONOLULU  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – On 7/14/23, Registered Dietician (RD) recommended carb-controlled limit portions and second helpings, however, currently care home has only a regular diet menu.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The case manager was advised that in the future he/she will give a copy of the diet order to the caregiver for his/her to follow when preparing meal for his/her clients.</p> <p>The case manager will check the menu every end of the month to ensure that the diet order is being implemented.</p>	<p style="text-align: center;">23 NOV 16 P1:35</p> <p style="text-align: center;">STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Podiatrist note on 7/13/22 and again on 3/15/23 orders orthopedic shoes for resident. Resident's property list does not include a pair of orthopedic shoes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The deficiency have been corrected, orthopedic shoes have been added in the resident inventory.</p>	<p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 NOV 16 P1:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Podiatrist note on 7/13/22 and again on 3/15/23 orders orthopedic shoes for resident. Resident's property list does not include a pair of orthopedic shoes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The caregiver was advised that in the future ensure to add all the residents' belongings in the resident inventory.</p> <p>The case manager will check the inventory once a year or as needed to ensure that all residents belongings are properly documented.</p>	<p>11.06.23</p> <p style="text-align: right;">23 NOV 16 P 1:35</p> <p style="text-align: right;">STATE OF HAWAII DHH-REGA STATE LICENSING</p>

Licensee's/Administrator's Signature: *Susan for Susanna F. Cheung*

Print Name: Susanna F. Cheung

Date: 11.14.2023

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

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