

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Susan Ramos Care Home, LLC	CHAPTER 100.1
Address: 94-722 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: October 19, 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.

24 FEB -1 AM 1:43
STATE OF HAWAII
LICENSING SECTION
STATE OPERATIONS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG)#1 – No current annual physical exam.</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 OBTAIN ✓ HAVE PHYSICAL EXAM FOR SCG #1 ✓ PLACE IT INTO MY CARE HOME FOLDER.</p> <p>COPY ATTACHED</p>	<p>11/17/2025</p> <p style="text-align: right;">24 FEB -1 AM 1:43</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII HEALTH CARE STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG)#1 – No current annual physical exam.</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>TO PREVENT THIS FROM HAPPENING AGAIN ONCE A MONTH I WILL CHECK AND REVIEW EACH DOCUMENT TO ENSURE I HAVE ALL UPDATED IT WRS TURNED IN TO MY CARE HOME BINDER.</p>	<p>11/17/23</p> <p style="text-align: right;">24 FEB -1 AM 1:43</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII HONOLULU 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.</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> Fire drills were conducted monthly, but it was only between 9:20am and 4:20pm. The number of the residents who participated in fire drills was recorded. Residents' names 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;">24 FEB -1 AM 1:43</p> <p style="text-align: right; font-size: small;">STATE OF UTAH HOSPITAL & STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §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>FINDINGS Fire drills were conducted monthly, but it was only between 9:20am and 4:20pm. The number of the residents who participated in fire drills was recorded. Residents' names were 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>PLG ENSURE THAT EVERY FIRE DRILL THAT WE CONDUCTING WE CAN HAVE IN START EARLY 7:30 AM.</p> <p>TO PREVENT THIS FROM HAPPENING I WILL ADD TO CHECKLIST ALL STAFF ANNUALLY AS NEEDED. (FIRE DRILL DAY OR NIGHT AT LEAST 4X A YEAR AT LEAST 3 MONTHS FROM THE PREVIOUS DRILL.) ALSO IT WILL SHOW DATE, TIME & NAMES OF INDIVIDUAL THEIR TITLE, RESIDENT, PLG, SLC ETC WHEN CONDUCTING FIRE DRILL ALSO I WILL PLAN THE DATES, TIME FOR FIRE DRILL & KEEP SCHEDULE IN CALENDAR TO ENSURE PROPER TESTING.</p>	<p>10/20/23</p> <p style="text-align: right;">24 FEB -1 AM 1:43</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Resident #1 is on "Cardiac Low Salt" diet ordered on 7/2/2023. No menu for the special diet. Resident #2 is on "Soft/minced; Low-Sodium" diet ordered on 5/1/2023.</p> <p>There is a menu labeled as "Low Sodium Diet" available at home. PCG stated that this menu is used for resident #1 and #2. The menu does not meet the requirements for low sodium diet. The menu does not specify the required consistency (soft/minced) for resident #2.</p> <p>Please submit a weekly menu (7 days) for Cardiac and Soft/minced low sodium diets for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I HAVE OBTAINED THE ↓ SODIUM DIET TO THE RESIDENT #1</p> <p>I HAVE ALSO OBTAINED SOFT/MINCED LOW SODIUM DIET FOR RESIDENT #2 & PLACE IT TO KITCHEN & DINING AREA.</p> <p>- Menu's submitted</p>	<p style="text-align: right;">24 FEB -1 AM 1:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 is on "Cardiac Low Salt" diet ordered on 7/2/2023. No menu for the special diet. Resident #2 is on "Soft/minced; Low-Sodium" diet ordered on 5/1/2023.</p> <p>There is a menu labeled as "Low Sodium Diet" available at home. PCG stated that this menu is used for resident #1 and #2. The menu does not meet the requirements for low sodium diet. The menu does not specify the required consistency (soft/minced) for resident #2.</p> <p>Please submit a weekly menu (7 days) for Cardiac and Soft/minced low sodium diets for department review.</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 KEEP MENU FOR EACH RESIDENT POSTED IN THE KITCHEN DINING AREA.</p> <p>IF I NEED ASSISTANCE ABOUT THE MENU I WILL CONTACT THE NUTRITIONIST.</p>	<p style="text-align: right;">24 FEB -1 AM 1:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Lunch menu for regular diet is "Spaghetti w/tomato sauce, Garlic bread, Caesar salad, Skim milk, 1 cup water." Caesar salad was not included. No substitution provided.</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 -1 AM 1:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Lunch menu for regular diet is "Spaghetti w/tomato sauce, Garlic bread, Caesar salad, Skim milk, 1 cup water." Caesar salad was not included. No substitution provided.</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 WILL CHECK IT TO ENSURE THAT I WILL HAVE ALL THE FOOD FROM THE MENU.</p> <p>Follow the menu, self trained to follow the menu, I go groceries shopping 4x a week to make sure all food in menu is available.</p>	<p>10/10/23</p> <p style="text-align: right;">24 FEB -1 AM 1:42</p> <p style="text-align: right; font-size: small;">STATE OF CALIFORNIA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 – Physician ordered “Soft and bite sized (IDDSI 6) with supershake TID, Low-Sodium” on 4/25/2023. No record that the special diet was provided. Diet order was changed to Soft/minced; Low-Sodium on 5/1/2023.</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;">24 FEB -1 AM 1:42</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p>FINDINGS Resident #2 – Physician ordered “Soft and bite sized (IDDSI 6) with supershake TID, Low-Sodium” on 4/25/2023. No record that the special diet was provided. Diet order was changed to Soft/minced; Low-Sodium on 5/1/2023.</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 CHECK EVERY WEEK ORDERED BY THE REP TO ENSURE I CORRECTLY FOLLOW AS THE ORDER CHANGES. I WILL REVIEW EVERY WEEK.</p> <p>- If I need assistance to prepare special diet menu I will contact OCHA nutritionist. Also I will record in progress note when diet order are changed.</p>	<p>10/20/23</p> <p style="text-align: right;">24 FEB -1 AM 1:42</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS STATE LICENSING</p>

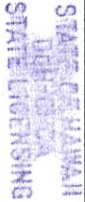
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #2 is on a special diet, Soft/minced; Low-Sodium. Regular diet menu was provided for lunch. Garlic bread was cut into approximately ½ inch bite size.</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 MICHIGAN DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">24 FEB -1 AM 11:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 is on a special diet, Soft/minced; Low-Sodium. Regular diet menu was provided for lunch. Garlic bread was cut into approximately ½ inch bite size.</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 DOUBLE CHECK ✓ MAKE SURE THAT THE RESIDENT #2 WILL MEET THE SPECIAL DIET SOFT/MINCED, LOW SODIUM, TO ENSURE THE SAFETY OF THE RESIDENT.</p> <p>- in the future if minced diet order I will cut into 4MM or smaller size.</p> <p>If I need assistance preparing special diet I will contact our nutritionist.</p>	<p style="text-align: right;">24 FEB -1 AM 1:42</p>

	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> Neosporin tube was left unsecured in resident's bedroom #5. Orajel Denture Pain Gel and 2 containers with a label "Aloha Green Apoth. The Yeti 3.5g, Total THC 22.7%," and 2 unlabeled containers with the same ingredient were left unsecured in the closet in resident's bedroom #3.</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 & NOW HAVE ALL THE MEDICATION STORED IN A SECURED/LOCKED CABINET FOR RESIDENT BEDROOM # 3 + 5.</p>	<p style="text-align: right;">10/20/23</p> <p style="text-align: right;">24 FEB -1 AM 1:42</p> <p style="text-align: right;">STATE LICENSING</p>

	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> Neosporin tube was left unsecured in resident's bedroom #5. Orajel Denture Pain Gel and 2 containers with a label "Aloha Green Apoth. The Yeti 3.5g, Total THC 22.7%," and 2 unlabeled containers with the same ingredient were left unsecured in the closet in resident's bedroom #3.</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 style="text-align: center;">IN THE FUTURE EVERY DAY I WILL CHECK TO ENSURE RESIDENT MEDICATION, CABINET PROPERLY SECURED / LOCKED. EVERY DAY I CLEAN RESIDENT'S MEDICATION I WILL MAKE SURE CABINET SECURE / LOCKED.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">10/20/23</p> <p style="text-align: right;">24 FEB - 1 AM 1:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – External and internal medication were stored in the same plastic bag. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right; font-size: small;">24 FEB -1 AM 1:42</p>

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	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 medication administration record (MAR), Mirtazapine 7.5mg, take 1 tab by mouth at bedtime for agitation was discontinued on 9/9/2023. No physician's 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 style="text-align: center;">I HAVE OBTAINED & NOW HAVE THE ORDERED BY THE PUP & PLACE IT IN MY RESIDENT ROOM.</p>	<p style="text-align: center;">10/20/23</p> <p style="text-align: right;">24 FEB -1 11:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII STATE ENGINEERING</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 medication administration record (MAR), Mirtazapine 7.5mg, take 1 tab by mouth at bedtime for agitation was discontinued on 9/9/2023. No physician's 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 'ONCE I RECEIVED THE PHYSICIAN ORDERED I WILL IMMEDIATELY OBTAIN A COPY OF UNIFORM / DISCONTINUE MEDICATION TO ENSURE THE ACCURATE ORDER. I WILL REVIEW AT LEAST MONTHLY ON BEGINNING OF THE MONTH.</p> <p>I will document telephone orders in physical order that as soon as possible.</p>	<p>10/20/23</p> <p style="text-align: right;">24 FEB -1 AM 1:42</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH 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 – Per MAR, Trazodone 50mg, take ½ tab by mouth 3x a day was started on 9/9/2023. No physician’s order to start the medication. The physician discontinued the medication on 10/16/2023.</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;">24 FEB -1 AM 1:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII 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> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #3 keeps THC in resident's bedroom, but was not listed in MAR.</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 MW HAVE THE THE BEING SECURED INTO SECURED CABINET <i>if</i> ALSO MW HAVE USED IN THE MAR.</p>	<p style="text-align: center;">w/w/m</p> <p style="text-align: center;">24 FEB -1 AM 1:41</p> <p style="text-align: center;">STATE OF ILLINOIS STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #3 keeps THC in resident's bedroom, but was not listed in MAR.</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 style="text-align: center;">IN THE FUTURE I WILL CHECK EVERYDAY ALL THE MEDICATION AND REVIEW WEEKLY ALL THE MEDICATION TO ENSURE ALL THE MEDICATION WAS USED IN THE MAR.</p>	<p style="text-align: center;">10/20/13</p> <p style="text-align: right;">24 FEB -1 AM 1:41</p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #3 uses THC. There was no procedure for storage of the medication.</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 STORAGE FOR THE MEDS SECURED IN LOCKER.</p> <p>I created the procedure for the use file in resident binder. I trained SCL for the use.</p>	<p>10/20/23</p> <p style="text-align: right;">24 FEB -1 AM 1:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #3 uses THC. There was no procedure for storage of the medication.</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 HAPPENING AGAIN EVERY DAY I WILL CHECKED ALL THE MEDICATION TO ENSURE IT WAS PROPERLY PLACED IN A CORRECT STORAGE / CABINET & SECURED</p> <p>I created the procedure for the use file in resident binder. I framed SCC for the use.</p>	<p>10/20/23</p> <p style="text-align: right;">24 FEB -1 AM 1:41</p> <p style="text-align: right; color: blue;">STATE OF MARYLAND STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 uses THC. There was no procedure for self-administration.</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 / NOW HAVE THE PROCEDURE FOR STAFF-ADMINISTRATION.</p> <p>I created the procedure for THC use file in resident binder. I trained staff for the use.</p>	<p>10/18/20</p> <p style="text-align: right;">24 FEB -1 AM 1:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 uses THC. There was no procedure for self-administration.</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 HAPPENING AGAIN ONCE I ADMIT THE RESIDENT I IMMEDIATELY CALL THE PCP TO GET AN ORDERED OF THE MEDICATION & PLACE IT IN RESIDENT'S MINDER.</p> <p>I created the procedure for THE use file in resident binder. I trained SCL for the use.</p>	<p>10/20/19</p> <p style="text-align: right;">24 FEB -1 AM 1:41</p> <p style="text-align: right; font-size: small;">STATE OF ALABAMA STATE ENGINEERING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – APRN's notes dated 8/31/2023 stated "Metoprolol 25mg, 1 tab BID Hold if hear rate ≤60 bpm. Do not give meds if heart rate 60 Bpm or less." Heart rate for 9/1/2023 pm and 9/2/2023 pm were not recorded. MAR was initialed as medication was given on 9/1/2023 pm and 9/2/2023 pm.</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 HAVE OBTAINED THE RECORD OF THE RESIDENT'S #1 FOR HR 61 BPM 9/1/23 - 9/2/23 IN BRING RECORD.</p>	<p style="text-align: right;">4/2/23</p> <p style="text-align: right;">24 FEB -1 11:41</p> <p style="text-align: center;">STATE OF OHIO STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – APRN's notes dated 8/31/2023 stated "Metoprolol 25mg, 1 tab BID Hold if hear rate ≤60 bpm. Do not give meds if heart rate 60 Bpm or less." Heart rate for 9/1/2023 pm and 9/2/2023 pm were not recorded. MAR was initialed as medication was given on 9/1/2023 pm and 9/2/2023 pm.</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 style="text-align: center;">IN THE FUTURE ONCE I WILL CHECK THE VS I WILL IMMEDIATELY RECORD & SIGN ALSO I WILL REVIEW THE MAR FOR MY NERDONT'S BANDON.</p>	<p style="text-align: center;">w/w / 20</p> <p style="text-align: center;">24 FEB - 1 AM 1:41</p>

STATE OF HAWAII
STATE LICENSING

Licensee's/Administrator's Signature: _____

Print Name: JESUSA RAMOS (SUSAN RAMOS CAME HERE)

Date: 2/1/24

gt 4/15/24

STATE OF HAWAII
DHS-010A
STATE LICENSING

24 APR 15 P 3:10

STATE OF HAWAII
DHS-010A
STATE LICENSING

24 FEB -1 AM 1:41