

Office of Health Care Assurance

24 MAR 13 AM 11:22

State Licensing Section

STATE OF HAWAII
DHP-0HCA
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AL & L Care Home, LLC	CHAPTER 100.1
Address: 4496 Luapele Place, Honolulu, Hawaii 96818	Inspection Date: February 26, 2024 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 – Diet orders were as follows: 12/3/2023: Heart Healthy Diet 12/11/2023: Regular 12/15/2023: Cardiac diet The home is approved for regular diet only.	<p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I will check MD Summary of diet. Not orders for regular diet as appropriate.</i></p> <p style="text-align: center;"><i>Resident was discharged on March 16, 24</i></p>	<p style="text-align: center;"><i>3-12-24</i></p> <p style="text-align: center;"><i>5-28-24</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition. (1)</u> Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 – Diet orders were as follows: 12/3/2023: Heart Healthy Diet 12/11/2023: Regular 12/15/2023: Cardiac diet The home is approved for regular diet only.	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will admit only residents 3-12-24 that on a regular diet and will be neglected in AD summary and diet orders. I am enroll in special diet class start June 5, 2024.</i></p> <p style="text-align: right;">STATE OF HAWAII DGM-ORCA STATE LICENSING</p>	<p style="text-align: center;"><i>3-12-24</i></p> <p style="text-align: center;"><i>d. Johnson</i></p> <p style="text-align: center;"><i>05-28-24</i></p> <p style="text-align: center;">24 MAR 13 AM 12:22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 is on a Cardiac diet ordered 12/15/2023. Regular diet was provided for lunch.	<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 DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">24 MAR 13 AM 11:22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 is on a Cardiac diet ordered 12/15/2023. Regular diet was provided for lunch.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will ensure residents in the appropriate diet meal as noted in MTD summary and diet orders.</i></p> <p style="text-align: center;"><i>I am enrolling in special diet class start June 5, 2024</i></p>	<p style="text-align: center;">3-12-24</p> <p style="text-align: center;">05-28-24</p>

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24 MAR 13 AM 11 22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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. FINDINGS Resident #1 -- "Apaxiban" was handwritten on the medication bottle label of Eliquis 5mg tablet.	<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 MAR 13 AM 11:22</p>

STATE OF HAWAII
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 STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – "Apaxiban" was handwritten on the medication bottle label of Eliquis 5mg tablet.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will not hand write on medication name on resident medication bottle.</i></p>	<p style="text-align: center;">3-12-24</p> <p style="text-align: center;">24 MAR 13 A11:21</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Order dated 12/3/2023 was Diltiazem HCl ER Oral Capsule Extended Release 24 hour 180mg (Diltiazem HCl), 1 capsule by mouth one time a day for A. FIB related to essential hypertension, hold for SBP<100mmHg and/or HR<60 BPM. BP for 12/6/2023 was recorded as 108/70. Medication administration record (MAR) was initiated that the medication was given.	<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 MAR 13 A11:21</p> <p style="text-align: center;">STATE OF MARYLAND DOH-GHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Order dated 12/3/2023 was Diltiazem HCl ER Oral Capsule Extended Release 24 hour 180mg (Diltiazem HCl), 1 capsule by mouth one time a day for A. FIB related to essential hypertension, hold for SBP<100mmHg and/or HR<60 BPM. BP for 12/6/2023 was recorded as 108/70. Medication administration record (MAR) was initiated that the medication was given.	<p style="text-align: center;">PLAN OF CORRECTION</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>I will read the B/P parameters based on the NP summary and prescription order and indicate medicine should be given based on B/P parameter.</p> <p>I would check B/P on record in B/P log before giving a medication. I would never mar. after giving the medication.</p> <p style="text-align: right;">STATE OF HAWAII DON-CHIKA NATE LICENSING</p>	<p style="text-align: center;">3-12-24</p> <p style="text-align: center;">24 MAR 13 AM 1:21 05-28-24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: FINDINGS Resident #1 – No progress notes were made for the initial admission on 12/3/2023 and readmission on 12/15/2023 after hospitalization.	<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 DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">24 MAR 13 AM 11:21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: FINDINGS Resident #1 – No progress notes were made for the initial admission on 12/3/2023 and readmission on 12/15/2023 after hospitalization.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future plan I will complete the Progress note in any admission for each and every resident. Also if resident is re-admitted from the hospital a new Progress note will complete. I will use admission check list as reminder to document in progress note.</p> <p style="text-align: right;">STATE OF HAWAII DON-CHCA STATE LICENSING</p>	<p style="text-align: right;">3-12-24</p> <p style="text-align: right;">24 MAR 13 AM 1:21 05-28-24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission: FINDINGS Resident #1 – Admission assessment was incomplete for the following: -Medical care: Medications, Medical problems, Pain assessment -ADL's: Grooming, Toileting -Sensory assessment.	<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 MAR 13 AM 11:21</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; FINDINGS Resident #1 - Admission assessment was incomplete for the following: -Medical care: Medications, Medical problems, Pain assessment -ADL's: Grooming, Toileting -Sensory assessment.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will complete a thorough admission assessment that will include 3-12-24 resident admission assessment, medical care, medications, medical problems, and complete a pain assessment. Also included in the admission assessment you will include ADL, grooming, toileting & sensory assessment.</i></p> <p><i>I will review all documentation in one week of admission. I will complete all the records if needed.</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII DON-HICA STATE LICENSING</p> </div>	<p style="text-align: right;">24 MAR 13 AM 11:21</p> <p style="text-align: right;"><i>053824</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 – No admission assessment at readmission on 12/15/2023 after hospitalization.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will complete an admission Re-Assessment on resident after returning from hospitalization back in to care home. I will use admission check list as reminder for all admission and the other admission.</p>	<p style="text-align: center;">3-12-24</p> <p style="text-align: center;">05-28-24</p> <p style="text-align: center;">24 MAR 13 AM 12:24</p> <p style="text-align: center;">STATE OF MARYLAND DOR-ONCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – Diltiazem HCl 240mg was discontinued on 1/11/2024. No progress notes were recorded.	<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-ORCA STATE LICENSING</p>	<p style="text-align: center;">24 MAR 13 A11:21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Monthly weights were recorded as follows: Resident #1 – December 2023: 118lbs, January 2024-February 2024: 96lbs Resident #2 – September 2023 through December 2023: 160lbs, January 2024-February 2024: 140lbs. Resident #2's weight on the inspection day (2/26/2024) was 152.2lbs. There is no other record available to verify residents' weight. PCG did not provide explanation for significant weight loss for Resident #1. For resident #2, PCG stated that significant weight loss was due to muscle loss caused by lack of exercise.	<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 MAR 13 AM 1:21</p> <p style="text-align: center;">STATE OF HAWAII DON-CHICA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports</u> , (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; <u>FINDINGS</u> Monthly weights were recorded as follows: Resident #1 – December 2023: 118lbs, January 2024-February 2024: 96lbs Resident #2 – September 2023 through December 2023: 160lbs, January 2024-February 2024: 140lbs. Resident #2's weight on the inspection day (2/26/2024) was 152.2lbs. There is no other record available to verify residents' weight. PCG did not provide explanation for significant weight loss for Resident #1. For resident #2, PCG stated that significant weight loss was due to muscle loss caused by lack of exercise.	<p style="text-align: center;">PLAN OF CORRECTION</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><i>I will record and monitor resident on a monthly basis. Any significant weight loss or gained will be reported to the primary physician and I will get further advice on residents weight loss. Residents will weight first day of the month, weight will be recorded right away also I mention all record made a month.</i></p>	<p style="text-align: center;">3-12-24</p> <p style="text-align: center;">24 MAR 13 AM 11:21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. <u>FINDINGS</u> Resident #1 was hospitalized from 12/11/2023 to 12/15/2023 due to sepsis. No incident report was generated.	PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will ensure an incident report be generated when a resident is hospitalized. The MD shall be notified. A program note will be generated. I will review the record at the end of the month to make sure document are complete. I will up to date if necessary.	3-12-24 05-28-24 24 MAR 13 AM 1:21 STATE OF HAWAII DON-CHCA STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS "Admitted From" was not recorded for four (4) current residents. Corrected during inspection.	PART 1 <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 MAR 13 AM 11:20</p> <p style="text-align: center;">STATE OF ALABAMA BOB-ORCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS "Admitted From" was not recorded for four (4) current residents. Corrected during inspection.	<p style="text-align: center;">PART 2 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><i>I will ensure my General Register is kept up to date and record. Where the resident was "admitted" from. Correction was made with supervisor. I will review admission and in one week of admission and up to date if necessary.</i></p>	<p style="text-align: center;">3-12-24</p> <p style="text-align: center;">05-28-24</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING 24 MAR 13 AM 11:20</p>

Licensee's/Administrator's Signature: Levita P. Schimmel

Print Name: Lolita P. Schimmel

Date: March 12, 2024
May 28, 2024

STATE OF HAWAII
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STATE LICENSING
24 MAY 28 P2:14

STATE OF HAWAII
D&H-CHCA
STATE LICENSING
24 MAR 13 A11:20