

Office of Health Care Assurance

State Licensing Section

'24 APR 11 P3:46

STATE OF HAWAII
2024-04-11
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Armando Biacan Care Home	CHAPTER 100.1
Address: 94-565 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: March 13, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing, (b)(1)(I)</u> Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute care giver #2: no documented evidence of fieldprint background check.</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;">YES, SUBSTITUTE CAREGIVER #2 HAS GONE TO GET HER FIELDPRINT BACKGROUND CHECK. THE RESULTS HAVE BEEN ADDED TO SC# 2'S DOCUMENTS IN THE BINDER AND LOCK AWAY FOR PRIVACY.</p>	<p style="text-align: center;">03/25/24</p>

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND PARENTS

24 APR 11 13:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u> (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute care giver #2: no documented evidence of fieldprint background check.</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;">TO ENSURE THIS DOESN'T HAPPEN AGAIN, A CHART HAS BEEN CREATED FOR PRIMARY CAREGIVER AND SUBSTITUTE CAREGIVERS TO KEEP TRACK OF EACH REQUIRED DOCUMENT AND THEIR EXPIRATION DATES.</p>	<p style="text-align: right;">08/25/24</p> <p style="text-align: right;">24 APR 11 P3:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><u>FINDINGS</u> Substitute care giver #2: no documented evidence of CPR/first aid certificate</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;">YES, SC# 2 HAS GONE TO A CPR/FIRST AID CLASS AND RECEIVED HER CERTIFICATES FOR THESE TRAININGS.</p>	<p style="text-align: right;">03/28/24</p> <p style="text-align: right;">24 APR 11 P 3:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><u>FINDINGS</u> Substitute care giver #2: no documented evidence of CPR/first aid certificate</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;">TO ENSURE THIS DOES NOT HAPPEN AGAIN, A CHART HAS BEEN CREATED TO KEEP TRACT OF REQUIRED TRAININGS AND THEIR RENEWAL DATES FOR PRIMARY CARE GIVER AND SUBSTITUTE CAREGIVERS.</p>	<p style="text-align: right;">03/28/24</p> <p style="text-align: right;">24 APR 11 P 3:46</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> Resident #3: no documented evidence of annual physical exam.</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;">YES, RESIDENT # 3 HAS RECEIVED HIS ANNUAL PHYSICAL EXAM AND A RENEWED PHYSICAL EXAM DOCUMENT HAS BEEN FILLED OUT AND SIGNED BY HIS PCP. THE DOCUMENT HAS BEEN STORED IN RESIDENT #3'S FILES.</p>	<p style="text-align: right;">03/28/24</p> <p style="text-align: right;">24 APR 11 P 3:46</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> Resident #3: no documented evidence of annual physical exam.</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 ORDER TO KEEP TRACT OF ALL RESIDENT'S ANNUAL PHYSICAL EXAM RENEWAL DATES, A CHART HAS BEEN CREATED, SO PCG AND ALL SCG'S ARE ABLE TO SEE THE EXPIRATION DATES AND KNOW WHEN TO SCHEDULE AN APPOINTMENT FOR RENEWAL.</p>	<p style="text-align: right;">03/28/24</p> <p style="text-align: right;">24 APR 11 P3:46</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #5: no documented evidence of annual tuberculosis clearance.</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;">YES, RESIDENT # 5 HAS BEEN BROUGHT TO THE PCP TO REVIEW THEIR ANNUAL TUBERCULOSIS TEST. THE DOCUMENT HAS BEEN KEPT IN RESIDENT # 5'S FILES.</p>	<p style="text-align: center;">03/29/24</p> <p style="text-align: right;">24 APR 11 3:46 STATE OF HAWAII DEPARTMENT OF STATE HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #5: no documented evidence of annual tuberculosis clearance.</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;"> <i>A CHART FOR ANNUAL TUBERCULOSIS EXAMS FOR ALL RESIDENTS HAVE BEEN CREATED TO ENSURE ALL RESIDENTS HAVE UP TO DATE ANNUAL TB EXAMS.</i> </p>	<p style="text-align: right;"><i>03/29/24</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION</small> </p> <p style="text-align: right;"> <small>24 APR 11 13:46</small> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver #2: no documented evidence of annual tuberculosis clearance.</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;">YES, SC # 2 HAS RECEIVED HER RESULTS FOR THE ANNUAL TUBERCULOSIS CLEARANCE AND THIS DOCUMENT HAS BEEN STORED IN SC # 2'S FILES .</p>	<p style="text-align: center;">03/25/24</p> <p style="text-align: right;">24 APR 11 13:46 STATE OF HAWAII HONOLULU STATE DEPT. OF HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver #2: no documented evidence of annual tuberculosis clearance.</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;">A CHART HAS BEEN CREATED TO SHOW THE RENEWAL DATES FOR EACH REQUIRED DOCUMENT THAT PCG AND SCG'S NEED.</p>	<p style="text-align: right;">03/25/24</p> <p style="text-align: right; font-size: small;">STATE OF NEW HAMPSHIRE DEPARTMENT OF STATE CORRECTIONS</p>

24 APR 11 P 3:46

	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 #1: No documented evidence of special diet Menu for special diet of low sodium, low cholesterol, and low potassium.</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;">YES, A PROPER SPECIAL DIET MENU WAS CREATED TO ACCOMMODATE RESIDENTS WHO REQUIRE SPECIAL DIETS. THE MENU IS POSTED IN THE KITCHEN FOR DAILY VIEWING.</p>	<p style="text-align: right;">03/14/24</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DUI & DWI STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">24 APR 11 13:46</p>

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<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 #1 : No documented evidence of special diet Menu for special diet of low sodium, low cholesterol, and low potassium.</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;">TO ENSURE THIS DOESN'T HAPPEN AGAIN, A SPECIAL DIET MENU WILL ALWAYS BE AVAILABLE FOR THOSE RESIDENTS WHO REQUIRE A SPECIAL DIET.</p>	<p style="text-align: right;">08/14/24</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND COMPTROLLER STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">24 APR 11 13:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #3: Centrum multivitamin unlabeled in medication cabinet.</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;">YES, THE CENTRUM MULTIVITAMIN NOW HAS ITS PROPER LABEL WHICH WAS OBTAINED FROM RESIDENT # 3'S PCP.</p>	<p style="text-align: right;">03/14/24</p> <p style="text-align: right;">STATE OF HAWAII FOR ARCH STATE LICENSING</p>

24 APR 11 P 3:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #3: Centrum multivitamin unlabeled in medication cabinet.</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;">TO ENSURE THIS DOESNT HAPPEN IN THE FUTURE, ALL MEDICATIONS WILL BE CHECKED FOR ITS PROPER LABEL. IF NO LABEL IS FOUND THE RESIDENT'S PCP WILL BE CONTACTED TO OBTAIN THE PROPER LABEL.</p>	<p style="text-align: right;">03/20/24</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

24 APR 11 P3:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2: Acetaminophen unlabeled in medication cabinet.</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;">YES, RESIDENT # 2'S PCP WAS CONTACTED TO OBTAIN THE PROPER LABEL FOR ACETAMINOPHEN.</p>	<p style="text-align: right;">03/14/24</p> <p style="text-align: right;">24 APR 11 P3:46</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2: Acetaminophen unlabeled in medication cabinet.</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;">ALL MEDICATIONS WILL BE INSPECTED FOR ITS PROPER LABEL UPON ADMISSION AND IF RESIDENT IS PRESCRIBED WITH NEW MEDICATIONS DURING THEIR STAY.</p>	<p style="text-align: center;">04/09/24</p> <p style="text-align: center;">24 APR 11 P 3:46</p> <p style="text-align: center;">STATE OF MISSISSIPPI JONATHAN STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #5: Conflicting self preservation orders. Unclear if resident is self preserving.</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;">YES, RESIDENT #5 WAS TAKEN TO HIS PCP TO GET RE-ASSESSED FOR SELF PRESERVATION. A SELF PRESERVATION ORDER WAS OBTAINED FROM PCP FOR RESIDENT #5.</p> <p style="text-align: right; font-size: small;">STATE OF LOUISIANA BOURBON STATE LHOUSING</p>	<p style="text-align: right;">03/29/24</p> <p style="text-align: right;">24 APR 11 P 3:46</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #5: Conflicting self preservation orders. Unclear if resident is self preserving.</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;">. TO ENSURE THIS DOESN'T HAPPEN AGAIN, EACH RESIDENT WILL BE TAKEN TO THEIR PCP TO SEE IF THEY ARE CERTIFIED TO TAKE APPROPRIATE ACTIONS FOR SELF PRESERVATION .</p>	<p style="text-align: center;">03/29/24</p> <p style="text-align: center;">24 APR 11 P 3:46</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documented evidence that a fire drill was conducted for the month of August 2023.</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;">YES, THE CORRECT DATE WAS INPUTTED IN THE CHART.</p>	<p style="text-align: right;">03/14/24</p> <p style="text-align: right;">24 APR 11 P 3:46</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documented evidence that a fire drill was conducted for the month of August 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 style="text-align: center;">TO ENSURE THIS DOESN'T HAPPEN AGAIN, ALL INFORMATION THAT IS DOCUMENTED ON THE FIRE DRILL CHART WILL BE DOUBLE CHECKED TO ENSURE THERE ARE NO INCORRECT DATES OR INFORMATION.</p> <p style="text-align: right;">STATE OF IOWA DOSH/MSHA STATE LICENSING</p>	<p style="text-align: center;">03/14/24</p> <p style="text-align: right;">24 APR 11 P 3:46</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____



Armando Rician

04/10/24

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

'24 APR 11 P3:46