

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Daquip Care Home	CHAPTER 100.1
Address: 87-132 Palani Street, Waianae, Hawaii 96792	Inspection Date: September 5, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE LICENSING  
OFFICE  
HAWAII

24 JUN 25 P 1:14

	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><b><u>FINDINGS</u></b>  Primary care giver, Substitute care giver #2, Substitute care giver #3 : No documented evidence of Fieldprint background check.</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>PRIMARY CARE GIVER OBTAINED FIELD PRINT &amp; BOOK GROUND CHECKS. FOR ALL CAREGIVERS.</p> <p style="text-align: right;">STATE LICENSING  STATE OF MARYLAND  JUN 25 11:14 AM '24</p>	<p style="text-align: right;">1/16/24</p>

	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><b><u>FINDINGS</u></b>  Primary care giver, Substitute care giver #2, Substitute care giver #3 : No documented evidence of Fieldprint background check.</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 style="text-align: center;">CARE GIVER WILL NOTE  IN PERSONAL CALENDAR  TO REMIND THEM OF  ANNAL FELD PRINT  BACK GROUND CHECK  FOR ALL CARE GIVERS  FOR YEAR 2025-2027</p> <p style="text-align: right;">STATE OF MICHIGAN  STATE LICENSING  JUN 25 2024  11:14 AM</p>	<p style="text-align: center;">1/16/24</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><b><u>FINDINGS</u></b> Substitute care giver #2, substitute care giver #3: No documented evidence of annual tuberculosis clearance.</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 style="text-align: center;">OBTAINED TB CLEARANCES FOR CAREGIVER #2 &amp; CAREGIVER #3.</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF MARYLAND DEPARTMENT OF LICENSING 24 JUN 25 P 1:14</p> </div>	<p style="text-align: center;">JP</p> <p style="text-align: center;"><del>6/18/24</del></p> <p style="text-align: center;">6/18/24</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><b><u>FINDINGS</u></b> Substitute care giver #2, substitute care giver #3: No documented evidence of annual tuberculosis clearance.</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 style="text-align: center;">           FUTURE PLAN -            CARE GIVER MADE            A NOTE ON <del>THE</del> PERSONAL            CALENDAR <del>TO REMIND</del>            AS A REMINDER TO            OBTAIN ANNUAL T.B.            CLEARANCES.         </p> <p style="text-align: center;">STATE LICENSING 24 JUN 25 P1:14</p>	<p style="text-align: right;">8/18/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b>  Resident #1: no documented evidence medications were reevaluated since May 2022.</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 style="text-align: center;">OBTAINED PHYSICIAN'S  NOTES FROM RESIDENTS  #1 DR.</p> <p style="text-align: right;">STATE OF MARYLAND  DEPARTMENT OF HEALTH &amp; GENERAL SERVICES  STATE LICENSING  JUN 25 11:14 AM '24</p>	<p style="text-align: center;">6/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1: no documented evidence medications were reevaluated since May 2022.</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 style="text-align: center;">         FUTURE PLAN IS          FOR CARE CENTER          TO OBTAIN PHYSICIAN'S          NOTES THAT STATES          ANY CHANGES IN          MEDICATIONS AND          LIST OF CURRENT          MEDS. SHE WILL MAKE A          PERSONAL REMINDER          TO PRINT OUT AFTER VISIT          SUMMARIES AFTER EVERY          APPT.       </p>	<p style="text-align: center;">6/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1: no documented evidence of progress notes for the last twelve (12) months.</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 style="text-align: center;">FUTURE PLAN IS FOR CAREGIVER TO DOCUMENT ANY ADVERSE OBSERVATIONS AND PROVIDE DATE &amp; TIME OF THE EVENT. ANY CHANGES IN CARE PLAN WILL ALSO BE UP DATED &amp; NOTED ON A MONTHLY BASIS. CAREGIVER WILL MAKE A CARD FOR REMINDER TO REMEMBER.</p>	<p style="text-align: right;">6/25/2021</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1: no documented evidence of progress notes for the last twelve (12) months.</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 style="text-align: center;">         PROGRESS NOTES FORM          WAS PROVIDED IN          RESIDENTIAL CHART          FOR CAREGIVER TO          NOTE ANY CHANGES          IN CLIENTS CARE          PLAN; OR ADVERSE          EVENTS,       </p> <p style="text-align: center;"> <small>STATE OF MONTANA          DEPARTMENT OF          STATE LICENSING</small> </p> <p style="text-align: center;">24 JUN 25 P1:14</p>	<p style="text-align: right;">6/25/2024</p>


	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 #1: No documented evidence of medication administration record since September 2022.</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 style="text-align: center;"> MEDIICATION RECORD  FORM WAS ADD TO  RESIDENT #1 CHART FOR  CARE GIVER TO MARK  ON A DAILY BASIS AFTER  ADMINSTRUNG MEDICATION. </p> <p style="text-align: center;"> STATE OF MARYLAND  STATE LICENSING  JUN 25 11:15 AM '24 </p>	<p style="text-align: right;">6/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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CARE GIVER WILL USE  
 13 CALENDAR REMINDER.

	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><b><u>FINDINGS</u></b>  Resident #1: No documented evidence of medication administration record since September 2022.</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 style="text-align: center;"> MEDICATION ADMINISTRATION  FORM WAS ADDED TO  RESIDENT'S CHART  FOR CAREGIVERS TO MARK  AFTER ADMINISTERING  MEDICATION TO RESIDENT. </p> <div style="text-align: right;">  <p>JUN 25 11:15 AM</p> </div>	<p style="text-align: right;">6/25/2024</p>

	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><b><u>FINDINGS</u></b> Resident #1: No documented evidence of medication administration record since September 2022.</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 PLAN IS TO  MANTAIN MEDICATION ADMINISTRATION  CHART &amp; SIGN ON A DAILY  BASIS AFTER ADMINISTERING  MEDICATION/S. A NEW  CHART WILL BE ADDED  AT THE END OF THE  MONTH. CARE GIVER  WILL USE CELL PHONE  REMINDER TO COMPLETE</p>	<p style="text-align: right;">6/25/2024</p> <p style="text-align: right;">24</p>

15 MAR DAILY.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #3: no documented evidence of progress notes for the last twelve (12) months.</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 style="text-align: center;">PROGRESS NOTES FORM WAS ADDED TO RESIDENT #3 CHART FOR CARE GIVEN TO NOTE. DR'S NOTES WERE ALSO ADDED TO RESIDENT'S CHART...</p> <p style="text-align: right;">STATE OF MARYLAND DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right;">24 JUN 25 P1:15</p>	<p style="text-align: right;">6/25/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #3: no documented evidence of progress notes for the last twelve (12) months.</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 style="text-align: center;">         FUTURE PLAN IS TO DOCUMENT ON PROGRESS NOTES ANY CHANGES &amp; OBSERVATIONS OF THE CLIENT &amp; DATE OCCURANCES. CARE GIVER WILL DOCUMENT AT LEAST ONCE A MONTH. CARE GIVER WILL USE CALENDAR       </p>	<p style="text-align: center;">10/25/2024</p>

REMINDER  
17

	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><b><u>FINDINGS</u></b> Resident #3: No documented evidence of medication administration record since September 2022.</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 style="text-align: center;">A MEDICATION CHART WAS PROVIDED IN RESIDENT #3 FOLDER FOR CAREGIVERS TO <del>CHART</del><sup>NO</sup> MARK AFTER ADMINISTERING MEDICATION.</p> <p style="text-align: right;">STATE OF VERMONT DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">24 JUN 25 P1:15</p>	<p style="text-align: center;">6/25/2024</p>

	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: No documented evidence of medication administration record since September 2022.</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>MEDICATION CHARTS WILL BE UPDATED &amp; MAINTAINED ON A DAILY BASIS. A NEW CHART WILL BE ADDED AT THE BEGINNING OF EVERY MONTH. CAREGIVER WILL USE CELL PHONE REMINDER TO MARK MED DAILY</p>	<p>6/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #4: no documented evidence of progress notes for the last twelve (12) months.</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>PROGRESS NOTES FORM WAS ADDED TO CHART FOR CAREGIVER TO NOTE OBSERVATIONS. ALSO COPIES OF DRG. VISITS NOTES WERE PROVIDED IN CHART.</p> <p style="text-align: right;">STATE OF MICHIGAN STATE LICENSING JUN 25 2004 11:15</p>	<p>6/25/2004</p> <p>24 JUN 25 P1:15</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #4: no documented evidence of progress notes for the last twelve (12) months.</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 style="text-align: center;">FUTURE PLAN IS TO DOCUMENT RESIDENTS PROGRESS, ANY BEHAVIORAL ISSUES, MEDICATION REACTIONS &amp; DATE ACCORDINGLY WHEN THE INCIDENT OCCURS. CAREGIVER WILL ALSO MAKE ENTRY OVERAN ON A MONTHLY BASIS. CAREGIVER WILL USE CALENDAR REMINDERS.</p>	<p style="text-align: right;">6/25/24</p>

	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 #4: No documented evidence of medication administration record since September 2022.</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 style="text-align: center;">MEDICATION CHART FOR RESIDENT #4 WAS MADE AND ADDED TO RESIDENTS CHART.</p>	<p style="text-align: right;">6/25/2024</p>

STATE BOARD OF NURSING  
STATE BOARD OF NURSING  
JUN 25 1:15 '24

	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><b><u>FINDINGS</u></b>  Resident #4: No documented evidence of medication administration record since September 2022.</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 style="text-align: center;"> FUTURE PLAN IS TO  DEVELOP MEDICATION  CHART FOR ALL RESIDENTS  UPON ADMISSION &amp;  HAVE THEM MARKED  DAILY. CAREGIVER  WILL USE CELLPHONE  REMINDER. </p> <div style="text-align: right; font-size: small;"> STATE OF MICHIGAN  DEPARTMENT OF  STATE LICENSING  JUN 25 11:15 AM '24 </div>	<p style="text-align: center;">6/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  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:</p> <p>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  No documented evidence of monthly weight of residents.</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 style="text-align: center;">A MONTHLY WEIGHT CHART IS DEVELOPED AND MAINTAINED IN RESIDENTS CHART.</p> <div style="text-align: right; margin-top: 20px;"> STATE OF MARYLAND  STATE LICENSING  JUN 25 2024 1:15 PM </div>	<p style="text-align: center; vertical-align: middle;">6/25/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  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:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u>  No documented evidence of monthly weight of residents.</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 FUTURE PLAN IS TO MAINTAIN WEIGHT CHART &amp; WEIGHT RESIDENT AT LEAST ON A MONTHLY BASIS</p> <p>CARE GIVER WILL USE CALENDAR REMINDER TO OBTAIN MONTHLY WEIGHTS FOR ALL RESIDENTS.</p> <p style="text-align: right;">24 JUN 25 P1:15</p>	<p>6/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #5: no documented evidence of progress notes since admission.</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 style="text-align: center;">A CHART WAS DEVELOPED FOR RESIDENT #5 FOR CARE GUIDE TO MAINTAIN RESIDENTS DEVELOPMENTS.</p> <p style="text-align: center;">PROGRESS NOTES HAVE BEEN ADDED TO CHART.</p> <p style="text-align: right;">24 JUN 25 PM 1:15</p>	<p style="text-align: center;">6/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #5: no documented evidence of progress notes since admission.</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 style="font-size: 1.2em;">FUTURE PLAN - ALL CHARTS WILL BE REVIEWED AND UPDATED ON A MONTHLY BASIS FOR ANY MAINTENANCE AND PROGRESS. A CHART WAS DEVELOPED FOR RESIDENT #5.</p> <p style="font-size: 1.2em;">CARE GIVER WILL USE CAUTION DOOR REMINDER.</p> <div style="text-align: right; font-size: 0.8em; opacity: 0.5;">       STATE LICENSING        DIVISION        JUN 25 11:15 AM '24     </div>	<p style="font-size: 1.5em; text-align: right;">6/25/2024</p>

	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><b><u>FINDINGS</u></b>  Resident #5: No documented evidence of medication administration record since admission.</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 style="text-align: center;">RESIDENT #5 CHART  WAS MADE AND UPDATE</p> <p style="text-align: right;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING  JUN 25 2024 1:15 PM</p>	<p style="text-align: center;">6/25/2024</p>

	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 #5: No documented evidence of medication administration record since admission.</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 style="text-align: center;"> FUTURE PLAN - CAREGIVER  WILL DEVELOPE &amp; MAINTAIN  CHARTS FOR DRUG  ADMISSION OF NEW RESIDENTS  CARE GIVER WILL GENERATE  ADMISSION CHECKLIST  AND WILL ADD CELLPHONE  REMINDER TO COMPLETE  MR DAILY. </p>	<p style="text-align: center;">6/25/2024</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;"><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 style="text-align: center;">ALL RESIDENTS PROVIDING CARE HAS TAKEN THEIR ANNUAL T.B. TEST AND IS CURRENT</p> <p style="text-align: right;">STATE LICENSING JUN 24 2024 24 JUN 25 P1:16</p>	<p style="text-align: center;">0/25/2024</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><b><u>FINDINGS</u></b> Resident #5: No documented evidence of annual tuberculosis clearance.</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 FUTURE PLAN IS TO MAINTAIN A CALENDAR TO REMIND CARE GIVER TO UPDATE T.B. CLEARANCE ANNUALLY.</p> <p style="text-align: right;">STATE LICENSING DIVISION JUN 25 2016 1:16 PM</p>	<p>6/25/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> General register no up to date.</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 style="text-align: center;">YES, THE EXISTING CHART WAS UPDATED AND CURRENTLY MAINTAINED</p> <p style="text-align: center;">GENERAL REGISTER HAS BEEN UPDATED.</p> <p style="text-align: right;">STATE LICENSING DIVISION STATE</p> <p style="text-align: right;">24 JUN 25 P1:16</p>	<p style="text-align: center;">6/25/2024</p>



<p>Completion Date</p>	<p>PLAN OF CORRECTION</p>	<p>RULES (CRITERIA)</p>	<p><input checked="" type="checkbox"/></p>
<p>6/25/2021</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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 Plan - A general registration folder will be maintained and updated when residents are admitted and discharged.</p> <p>ADMISSION AND DISCHARGE CHECK LIST WILL BE MAINTAINED.</p> <p>STATE OF OHIO DEPT. OF PUBLIC SAFETY STATE LICENSING</p> <p>JUN 25 P1:16</p>	<p>§ 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 General register no up to date.</p>	

Licensee's/Administrator's Signature: Eunice S. Daguis  
Print Name: Eunice S. Daguis  
Date: June 23, 2024

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING

24 JUN 25 P 1:16