

Office of Health Care Assurance

'24 APR 12 P2:08

State Licensing Section

STATE OF HAWAII
DOH-0100
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fernandez, Carlina (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 137B Hokulani Street, Hilo, Hawaii 96720	Inspection Date: March 18, 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	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 (SCG) #1 – Annual tuberculosis clearance not signed by a physician or APRN.</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>Yes I corrected this deficiency. Inside was a copy of T.B test of care giver NO. 1 and signed by the doctor</i></p>	<p style="text-align: center;"><i>7-3-24</i></p> <p style="text-align: center;">24 JUL 15 P 1 54</p> <p style="text-align: center;">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> Substitute Care Giver (SCG) #1 – Annual tuberculosis clearance not signed by a physician or APRN.</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>From now on, whenever a care giver submits their TB clearance to me, I will immediately review it to ensure it is signed by a physician or APRN. In addition, I will review all TB clearances every 4 months to ensure all clearances are available and up to date for all care givers. I will put a note on the front of my binder with the dates. I will review the clearances to serve as a reminder for me.</p>	<p style="text-align: right; font-size: 2em;">7-31-24</p> <p style="text-align: right; font-size: 0.8em;">24 AUG -5 P3:04</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE LIBRARY</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> SCG #3 – No documented evidence of annual tuberculosis clearance available.</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>Yes I corrected this deficiency. Inside is a copy of her T.B test of sub. NO. 3. Remind to submit their T.B test as soon as they get it and submit it to me on time before inspection.</i></p>	<p style="text-align: right;"><i>7-3-24</i></p> <p style="text-align: center;"><i>2</i></p> <p style="text-align: right;">24 JUL 15 P1:54</p>

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES

	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> SCG #3 – No documented evidence of annual tuberculosis clearance available.</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>In the future I make sure that the copy is always in the binder, so I will not miss and be ready anytime ^{on} inspection day.</i></p>	<p style="text-align: right;"><i>4-24-24</i></p> <p style="text-align: center;">STATE OF CALIFORNIA DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">24 APR 12 P2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 and #2 – No documented evidence of first aid certification available.</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>yes, I corrected the deficiency. I let them go to the first aid and CPR class when the instructor was available</i></p> <p style="text-align: right; font-size: small;">STATE OF GEORGIA DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;"><i>3-25-24</i></p> <p style="text-align: center;">24 APR 12 P2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 and #2 – No documented evidence of first aid certification available.</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>In the future I make sure that ^{they} completed the first aid training with the CPR. I have to always remember it, so it won't happen again</i></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: right;"><i>3-25-24</i></p> <p style="text-align: right;">24 APR 12 P2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – No documented evidence of training by the primary care giver to make prescribed medications available to residents.</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>yes, I corrected the deficiency I trained my substitute after she finish her classes and sign it.</i></p> <p style="text-align: right;">STATE OF MICHIGAN DOH-5100A STATE LICENSING</p>	<p style="text-align: right;"><i>4-24-24</i></p> <p style="text-align: right;">24 APR 12 P2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – No documented evidence of training by the primary care giver to make prescribed medications available to residents.</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>In the future I make sure that I will train her that prescribed medicines are always available to the residents, so it won't happen again.</i></p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: right;"><i>4-24</i> 4-24</p> <p style="text-align: right;">24 APR 12 P2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #2 – No documented evidence of annual diet order signed by resident's physician.</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>yes, I corrected the deficiency. I went to doc. office and tell them that bananas, carrots, ensure are not diet order. So I asked the doctor to write down diet order</i></p> <p style="text-align: right; font-size: small;">STATE OF IOWA DOH-0104 STATE LICENSING</p>	<p style="text-align: right;"><i>4-24-24</i></p> <p style="text-align: right;">24 APR 12 P2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of annual diet order signed by resident's physician.</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>In the future, I will let the doc. put the diet order on P.E form, not the food that she eat. Check the form before leaving the office that its complete, so it won't happen again.</i></p> <p style="text-align: right;">STATE OF NEW JERSEY DPM-ORCA STATE LICENSING</p>	<p style="text-align: center;"><i>4-4-24</i></p> <p style="text-align: right;">24 APR 12 P 2:08</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 – Melatonin 3 mg orally at bedtime on signed orders from 10/16/2023; however, Melatonin has not been included on medication administration record (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>Yes I corrected the deficiency. if our patient is admitted from facility and was ordered melatonin, I should asked doc. prescription and get the medicine from the pharmacy. and I have to include in my mar, was ordered PRN</i></p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DORIS A STATE LICENSING</p>	<p style="text-align: right;"><i>4-4-24</i></p> <p style="text-align: right;">24 APR 12 P2:08</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 – Melatonin 3 mg orally at bedtime on signed orders from 10/16/2023; however, Melatonin has not been included on medication administration record (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;"><i>I will twice monthly, review all orders completely for accuracy, with the MAR and medications labels. I will note on my calendar when reviews are due. I will have the substitute caregiver review with me to ensure accuracy.</i></p>	<p style="text-align: center;"><i>6-4-24</i></p> <p style="text-align: right;">24 JUN 17 P2 107</p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</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 – Lidocaine 5% topical patch included in 10/16/2023 medication orders; however, Lidocaine 4% patch available instead.</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>yes I corrected the deficiency</i></p> <p style="text-align: center;"><i>I explained to the doc. about the order of 5% and pharmacy. told me to get the 4% and it's my mistake. I should not follow what the pharmacist told me. But patient now keep taking it out if I put it. and finally doctor discontinue today.</i></p>	<p style="text-align: center;"><i>4-4-24</i></p> <p style="text-align: center;"><i>4-9-24</i></p> <p style="text-align: center;">24 APR 12 P2:08</p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

	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 – Lidocaine 5% topical patch included in 10/16/2023 medication orders; however, Lidocaine 4% patch available instead.</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>In the future if doc. prescribed medicine 5% topical patch, I will follow, not using 4% which the pharmacy told me to get. In the future I have to follow doc. order, so it won't happen again.</i></p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;"><i>4-4-24</i></p> <p style="text-align: right; font-size: small;">24 APR 12 P 2:08</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 – Tylenol 650 mg orally twice daily on 10/6/2023 medication orders; however, not included on signed orders from 10/16/2023, and no order to discontinue medication available. Medication is available with resident's other medications but has not been included on MAR since October 2023 admission, despite being ordered as routine, twice daily.</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>yes I corrected my defecency Went to the doctor office and requested to discontinue the 650mg tylenol, but then doctor order 500 mg BID instead.</i></p>	<p style="text-align: right;"><i>6-12-24</i></p> <p style="text-align: right;">24 JUN 17 P2:07</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF STATE LICOENCS</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 – Tylenol 650 mg orally twice daily on 10/6/2023 medication orders; however, not included on signed orders from 10/16/2023, and no order to discontinue medication available. Medication is available with resident's other medications but has not been included on MAR since October 2023 admission, despite being ordered as routine, twice daily.</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>I will, twice monthly, review all orders completely for accuracy, with the MAR and medication labels. I will note on my calendar when reviews are due. I will have the substitute caregiver review with me to ensure accuracy.</i></p>	<p style="text-align: right;"><i>6-4-24</i></p> <p style="text-align: right;">24 JUN 17 P2:06</p> <p style="text-align: right; font-size: small;">STATE LICENSING</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 – <u>5 mg</u> Melatonin tablets included with resident's medications; however, order for Melatonin <u>3 mg</u> orally at bedtime was discontinued on 1/16/2024.</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>yes, I corrected the deficiency I asked the doc about melatonin 3mg tablets that was discontinued 1-16-24, but had 5mg melatonin in medication, I mention that he was not given the medicine, because client is sleeping good. so she discontinue it 4-9-24 already.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;"><i>4-4-24</i></p> <p style="text-align: right; font-size: small;">24 APR 12 P2:07</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 – <u>5 mg</u> Melatonin tablets included with resident's medications; however, order for Melatonin <u>3 mg</u> orally at bedtime was discontinued on 1/16/2024.</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 twice monthly, review all orders completely for accuracy, with the PAE and medication labels. I will note on my calendar when reviews are due. I will have the substitute caregiver review with me to ensure accuracy.</i></p>	<p style="text-align: right;"><i>6-4-24</i></p> <p style="text-align: right;">24 JUN 17 P2:07</p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF LICENSING</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 – Medications reevaluated but not signed every four (4) months since 10/16/2023.</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;"><i>yes I corrected the deficiency. I found the signed updated medications in another folder where I signed all medications daily.</i></p>	<p style="text-align: center;">4-4-24</p> <p style="text-align: right;">24 APR 12 P 2:07</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
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	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 – Medications reevaluated but not signed every four (4) months since 10/16/2023.</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;"><i>In the future I will have to update every four months the medication orders, and sign by the doctor. Place them all under doc. orders all together in my big folder so it can be seen on my inspection day. I have to be more careful so it won't happen again.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>4-4-24</i></p> <p style="text-align: right;">24 APR 12 P 2:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #3 – No annual tuberculosis clearance as TB attestation form was filled out in lieu of a tuberculosis skin test.</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>yes I corrected my defecency. I will bring Takashi to Dept. of Health for T.B test today and reading on Wednesday.</i></p> <p><i>I bring patient to the dept. of health, but they don't do public on the line now. we have to make appt now. So the appt date is 4-15-24 and reading is 4-17-24 after results come I will submit it.</i></p>	<p style="text-align: center;"><i>4-8-24</i></p> <p style="text-align: right;">24 APR 12 PZ:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No annual tuberculosis clearance as TB attestation form was filled out in lieu of a tuberculosis skin test.</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>In the future I will have my client had T-B test before physical exam. I make sure that T-B test will not be expired or within the year before physical. But schedule of physical exam was always postpone. So, next time I will make sure that TB is always ready before his PE.</i></p> <p style="text-align: right;">STATE OF MARYLAND COMMUNITY CARE STATE LICENSING</p>	<p style="text-align: right;"><i>4-8-24</i></p> <p style="text-align: right;">24 APR 12 P 2:07</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><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to diet and medications.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>STATE OF HAWAII BERNICE A STATE LICENSING</p> <p>24 APR 12 P 2:07</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><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to diet and medications.</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>To ensure that all progress notes will include residents response to diet, medications, activities and treatments, I will chart my notes by starting 1 problem, 2 action taken, 3 residents response and 4 follow up action taken. I will post a note to remind me of items to include in my notes, on the front of my progress notes section. I will also review the progress notes with a substitute care giver for accuracy. so it won't happen again</i></p>	

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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2 – No weights taken since June 2023, and no order to discontinue weights from physician or APRN available.</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>Yes I corrected my deficiency. Went to doc. office and told them why they didn't take the weight of my client on P.E time. Client couldn't stand up, and doctor sign it.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DQM, SHCA STATE LICENSING</p>	<p style="text-align: center;"><i>4-4-24</i></p> <p style="text-align: center;">24 APR 12 P2:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2 – No weights taken since June 2023, and no order to discontinue weights from physician or APRN available.</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>In the future if they don't take the weight on P.E time. I will let doctor know that she will write it down and sign it, that patient couldn't stand up.</i></p>	<p style="text-align: right;"><i>4-4-24</i></p> <p style="text-align: right;">24 APR 12 P2:07</p> <p style="text-align: right; font-size: small;">STATE OF MARIANA REGISTRATION STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Weight on care profile from 10/3/2023 = 141 lbs. Weight on physical exam from 10/9/2023 = 143 lbs. Weight from 10/9/2023 admission assessment = 130 lbs. Thirteen (13) lb. discrepancy in weight from physician and care home.</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;">STATE OF MICHIGAN DH-6100 STATE LICENSING</p>	<p style="text-align: center;">4-4-24</p> <p style="text-align: right;">24 APR 12 P 2:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 –Weight on physical exam from 10/9/2023 = 143 lbs. Weight from 10/9/2023 admission assessment = 130 lbs. Thirteen (13) lb. discrepancy in weight from physician and care home.</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>In the future I will make sure the discrepancy won't happen. I have to check my weigh scale, battery might be wrong.</i></p>	<p style="text-align: right;"><i>4-27-24</i></p> <p style="text-align: right;">24 APR 12 P 2:07</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF 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> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – January 2024 weight record = 142 lbs. February weight record = 150 lbs. No documented evidence physician was notified of eight (8) lb. weight gain in one (1) month.</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 MONTANA DOP-ORCA STATE LICENSING</p>	<p style="text-align: right; font-size: x-large;">4-4-24</p> <p style="text-align: right; font-size: small;">24 APR 12 P 2:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 – January 2024 weight record = 142 lbs. February weight record = 150 lbs. No documented evidence physician was notified of eight (8) lb. weight gain in one (1) month.</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>In the future if weight gain in a month is more than 5 lbs. I have to notify the doctor about it. Ask about what will I do why he is gaining weight. make an appt. to see the doc. and check on him. But client is eating good at the home, cause before he was living by himself.</i></p>	<p style="text-align: right;"><i>4-4-24</i></p> <p style="text-align: right;">24 APR 12 P2:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #2 – Continuing education topics do not include the amount of credit hours per topic. Unable to calculate continuing education hours completed.</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>Yes I corrected my deficiency. I let her go to work in service already. I ask her to let her supervisor to put her many hours the job in service she had monthly.</i></p> <p style="text-align: right;">STATE OF MARYLAND DOR-ORCA STATE LICENSING</p>	<p style="text-align: right;"><i>4-4-24</i></p> <p style="text-align: right;">24 APR 12 P2:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #2 – Continuing education topics do not include the amount of credit hours per topic. Unable to calculate continuing education hours completed.</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>In the future I make sure that she has completed the 12 hours in service in a year</i></p> <p style="text-align: right;">STATE OF HAWAII DOR-0100 STATE LICENSING</p>	<p style="text-align: right;"><i>4-4-24</i></p> <p style="text-align: right;">'24 APR 12 P2:07</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> All fire drills within the past year were conducted between 8 am and 11 am.</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;">STATE OF HAWAII DEPT. OF COM. STATE LICENSING</p>	<p style="text-align: right;">4-4-24</p> <p style="text-align: right;">24 APR 12 P 2:07</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> All fire drills within the past year were conducted between 8 am and 11 am.</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>In the future I will conduct fire drill in varied times. I have to do it at the evening or early morning too.</i></p> <p style="text-align: right; font-size: small;">STATE OF MARIAN DORIS A STATE LICENSING</p>	<p style="text-align: center;"><i>4-4-24</i></p> <p style="text-align: center;">24 APR 12 P2:06</p>

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 4-10-24

24 APR 12 P 2:06
STATE OF MICHIGAN
DOG SHOW
STATE LICENSING

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 6-13-24

STATE OF TEXAS
DEPARTMENT OF
STATE LICENSING

24 JUN 17 P2:06

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 7-8-24

STATE OF TEXAS
DEPARTMENT OF
STATE LICENSING

24 JUL 15 P 1:54

4

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 7-31-24

STATE OF TEXAS
DEPARTMENT OF
STATE LICENSING

24 AUG -5 P 3:03