

State Licensing Section

STATE LICENSING  
SECTION  
STATE OF HAWAII

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Flojo Quality Affordable Care Home</b>       | <b>CHAPTER 100.1</b>                             |
| <b>Address:<br/>1159 Kuokoa Street, Pearl City, Hawaii 96782</b> | <b>Inspection Date: February 22, 2024 Annual</b> |

**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>§11-100.1-3 <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><br/>Substitute Caregiver (SCG) #1 – Fieldprint clearance unavailable for review.</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>No.</p> <p>SCG # 1 resigned effective 10/25/2023. She left without a forwarding address and Telephone number. At this time, I don't know where she is.</p> | <p style="text-align: center;">3/6/2024</p> <p style="text-align: right;">24 MAR -8 18:46</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>FINDINGS</b><br/>Substitute Caregiver (SCG) #1 – Fieldprint clearance unavailable for review.</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>&gt; I will create a field print log for my employees that includes due dates for initial hire. (new hire - 2 consecutive years and routine clearance (every other year.)</p> <p>&gt; Field print log will be put in a care home binder</p> | <p>4/29/2024</p> <p style="text-align: right;">24 APR 29 09:12</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date        |
|-------------------------------------|---|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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>FINDINGS</b><br/>Resident #1 – 4/2023 progress note was completed on 3/31/23, prior to month occurring</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> | <p>24 MAR -8 18:46</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 – 4/2023 progress note was completed on 3/31/23, prior to month occurring</p> <p>24 APR 29 09:12<br/>STATE LICENSING</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>&gt; I posted a reminder note on my case home binder to double check the dates for accuracy when completing progress notes and signing off.</p> | <p>4/29/2024</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date   |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B)<br/>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b><br/>Fire evacuation pathway obstructed with dolly/cart.</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>Yes</p> <p>On 2/22/24 We removed the dolly immediately from the fire evacuation pathway and placed it temporarily in the garage. As of 3/6/2024 the dolly is placed permanently in the space beside the cabinet storage on the left side of family house.</p> <p>On 2/22/24 the cart (clothes drawer) was removed immediately and placed in the space on the right side of the care home. Then on 2/24/2024 the cart (clothes drawer) was permanently disposed in Waipahu Refuse Dump. To ensure compliance that there is a clear and unobstructed access to a safe area of refuge at all times.</p> | <p>3/4/2024</p> <p style="text-align: right;">24<br/>MMP-8<br/>MMP-46</p> |

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| ☒ | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B)<br/>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b><br/>Fire evacuation pathway obstructed with dolly/cart.</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>I shall removed everything that would block the fire evacuation pathway such as dolly/cart (clothes drawers) and other bulky equipment or supplies.</p> <p>I shall inspect the outside surroundings of the Family side and Case Home side daily, weekly, and monthly to ensure compliance that fire evacuation pathway is not obstructed at all times.</p> | <p style="text-align: right;">3/6/2024</p> <p style="text-align: right;">24 MAR -8 10:46</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT<br/>DEPARTMENT OF<br/>STATE POLICE</p> |

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|-------------------------------------|--|---|--------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D)<br/>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b><br/>Monthly fire drills did not include any drills performed during hours of darkness.</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF MAINE<br/>DEPT. OF<br/>STATE LICENSING</p> | <p>24 MAR - 8 AS 146</p> |



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'24 APR 29 A9:12

STATE OF CONNECTICUT  
DEPARTMENT OF  
STATE LICENSING

Licensee's/Administrator's Signature: *C. B. Floyd*

Print Name: CEAUF B. FLOYD

Date: 3/6/2024

STATE OF IOWA  
DEPARTMENT OF  
STATE LICENSING  
24 MAR -8 18:46

Licensee's/Administrator's Signature: CMS/Log5  
Print Name: CAROL B. FLOID  
Date: 4/29/2024

'24 APR 29 A9:12

STATE BOARD OF  
STATE LICENSING