

State Licensing Section

STATE OF HAWAII
DOH-01CA
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Island ARCH	CHAPTER 100.1
Address: 86-120 Hoaha Street, Waianae, Hawaii 96792	Inspection Date: February 27, 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>§11-100.1-3 <u>Licensing</u>. (b)(1)(l) 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 caregiver (SCG) #1 – No documentation of background check clearance completed. Submit a copy of the documentation with your plan of correction (POC).</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>The following background check was done for SCG #1 Field print was done with a green light fitness determination date of 2/24/23. Ecrim certified record with no convictions found was done on 1/30/2022 and 11/1/2023 These documents were removed from the carehome folder and archived when SCG #1 left the carehome.</p>	<p>yes</p> <p>2/27/24</p>

STATE OF HAWAII
DON ORSA
STATE LICENSING

24 MAR 20 08:18

	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 caregiver (SCG) #1 – No documentation of background check clearance completed. Submit a copy of the documentation with your plan of correction (POC).</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>Plan of correction.</i></p> <p><i>Evidence of completed background check clearance will not be archived when a caregiver leaves the care home and will be kept in the care home folder until the yearly audit is completed.</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DON-ORCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/27/24</i></p> <p style="text-align: right;">24 MAR 20 08:18</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>FINDINGS SCG #1 - No documentation of physical examination completed. Submit a copy of the documentation with your POC.</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>Physical Exam was obtained for SCG #1 on 12/1/2022 as documented on the attached Physical Exam. It was due for Renewal on 12/1/2023 2/27/24 this documents was removed from the care home folder and archived when SCG #1 left the care home.</p>	<p style="text-align: center;">Yes</p> <p style="text-align: right;">24 MAR 20 08:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-PIKA STATE LICENSING</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> SCG #1 – No documentation of physical examination completed. Submit a copy of the documentation with your POC.</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>Plan of correction</i></p> <p><i>Documentation of completed Physical Exam will not be archived when a caregiver leaves the care home and will be kept in the care home folder until the yearly audit is completed.</i></p>	<p style="text-align: right;"><i>2/27/24</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">24 MAR 20 18:18</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 #1 – No documentation of tuberculosis (TB) clearance (initial and/or current) completed. Submit a copy of the documentation with your POC.</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>TB clearance</i> <i>TB clearance was obtained for SCG #1 as documented on the attached certificate of TB Examination. It was due for renewal on 12-7-2023. This document was removed from the carehome folder and archived when SCG #1 left the carehome.</i></p>	<p><i>yes</i></p> <p><i>2/27/24</i></p> <p style="text-align: right;">24 MAR 20 08:18 STATE OF IOWA POL-ENR/A STATE LICENSING</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 #1 – No documentation of tuberculosis (TB) clearance (initial and/or current) completed. Submit a copy of the documentation with your POC.</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>Plan of Correction.</i></p> <p><i>Documentation of completed (TB) clearance will not be archived when a caregiver leaves the care home and will be kept in the care home folder until the yearly audit is completed.</i></p>	<p style="text-align: right;"><i>2/27/24</i></p> <p style="text-align: right;">24 MAR 20 08:18</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS SCG #1 – No documentation of first aid certificate. Submit a copy of the documentation with your POC.</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>First Aid certificate was obtained on 7-10-2022 as documented by the attached copy of the certificate. This certificate was removed from the care Home folder and archived when SCG #1 left the care Home.</p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">2/27/24</p> <p style="text-align: right;">24 MAR 20 08:18 STATE OF HAWAII DUNFORD STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS SCG #1 – No documentation of first aid certificate. Submit a copy of the documentation with your POC.</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>Plan of correction. Documentation of completed First aid clearance will not be archived when a caregiver leave the care home and will be kept in the care home folder until the yearly audit is completed.</p>	<p style="text-align: center;">2/27/24</p> <p style="text-align: right;">24 MAR 20 08:18</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE PERSONNEL</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>FINDINGS SCG #1 – No documentation that caregiver received a training from the primary caregiver (PCG) to make medications available. Records show SCG #1 administered medications from 3/11/23-3/21/23. Submit a copy of the PCG training documentation with your POC.</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>Documentation of caregiver TRAINING SCG #1 received skills training from PCG including medication administration on 6/15/2015. Documentation of such training was removed from the carehome folder and archived after SCG #1 left the care home.</p>	<p style="text-align: center;">yes</p> <p style="text-align: right;">2/27/24</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">24 MAR 20 08:18</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 documentation that caregiver received a training from the primary caregiver (PCG) to make medications available. Records show SCG #1 administered medications from 3/11/23-3/21/23. Submit a copy of the PCG training documentation with your POC.</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>Plan of correction.</i></p> <p><i>Documentation of completed SCG skills training from PCG that includes Medication Administration will not be archived after a caregiver leaves the care home and will be kept in the care home folder until the yearly audit is complete.</i></p>	<p style="text-align: right;"><i>2/27/24</i></p> <p style="text-align: right;">-24 MAR 20 08:18</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 – No documentation of cardiopulmonary resuscitation certificate. Submit a copy of the documentation with your POC.</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>Documentation of CPR. SCG #1 reviewed cardio Pulmonary Resuscitation Training and certificate on 7-10-2023 which was good until 7-10-2024. Documentation of such training was removed from the care home folder and archived after SCG #1 left the care Home.</p>	<p style="text-align: center;">yes</p> <p style="text-align: center;">2/27/24</p> <p style="text-align: right;">24 MAR 20 18:18</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DOH-OSCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 – No documentation of cardiopulmonary resuscitation certificate. Submit a copy of the documentation with your POC.</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>Plan of Correction:</i> Documentation of completed CPR training and certificate will not be archived after a caregiver leaves the care home and will be kept in the care home folder until the yearly audit is completed.</p>	<p style="text-align: right;">2/27/24</p> <p style="text-align: right;">24 MAR 20 08 18</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #2 – Admission form dated and signed by physician on 2/8/24 indicated ARCH level of care (LOC). However, resident is receiving case manager services and case manager assessment indicated ICF LOC. Please clarify the LOC with the physician and submit documentation with your POC.</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>When Resident was admitted to the hospital on 2/4/2024 her LOC was ICF. When she was discharged on 2/8/2024 the discharge paperwork showed LOC was changed to ARCH. PCG clarified with PCP and PCP changed her LOC from ICF to ARCH on her LOC Assessment form. However Resident continued to receive case management services. PCG clarified with RN Case Manager and he indicated that the resident's LOC should be ICF based on her care needs. PCG discussed with PCP and he agreed that the LOC should be ICF. He (PCP) then again changed</p>	<p style="text-align: center;">5/21/24</p> <p style="text-align: center;">24 MAY 24 09:19</p>

14 the LOC from ARCH to ICF. on May 21, 2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #2 – Admission form dated and signed by physician on 2/8/24 indicated ARCH level of care (LOC). However, resident is receiving case manager services and case manager assessment indicated ICF LOC.</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>To prevent such confusions in the future whenever there is a change in LOC, PCG will clarify with PCP, Discharging Physician and case manager and make sure that all are in agreement and that the appropriate LOC will be indicated in the discharge summary before the resident goes home to facility. PCG will also obtain initials or signature from all three parties (PCP, Discharging Physicians and case manager) to signify their agreement and awareness to such change.</p>	<p>5/21/24</p> <p>24 MAY 24 09:19</p>

	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>FINDINGS Resident #2 – Diet order dated 2/7/24 indicated “Regular mechanical soft.” No special diet menu available for mechanical soft diet. Submit a copy of the special die menu with your POC.</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>Resident #2 Special diet Resident #2 was hospitalized on Feb. 4-8 at Queen West. Discharge Summary on Feb. 8 indicated that Resident #2 will be on Regular diet. although Physician order dated Feb. 7 indicated "Regular Mechanical Soft". Resident #2 was at the hospital on Feb. 4-8-2024. PCG understood that Regular Diet as ordered on Feb. 8 Discharge Summary superseded the Physician order for Regular Mechanical Soft on Feb. 7. Consequently, PCG did not obtain Regular Mechanical Soft diet. Resident #2 Physician clarified on 3/7/2024 that resident 16 will be on Regular diet.</p>	<p style="text-align: right;">3/7/24</p> <p style="text-align: right;">24 MAR 20 08:17</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #2 – Diet order dated 2/7/24 indicated “Regular mechanical soft.” No special diet menu available for mechanical soft diet.	<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>In the event that there is a changed to resident's diet when hospitalized (or for any reason). PCG will clarify with PCP, Discharging Physician and Case Manager any changes to residents diet before discharge. PCG will make sure that the agreed upon diet will be clearly indicated on the discharge summary and have all parties initial the discharge summary to signify their agreement and awareness to such change.</p>	<p style="text-align: center;">5/21/24</p> <p style="text-align: center;">24 MAY 24 09:19</p>

PCG will immediately contact ¹⁷ the contracted Registered Dietician and obtain the appropriate menu for resident placed

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Found expired food items in the refrigerator: 2 boxes of puto mix (expired 11/4/23) and opened Cotto salami (expired 1/10/24)</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>EXPIRED Food Items in the Refrigerator.</p> <p>EXPIRED food items were immediately removed from the refrigerator and discarded.</p>	<p style="text-align: center;">yes</p> <p style="text-align: center;">2/27/24</p> <p style="text-align: right;">24 MAR 20 08:17 STATE OF HAWAII DENVER STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p>FINDINGS Found expired food items in the refrigerator: 2 boxes of puto mix (expired 11/4/23) and opened Cotto salami (expired 1/10/24)</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Plan of correction. PCG and SCG will check the food EXPIRATION dates regularly (weekly) and discard accordingly. PCG will make sure that NO opened OR unopened food items that are past expiration date will be in the refrigerator at any time. PCG will post a check list on the refrigerator door to be initiated</p>	<p>2/27/24</p> <p>24 MAR 20 08:17</p>

by the person who did the weekly check and indicate the date when

STATE OF HAWAII
HONOLULU
STATE LIQUOR STORE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Five loose pills were noted inside the medication cabinet storage. The pills were not secured in a bottle container or bubble packs.</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>Loose pills in Medicine cabinet. Immediately collected loose pills and secured in a container and disposed according to our policy on disposing unused Medication.</p>	<p>Yes</p> <p>2/27/24</p> <p style="text-align: right;">24 MAR 20 18:17</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Five loose pills were noted inside the medication cabinet storage. The pills were not secured in a bottle container or bubble packs.</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>Plan of correction.</i> <i>PCG will make sure that there will be no loose medication inside the medication cabinet and dispose unused medication immediately according to our disposal policy. Document the reason for unused medication in the care home log.</i></p>	<p style="text-align: right;"><i>2/27/24</i></p> <p style="text-align: right;">24 MAR 20 08:17</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DONOR 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>FINDINGS Resident #1 – Physician order sheet (January 2023, July 2023, October 2023) and medication administrator record (MAR) for April 2023, September 2023, October 2023, and December 2023 did not indicate the care home name.</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>Physician order sheets and Medication Administration record for Resident # 1 that were missing the care home name were immediately updated to indicate care home name.</p>	<p style="text-align: center;">yes</p> <p style="text-align: center;">2/27/24</p> <p style="text-align: center;">24 MAR 20 18:17</p> <p style="text-align: center;">STATE OF HAWAII DOH 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 – Physician order sheet (January 2023, July 2023, October 2023) and medication administrator record (MAR) for April 2023, September 2023, October 2023, and December 2023 did not indicate the care home name.</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>Plan of Correction Created Master Forms that included care home name and make and make copies for future use to make sure that forms will always contain carehome name. Post a reminder in the folder where we keep the blank forms to remind PCG and SCG to check if the form indeed contain the care home name.</p>	<p style="text-align: right;">2/27/24</p> <p style="text-align: right;">24 MAR 20 08:17</p> <p style="text-align: right; font-size: small;">STATE OF NEW HAMPSHIRE DH-01000100 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 – February 2023 MAR shows PM medications were initiated as administered by the PCG on 2/28/24 (one day ahead).</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;">24 MAR 20 08:16</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH 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 – February 2023 MAR shows PM medications were initialed as administered by the PCG on 2/28/24 (one day ahead).</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>PCG will always make sure to double check and pay attention for the date of the month before signing the Med sheet. Circle the initial and write error and make a note at the back of the MAR (Medicine Administration Record) and note that Med was not given.</p>	<p style="text-align: center;">2/27/24</p> <p style="text-align: right;">24 MAR 20 18:16</p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Fire drills conducted from February 2023 to May 2023, and July 2023 to February 2024 show there was only one (1) caregiver present to evacuate two (2) non-self preserving residents.</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>24 MAR 20 08:16</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1)(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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Fire drills conducted from February 2023 to May 2023, and July 2023 to February 2024 show there was only one (1) caregiver present to evacuate two (2) non-self preserving 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>Currently there's one responsible adult on the premises for each non-self preserving resident at all times. PCG will ensure that it continues and document it by creating a log that shows the names of responsible adults present on a daily basis.</p> <p>PCG will also ensure that responsible adults participate in the monthly fire drills by having them sign on the monthly fire drill log.</p>	<p style="text-align: right;">24 MAY 24 09:19 5/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><u>FINDINGS</u> Front exit equipped with three (3) combined locks. Submit documentation (photo of the doors) that one lock is removed with your POC.</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; font-size: 1.2em;">The third lock on the front door was immediately removed.</p>	<p style="text-align: right; font-size: 1.2em;">2/27/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF ILLINOIS STATE LICENSING DIR-0100A</p> <p style="text-align: right; font-size: 0.8em;">24 MAR 20 18:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><u>FINDINGS</u> Front exit equipped with three (3) combined locks.</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>To ensure that door locks are in compliance with the regulations, PCG will create a monthly check list to record any replacement done by the maintenance department and make sure that it is in compliance with the regulation by attaching a copy of the regulation to the Monthly checklist as reference.</p>	<p style="text-align: right;">24 MAY 24 APR 24 5/21/24</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>FINDINGS No fire drill was completed for June 2023.</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: center;">24 MAR 20 08:16</p> <p style="text-align: center;">STATE OF IOWA Dept of Public Safety STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 Fire safety. (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>FINDINGS No fire drill was completed for June 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>Fire Drills are scheduled at the beginning of each month to ensure that no month is missed. PCG will post a reminder on the bulletin board and refrigerator door. In addition to such reminders PCG will audit the fire drill log on the 15th of each month to ensure that no month(s) are missed.</p>	<p style="text-align: right;">24 MAY 24 09:19</p> <p style="text-align: right;">5/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS SCG #1 - No documentation of case manager training completed in providing daily personal and specialized care.</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>SCG #1 received training from case manager on March 28, 2023. Documentation for such training was removed from the care home folder and archived after SCG #1 left the care home.</p>	<p style="text-align: right;">2/27/24</p> <p style="text-align: right;">24 MAR 20 18:16</p> <p style="text-align: center;">STATE OF HAWAII DHE-MSA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS SCG #1 - No documentation of case manager training completed in providing daily personal and specialized care.</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>Plan of correction. Documentation of completed training in daily and specialized care received from case Manager will not be archived after a caregiver leaves the care home and will be kept in the care home folder until the yearly audit is completed.</p>	<p style="text-align: right;">2/27/14</p> <p style="text-align: right;">24 MAR 20 08:16</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS Resident #1 – No documentation that the case manager had face-to-face contact with the resident for August 2023 and January 2024.</p>	<p>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;">24 MAR 20 08:16 STATE OF IOWA DOT-UTVA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the case manager had face-to-face contact with the resident for August 2023 and January 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>PCG, make note on the monthly progress report when the case manager comes to the care home for the monthly face to face visits. PCG will audit the resident folder at the end of every month to ensure that the documentation of each visit is received from the case manager each month. PCG will double check the information on such documentation including the date and year of the visits</p>	<p style="text-align: center;">24 MAY 24 09:19</p> <p style="text-align: right;">5/21/24</p>

to ensure that it is accurate.

Licensee's/Administrator's Signature: Thelma Sianquita

Print Name: THELMA SIANQUITA

Date: 3-19-24

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

24 MAR 20 08:16

Licensee's/Administrator's Signature: Thelma Sianguita

Print Name: THELMA SIANGUITA

Date: 5-23-2024

STATE OF TEXAS
MAY 24 2024
STATE LICENSING

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