

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ma & Pa's Runaway Home	CHAPTER 100.1
Address: 1430 Akuleana Place, Kailua, Hawaii 96734	Inspection Date: December 7, 2023 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
LICENSING DIVISION

'24 JUN 26 P 4:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG) – No record that six (6) hours of continuing education credits were obtained in the past twelve months.</p> <p>Please submit evidence of six (6) hours of continuing education units with your plan of correction. These hours will not count towards your 2024 annual inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I attended 6 hours already for the year 2023.</p> <p><i>See attached</i></p>	<p>02/05/2024</p> <p style="text-align: right;">24 JUN 26 P 4:00</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DEPARTMENT OF REVENUE STAFF: [unreadable]</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG) – No record that six (6) hours of continuing education credits were obtained in the past twelve months.</p> <p>Please submit evidence of six (6) hours of continuing education units with your plan of correction. These hours will not count towards your 2024 annual inspection.</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 will attend my 6 credit hours prior my annual inspection in December</p> <p>- I attend ARCA'S program every 3rd Thursday for 1 hr. via online - email.</p>	<p>02/05/2024</p> <p style="text-align: right;">*24 JUN 26 P 4:00</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> Household member (HM) #1 – Most recent physical exam was dated 4/5/2022. Per PCG, the appointment was 4/5/2023. Physician inadvertently wrote it wrong. The date was not clarified.</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>Yes, the deficiency was corrected when I went to see the Doctor</p>	<p>12/20/2023</p>
			<p style="text-align: right;">24 JUN 26 P 4:00 STATE OF IOWA BOHEMIA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> Household member (HM) #1 – Most recent physical exam was dated 4/5/2022. Per PCG, the appointment was 4/5/2023. Physician inadvertently wrote it wrong. The date was not clarified.</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 will Double check all forms are completed correctly when returned to me and before annual inspection</p> <p>-check every month -double check paper and clarification w/ Doctor.</p>	<p>12/23/2023</p> <p style="text-align: right;">*24 JUN 26 P 4:00</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DOM-CALIA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Fire drills were conducted monthly, but it was between 10am and 3pm only.</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 JUN 26 P 4:00</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Fire drills were conducted monthly, but it was between 10am and 3pm only.</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>When planning the next fire drill there will be hours before breakfast and after 3pm. I'll remember this rule.</p> <p><i>- 15th - of every month at various of the day.</i></p>	<p>12/15/2023</p>
			<p style="text-align: right;">24 JUN 26 P 4:00</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Per PCG, there were four (4) weeks menus saved in PCG's laptop. PCG was unable to print them out because the laptop was broken. Only one (1) week of menus were available at home.</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>12/Yes, Menus were taken care of, it is posted in kitchen and with clients.</p> <p><i>-4 week menu is available</i></p>	<p>12/15/2023</p>
			<p style="text-align: right;">24 JUN 26 P 4:00</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Per PCG, there were four (4) weeks menus saved in PCG's laptop. PCG was unable to print them out because the laptop was broken. Only one (1) week of menus were available at 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>I will have all 4 menus ready at all times to avoid broken laptops from happening.</p>	<p style="text-align: center;">12/15/2023</p> <p style="text-align: center;">24 JUN 26 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Posted menus were too small for the residents to see.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, Printed Bigger Version</p>	<p style="text-align: center;">12/08/2023</p> <p style="text-align: right;">24 JUN 26 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Posted menus were too small for the residents to see.</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 will enlarge all print to avoid the problem of not being able to see the print.</p>	<p>12/08/2023</p> <p style="text-align: right;">24 JUN 26 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS Lunch menu was ½ a can of chicken breast, 1 Fufu, Romaine Lettuce, Blueberries, Tomato sliced, WG Bread (2 slices), Mayonnaise, Iced Tea, Water. Lunch served was one sliced whole wheat bread, turkey cold cuts, lettuce, corn chips, mayonnaise, grapes. No menu substitution recorded. Menu substitution form was not available at 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;">24 JUN 26 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Lunch menu was ½ a can of chicken breast, 1 Fufu, Romaine Lettuce, Blueberries, Tomato sliced, WG Bread (2 slices), Mayonnaise, Iced Tea, Water. Lunch served was one sliced whole wheat bread, turkey cold cuts, lettuce, corn chips, mayonnaise, grapes. No menu substitution recorded. Menu substitution form was not available at 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>I will make sure we follow through on menu and have a substitute menu as well in case I can't follow through with what is written</p> <p><i>- document anything that will change in menu substitution</i> <i>- train SCG to document Menu substitution as well.</i></p>	<p>12/08/2023</p> <p style="text-align: right;">24 JUN 26 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Milk was unavailable to adequately serve four (4) 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>yes, milk was bought specially for residents</p>	<p>12/08/2023</p> <p style="text-align: right;">24 JUN 26 PM 4:00 <small>STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES</small></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Milk was unavailable to adequately serve four (4) 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>Milk will be supplied for three days minimum in case of an emergency or no milk at all.</p> <p>- do grocery shopping at least once a week @ cafe way.</p> <p>- train SCS to purchase enough milk.</p>	<p>12/08/2023</p> <p style="text-align: right;">24 JUN 26 P 4:00</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE HEALTH DEPT.</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 #1 – No current diet order. Most recent order is dated 11/8/2022.</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>Yes, PCP signed off regular Diet</p>	<p>02/12/2024</p> <p style="text-align: right;">*24 JUN 26 P 4:00</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DEPARTMENT OF REVENUE STATE LICENSING</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 #1 – No current diet order. Most recent order is dated 11/8/2022.</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>Remember paperwork needs to be updated one year later. I need to check all paperwork is up to date</p> <p>- review once a month when Progress Notes are put in.</p>	<p>02/13/2024</p>
		<p>- if order is required, I will contact the physician w/in 24 hrs.</p>	<p style="text-align: right;">24 JUN 26 P 4:00</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Per record, a verbal order for “1 Ensure 325 calories once a day” was received on 10/30/2023. The Ensure available at home was Ensure Original 220 calories. Please clarify with 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>Patient died</p> <p>- unable to clarify</p>	<p>01/19/2024</p>
			<p style="text-align: right;">24 JUN 26 P 4:00 STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Per record, a verbal order for “1 Ensure 325 calories once a day” was received on 10/30/2023. The Ensure available at home was Ensure Original 220 calories. Please clarify with 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>Make sure Ensure matches what the Doctor Orders at all times. Family should be informed of this as well and not just buy the cheapest.</p> <p>- I will review order and supplies once a month.</p> <p>- clarify with physician when family brings something different from order.</p>	01/19/2024
		<p style="text-align: right;">STATE OF MARYLAND DOH - WIA STATE LICENSING</p>	:24 JUN 26 P 4:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Posted cardiac diet menu does not meet the requirements for cardiac diet.</p> <p>Please submit menus (7 days) for department review.</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>Yes, but got no response. Diet was changed to Regular Diet by PCP.</p> <p><i>-Reg. Diet Menu was attached</i></p>	<p>02/13/2024</p>
			<p style="text-align: right;">STATE OF HAWAII DOMESTIC STATE LICENSING 24 JUN 26 P 4:00</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><u>FINDINGS</u> Posted cardiac diet menu does not meet the requirements for cardiac diet.</p> <p>Please submit menus (7 days) for department review.</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>Make sure Diet follows the guidelines that cardiac diet follows at all times</p> <p>contact staff ODCA Nutritionist. if there questions or concerns</p>	<p>02/13/2024</p> <p style="text-align: right;">24 JUN 26 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – No label for bottle of 81 mg aspirin. Corrected during inspection.</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 JUN 26 P 4:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – No label for bottle of 81 mg aspirin. Corrected during inspection.</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>Prepare label when Doctor orders Patient OTC pills at all times.</p> <p style="text-align: center;">—</p> <p style="text-align: center;"><i>as soon as OTC enter our home</i></p>	<p>12/08/2024</p> <p style="text-align: right;">24 JUN 25 P4:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No initial tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident died a month later</p>	<p style="text-align: center;">01/19/2024</p> <p style="text-align: right;">24 JUN 25 P4:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No initial tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>make sure all paperwork is current and up to date before inspection.</p> <p>- TB is on admission check list will be used as a reminder.</p> <p>- Review week within one week of ADMISSION.</p>	<p>01/19/2024</p> <p style="text-align: right;">24 JUN 26 PM 4:01</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 #1 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, it was done as soon as Possible after the annual inspection</p>	<p style="text-align: center;">12/08/2023</p> <p style="text-align: right;">24 JUN 26 P 4:01</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 #1 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All paperwork should be checked and done before inspection</p> <p><i>- If they stay over a year, they must have a new physical/TB</i> <i>- made a self-reminder (on my phone)</i></p>	<p>12/08/2023</p> <p style="text-align: right;">24 JUN 26 P4:01</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 #1 – No annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, annual Physical exam was done the following week</p>	<p style="text-align: center;">12/08/2023</p> <p style="text-align: right;">24 JUN 26 P4:01 STILLSON</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 #1 – No annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All paperwork must be current and complete before annual inspection.</p> <p>-if they stay longer than a year, They must get an annual physical,</p> <p>- made a reminder (on phone)</p>	<p>12/08/2023</p>
			<p style="text-align: right;">24 JUN 26 P4:01</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS 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> (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 – No progress notes for November 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: right;">24 JUN 26 P 4:01</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DIVISION OF STATE LICENSING</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 – No progress notes for November 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>Progress Notes are done beforehand and printed.</p> <p>-daily documentation, if there behavior or any events need to be documented</p> <p>-also at the end of the month</p>	<p>12/08/2023</p>
			<p style="text-align: right;">24 JUN 26 P4:01</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>§11-100.1-17 <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> Residents' weights for November 2023 and December 2023 were not recorded in the "HEIGHT AND MONTHLY WEIGHT RECORD" form.</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>yes, weight it taken monthly and recorded</p>	<p>12/08/2023</p>
			<p style="text-align: right;">24 JUN 26 P 4:01 STATE LIBRARIAN STATE LIBRARIAN</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> Residents' weights for November 2023 and December 2023 were not recorded in the "HEIGHT AND MONTHLY WEIGHT RECORD" form.</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>Remember to take weight in the beginning of every month. It is a monthly thing as well.</p> <p><i>-review monthly, to see if its done</i></p>	<p>12/08/2023</p>
			<p style="text-align: right;">24 JUN 26 P 4:01</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DIVISION OF STATE LICENSING</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register, "Religion" was not recorded for two (2) current 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>yes. it was corrected on the same day of inspection</p>	<p>12/07/2023</p>
			<p style="text-align: right;">24 JUN 26 P 4:01</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY DEPT. 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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register, "Religion" was not recorded for two (2) current 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>Paperwork should be filled out. If I dont know the answer put n/a till' you do know. No spaces should be left everything must be filled out or call the ask the family member as soon as Patient walks in your Doors.</p>	<p>12/08/2023</p>
		<p style="text-align: right;">STATE OF HAWAII DIVISION OF STATE LICENSING</p>	<p style="text-align: right;">24 JUN 26 P 4:01</p>

Licensee's/Administrator's Signature: Sinaitakala Teaua

Print Name: Sinaitakala Teaua

Date: Jun 6, 2024


Sinaitakala & Teaua

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

24 JUN 26 P 4:01