

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malamaimua Care Home LLC	CHAPTER 100.1
Address: 47-508 Haanopu Way, Kaneohe, Hawaii, 96744	Inspection Date: April 30, 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
☒	<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 education experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b>  Primary caregiver (PCG) – 0 out of 6 continuing education hours completed within the last year.  <i>Submit documentation of 6 hours training sessions completed with your plan of correction (POC).</i></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>I had completed my six hours CE. Please See email copies of my CE's. I made a reminder list for myself and as to when our annual requirements are due. This reminder is posted on the carehome bulletin board. I will review this reminder list monthly to ensure compliance.</p>	<p>6/12/2024</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><b><u>FINDINGS</u></b> Primary caregiver (PCG) - 0 out of 6 continuing education hours completed within the last year.</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 made a reminder list for myself and SCG as to when our annual requirements are due. This reminder is posted on the carehome bulletin board. I will review this reminder list monthly to ensure compliance.</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><b><u>FINDINGS</u></b>  PCG – No current annual physical exam.  <i>Submit documentation with your POC.</i></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>Obtained my Annual physical exam. See email copy of annual PE.</p>	<p>6/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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><b><u>FINDINGS</u></b> PCG – No current annual physical exam.</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 created a reminder list of when PCG/SCG annual requirements are due. This is posted on our bulletin board. I will check this reminder list every month to ensure compliance.</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><b><u>FINDINGS</u></b> No menus available for review. <i>Submit a copy of your menus with your POC.</i></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>Posted our new menu on the refrigerators door. See email copy of the menu</p>	<p>6/20/2024</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><b><u>FINDINGS</u></b> No menus available 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><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 posted our new menu on the refrigerator door. See email copy of the menu. In our weekly meeting every Thursday afternoon, we will review our menu and will make sure it is in conspicuous place for the substitute caregiver to follow daily and also for the family members to see</p>	<p>7/2/2024</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><b><u>FINDINGS</u></b>            No menus were posted in the kitchen and the dining area.</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>Posted our new menu on the refrigerator door/Dinning area.I immediately posted the menu in conspicuous places(kitchen and dinning area)the same day of inspection</p>	<p>7/12/2024</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><b><u>FINDINGS</u></b> No menus were posted in the kitchen and the dining area.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Posted our new menu on the refrigerator's door and dinning area. See email copy of menu. In our weekly staff meeting every Thursday afternoon, I will discuss with my SCG about our menu and that it must be posted in the kitchen and dinning area.</p>	7/12/2024

**RULES (CRITERIA)**



§11-100 1-13 Nutrition (c)  
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.

**FINDINGS**

Resident #2 No documented evidence of annual diet order signed by the resident's physician.  
*Submit documentation of the renewed diet order with your POC.*

**PLAN OF CORRECTION**

**PART 1**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

I called the PCP for new diet order.  
See email copy of the renewed diet order.

Completion  
Date

5/16/24

	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><b><u>FINDINGS</u></b>  Resident #2 – No documented evidence of annual diet order signed by the resident's physician.</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 have created a list of what is required annually for the residents and will check it at least once every quarter. The annual checklist includes:</p> <ul style="list-style-type: none"> <li>- physical exam</li> <li>- tb exam</li> <li>- diet order.</li> </ul>	<p>7/20/2024</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><b><u>FINDINGS</u></b> Resident #1 – Conflicting supplement orders dated 3/11/2024 = “Glucerna Ther Nutri shake <u>Lactose free 1 bottle twice daily as needed</u>” and “Glucerna Nutri shake <u>1 bottle daily</u>.” No documented evidence orders were clarified with the physician. <i>Submit a copy of the order clarification with your POC.</i></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>I called the PCP to clarify resident #1 supplement order See email of new order clarification.</p>	<p>5/17/2024</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><b><u>FINDINGS</u></b>  Resident #1 – Conflicting supplement orders dated 3/11/2024 = “Glucerna Ther Nutri shake <u>Lactose free 1 bottle twice daily as needed</u>” and “Glucerna Nutri shake <u>1 bottle daily</u>.” No documented evidence orders were clarified with the physician.  <i>Submit a copy of the order clarification with your POC.</i></p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I have included a reminder note in the MAR to ensure residents have MD. order for any medication or supplements. If unable to get written POS f from MD, i will write a "verbal" order in the Physicians order form. The MD order will be filled in their binder under POS tab.</p>	5/17/2024

	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><b><u>FINDINGS</u></b> Resident #1 – The following medication orders from 10/12/2023, not listed on medication administration record (MAR), and no documented order to discontinue: Losartan 100 mg 1 tab po qd, Melatonin 3 mg 2 tabs po qhs, and Senna 8.6 mg 1 tab po qd prn. <i>Clarify orders with the physician and submit documentation with your POC.</i></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>I had called the PCP of resident #1 to obtain a written order for the following medications: Losartan 100mg 1 tab PO qd, Melatonin 3mg 2 tabs qhs and Senna 8.6mg 1 tab PO QD prn.. These medications were listed on the MAR. I had obtained the discontinued order for these medications listed above. Please see email copy. of the order.</p>	<p>5/24/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medication orders from 10/12/2023, not listed on medication administration record (MAR), and no documented order to discontinue: Losartan 100 mg 1 tab po qd, Melatonin 3 mg 2 tabs po qhs, and Senna 8.6 mg 1 tab po qd pm. <i>Clarify orders with the physician and submit documentation with your POC.</i></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 have a reminder note in the MAR to ensure each resident has an MD or verbal order for each medication or supplement. I will review these orders for clarification and write it down in the MAR. I will review the MAR weekly with my SCG during our staff meeting every Thursday afternoon.</p> <p>See email copy of POS.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services</u>, (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The plan of care does not reflect the shower schedule (Tuesday, Friday, and Sunday), as stated by Substitute caregiver (SCG) #1.  <i>Submit a copy of the revised plan of care with your POC.</i></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>I have included and revised the plan of care to reflect the shower schedule of resident #1 (Tue/Fri/Sun). Please see email copy of the revised plan of care.</p>	<p>6/20/2024</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The plan of care does not reflect the shower schedule (Tuesday, Friday, and Sunday), as stated by SCG #1.</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>In the future, when making a schedule of activities, I will include resident's scheduled grooming time.</p> <p>I have created a reminder note filed in my care home binder on what to include when making a schedule of activities for all my resident. This note will be checked each time I admit a new resident or readmit a resident.</p> <p>I have also trained my substitute care giver to review my paper works and let me know if anything is missing.</p>	7/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1 - Progress notes do not reflect resident's response to as needed treatments provided on March 16-18 and 26-28, 2024.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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 - Progress notes do not reflect resident's response to as needed treatments provided on March 16-18, and 26-28, 2024.</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 included in my reminder note in the MAR to document in progress note every month for. any changes, response to treatment or any PRN given, etc. In have attached the blank progress note with the resident's MAR to have it available if need to document an event or changes</p>	<p>6/20/2024</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><b><u>FINDINGS</u></b> Resident #1 - Plan of care on file is missing the resident's name and date, and emergency information sheet was not updated to reflect resident's current medications. <i>Submit a copy of the corrected plan of care and emergency information sheet with your POC.</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I completed the plan of care with resident name and date. I also completed the emergency sheet that reflects residents current medications. These are filed in the residents binder. See email copy for the corrected plan of care and emergency info sheet.</p>	<p>6/20/2024</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><b><u>FINDINGS</u></b>            Resident #1 - Plan of care on file is missing the resident's name and date, and emergency information sheet was not updated to reflect resident's current medications.  <i>Submit a copy of the corrected plan of care and emergency information sheet with your POC.</i></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 created a reminder note to fill out all missing areas of the forms. I have trained my substitute care giver to review my paper works to make sure there is no blanks and that we are compliant. This reminder note is placed on my care home binder and will be reviewed each time we update forms.</p>	<p>7/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> SCG #1 did not know the process, nor the bleach to water mixture for sanitizing dishes despite covering for the POC during his absence. <i>Submit documentation that SCG #1 is retrained regarding the process for sanitizing dishes with your POC.</i></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>I posted the process on sanitizing the dishes with bleach to water mixture on top of the sink for PCG?SCG to follow.I will review this process with the staff on our weekly meeting every Thursday afternoon .</p>	<p>6/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment, (b)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b> SCG #1 did not know the process, nor the bleach to water mixture for sanitizing dishes despite covering for the PCG during his absence. <i>Submit documentation that SCG #1 is retrained regarding the process for sanitizing dishes with your POC.</i></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 posted the process on sanitizing the dishes with bleach to water mixture on top of the sink for PCG/SCG to follow.</p> <p>I will review this process with the staff on our weekly meeting every Thursday afternoon.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> The pillowcase, mattress sheet, and curtain in Bedroom #4 appear to have dried blood stains.</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>we removed the pillowcase, mattress sheet and curtain in bedroom #4 that had blood stains, we washed and sanitized the sheets that has blood stains right away.</p>	<p>6/2024</p>




	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  The pillowcase, mattress sheet, and curtain in Bedroom #4 appear to have dried blood stains.</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>In my daily environmental checklist, residents' bedroom must be checked for cleanliness, sanitize as needed and to remove soiled sheets/pillowcase daily.</p> <p>PCG/SCG review this checklist daily located in front of the refrigerator.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (m)(2) Family or living room:</p> <p>The family room shall be equipped with reading lamps, tables, chairs and other appropriate furnishings for the use and comfort of the residents but shall not include beds;</p> <p><b><u>FINDINGS</u></b> Unresolved issue since 2/6/24 inspection – Full size bed observed in the facility's living room for the staff to sleep in.</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>The full size bed had been removed and replaced with reading lamps, tables, and chair..</p>	<p>6/7/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (m)(2) Family or living room:</p> <p>The family room shall be equipped with reading lamps, tables, chairs and other appropriate furnishings for the use and comfort of the residents but shall not include beds;</p> <p><b><u>FINDINGS</u></b> Unresolved issue since 2/6/24 inspection – Full size bed observed in the facility’s living room for the staff to sleep in.</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 will post the note 11-100. 1-23 Physical environment (m)(2) Family or living room</p> <p>"The family room shall be equipped with reading lamps, tables, chairs and other appropriate furnishings for the use and comfort of the residents but shall not include beds."</p> <p>This note will be visible to review monthly on the bulletin board.</p>	


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> Pillows in bedrooms do not have pliable plastic covers, nor residents' initials on them. Pillows are discolored (yellow stained).</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>Part of my daily environment checklist posted in the refrigerator door is to clean and sanitize residents room pillow cases or mattresses. The environmental checklist is signed off everyday by staff.</p>	6/7/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p><b>Bedroom furnishings:</b></p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> Pillows in bedrooms do not have pliable plastic covers, nor residents' initials on them. Pillows are discolored (yellow stained).</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>Part of my daily environmental checklist posted in the refrigerator door is to clean/sanitize residents' room, pillowcases or mattresses.</p> <p>The environmental checklist is signed off everyday by staff.</p>	

Licensee's/Administrator's Signature:  \_\_\_\_\_

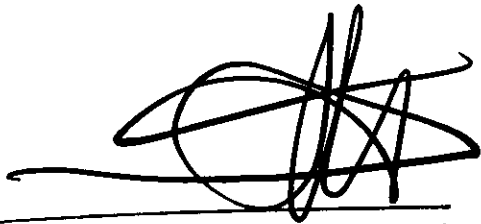
Print Name: Franklin R Valiente

Date: 07/19/2024

Licensee's/Administrator's Signature:  \_\_\_\_\_

Print Name: franklin valiente \_\_\_\_\_

Date: 07/20/2024 \_\_\_\_\_



Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: Franklin Valiente

Date: 5/20/2024