

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care B, LLC	CHAPTER 100.1
Address: 2240 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: March 8, 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)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Current Fieldprint clearance unavailable.</p> <p>Submit a copy with plan of correction.</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>SCG #1 completed fieldprint clearance on 2/28/23 - instructed once receive results to send to office to input.</p>	<p style="text-align: center;">03/09/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Current Fieldprint clearance unavailable.</p> <p>Submit a copy with plan of correction.</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>To prevent further deficiency from occurring PCG (DON) reeducated SCG #1 on fieldprint and how it does need to be for 2 years in a row than every 2 years thereafter, per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is</p>	<p style="text-align: center;">03/09/2024</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>  SCG #1 – Current physical examination unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Physical completed on 3/28/24</p>	<p style="text-align: center;">03/02/2024</p>

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<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>  SCG #1 – Current physical examination unavailable for review.</p> <p>Submit a copy with plan of correction.</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>To prevent further deficiency from occurring PCG (DON) reeducated SCG #1 on the need for annual physical per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been</p>	<p style="text-align: center;">03/08/2024</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><b><u>FINDINGS</u></b> SCG #2 – Initial tuberculosis (TB) clearance unavailable for review.</p> <p>Submit copy of initial positive PPD reading with plan of correction. If positive PPD unavailable, submit 2-step PPD clearance.</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>Quantiferon TB Gold Plus labs done on 4/5/2023 received results. 4/12/2024</p>	<p style="text-align: center;">04/12/2024</p>

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<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><b><u>FINDINGS</u></b> SCG #2 – Initial tuberculosis (TB) clearance unavailable for review.</p> <p>Submit copy of initial positive PPD reading with plan of correction. If positive PPD unavailable, submit 2-step PPD clearance.</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>To prevent further deficiency from occurring PCG (DON) reeducated SCG #3 on the need for initial 2-step documentation and 1-step annually thereafter per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with</p>	03/08/2024

	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 – Faxed order form signed by physician on 12/28/23 for MiraLAX PRN; however, order not reflected on 12/2023 medication administration record (MAR).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Faxed order form signed by physician on 12/28/23 for MiraLAX PRN; however, order not reflected on 12/2023 medication administration record (MAR).</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 did find that the order was on the last page of the PRN section of Resident #1's December MAR in the Care Home.</p> <p>To prevent this from happening again, staff were reeducated on the importance of double-checking the MAR before administering medication and matching it to the previous MAR to make sure that no orders were missed or left out. MSC will work closely with Pharmicare who creates and distributes our MARs so that there is a decreased risk of a missing order on the MAR. All staff when receiving new medication orders must follow up with the pharmacy and send the order via fax either stamped for profile only or please send med. Additionally, they will profile the new order on the current MAR and physician order form which is picked up on the 15th of every month (or the next business day). Pharmicare uses the physician orders form to edit and modify MAR to reflect current orders.</p>	<p style="text-align: center;">03/11/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 2/5/24 states, “OK to take cramp defense [1 tab] PO daily PRN for cramps up to six times per day”; however, medication label does not reflect this order.</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>The label was changed to reflect the current order on 3/8/2024..</p>	<p>03/08/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 2/5/24 states, “OK to take cramp defense [1 tab] PO daily PRN for cramps up to six times per day”; however medication label does not reflect this order.</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>To ensure this does not happen again care home SCGs core team were all reeducated/in-serviced by DON &amp; ADON, PCG's) on the importance of labels matching current orders and MAR. With OTC medications labels should be changed once the new order is received and two RN, LPNs, trained CNA's must look at the label for review.</p>	03/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  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 current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Inventory of possessions/valuables unavailable for admission on 2/8/24.</p> <p>Submit a copy of current inventory with plan of correction.</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>Inventory completed and signed by POA o.: 3/24/24.</p>	<p style="text-align: center;">03/24/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  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 current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Inventory of possessions/valuables unavailable for admission on 2/8/24.</p> <p>Submit a copy of current inventory with plan of correction.</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>To ensure this doesn't happen again, Care Home core staff were in-serviced/re-educated by DON (PCG) on the importance of taking inventory of possessions/valuables at admission and every year thereafter. Staff expressed their understanding of the policy and contacted resident #2's POA to come to the Care Home and conduct an inventory check and sign off on the inventory document.</p>	03/15/2024

	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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress note for 2/2024 did not include observations to the resident’s response to “no added salt, no concentrated sweets, chopped diet” ordered by physician on 2/6/24.</p>	<p style="text-align: center;">PART 1</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>	

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<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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress note for 2/2024 did not include observations to the resident’s response to “no added salt, no concentrated sweets, chopped diet” ordered by physician on 2/6/24.</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>To ensure this doesn't happen again all Manoa Senior Care staff were reeducated on monthly summaries and the importance of correct diet documentation. To ensure this does not happen again, both house SCGs (RN, LPN, and Trained CNA) must review the monthly summary and sign off on it at the end of the month. This will help ensure that the monthly summary is correct and that the diet reflects residents' current diet.</p> <p>See attached memo.</p>	<p style="text-align: center;">03/15/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Consultant registered dietitian assessment not available in resident's record.</p> <p>Submit a copy with plan of correction.</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>Consult registered dietitian assessment completed on 2/7/2024.</p>	02/07/2024



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Consultant registered dietitian assessment not available in resident's record.</p> <p>Submit a copy with plan of correction.</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>To be sure this doesn't happen again all staff were communicated and informed to print out the registered dietitian assessment and place it in the resident's record. In this case the documentation was present but was located in the wrong location.</p>	<p style="text-align: right;">03/11/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Condom catheter treatment discontinued on 10/5/23; however, per 1/2024 MAR, condom catheter treatment resumed despite no physician’s order to restart treatment.</p> <p>Submit an updated physician’s order to restart treatment with plan of correction.</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 resident is no longer utilizing a condom catheter. No new order is needed.</p>	03/11/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Condom catheter treatment discontinued on 10/5/23; however, per 1/2024 MAR, condom catheter treatment resumed despite no physician's order to restart treatment.</p> <p>Submit an updated physician's order to restart treatment with plan of correction.</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>It was found that staff had written down a nursing order for the condom catheter because the resident placed it himself and removed himself. Additionally, PCG instructed staff that no physician order was needed, rather a nursing order would be sufficient. Going forward if the resident is to start utilizing condom catheter again, staff were educated that a Physician order is necessary. The staff displayed understanding.</p>	03/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drill conducted on 4/16/23 did not include the duration of time taken to safely evacuate residents from the facility.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drill conducted on 4/16/23 did not include the duration of time taken to safely evacuate residents from the facility.</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>To prevent this from happening again in the future, DON (PCG) reeducated care home staff on fire drills and the importance of documenting the time it safely takes to evacuate residents. DON (PCG) used teach-back techniques and staff members were able to teach back the proper procedure.</p>	03/11/2024

Licensee's/Administrator's Signature: JoAnna Vietor, DON

Print Name: JoAnna Vietor, DON

Date: 04/12/2024