

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marina's Adult Residential	CHAPTER 100.1
Address: 1344 Hoolaulea Street, Pearl City, Hawaii 96782	Inspection Date: December 27, 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 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).

RECEIVED
STATE LICENSING SECTION
JAN 28 2024
AM 1:40

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG) – No current Fieldprint result. Substitute Care Giver (SCG) #1 – There was a current Fieldprint result, but fingerprint screening was not included.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will write myself reminders when documents need to be updated or renewed.</i></p> <p><i>I will use a current correct code for Fieldprint</i></p> <p><i>I will review the result once it comes in</i></p>	<p style="text-align: right;">24 JAN 25 AM 1:40</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <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>FINDINGS Primary Care Giver (PCG) – No current Fieldprint result. Substitute Care Giver (SCG) #1 – There was a current Fieldprint result, but fingerprint screening was not included.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG went to get a current fingerprinting. Result is pending.</p> <p>PCG's Fieldprint result obtained and printed See attached</p> <p>SCG #1 appointment for Fieldprint fingerprinting made. See attached.</p> <p>Result was obtained</p>	<p>1/19/24</p> <p>1/23/24</p> <p>24 JAN 25 AM 1:40</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS PCG, SCG #2, #3, Household member (HM) #1 – No current annual physical exam.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG obtained a current annual physical exam. See attached</p> <p>SCG #2 and HM #1 has a future appointment next week.</p> <p>SCG #3 no longer works in the home.</p> <p>SCG #2 PE obtained See attached</p>	<p>1/22/24</p> <p style="text-align: right;">24 JAN 25 AM 1:40</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	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>FINDINGS SCG #1 – No initial tuberculosis (TB) clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Copy of initial TB clearance obtained from SCG #1 and filed in home binder See attached</p>	<p style="text-align: center;">1/23/24</p> <p style="text-align: right;">24 JAN 25 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</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>FINDINGS SCG #1 – No annual TB clearance. TB risk assessment and attestation screening form was signed and dated by physician on 10/12/2023. There was no record of positive PPD skin test and negative chest x-ray result available. Thus, there was no annual TB clearance.</p> <p>Please submit a copy with you POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Obtained a copy of SCG #1 positive PPD skin test and negative chest x-ray and filed in the home binder See attached</i> </p>	<p style="text-align: right;"><i>1/23/24</i></p> <div style="text-align: right;">  <p>STATE OF HAWAII STATE LICENSING</p> <p>24 JAN 25 AM 1:39</p> </div>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No record that PCG trained SCG #1 to make prescribed medication available to 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 style="text-align: center;"><i>SCG #1 was trained and SCG training form was completed.</i></p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: right;"><i>12/27/23</i></p> <p style="text-align: right;">24 JAN 25 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-PSAC STATE LICENSING</p>

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	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 are 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;"><i>Enlarged menus are posted for the residents to see.</i></p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: right;">24 JAN 25 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	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>FINDINGS Residents #1 and #2 – No menus for “Regular, no added salt” diet.</p> <p>Please clarify with physician about the type of diet and 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 style="text-align: center;"><i>Resident #1 and #2 are provided a menu for Regular, no added salt diet and posted in the dining area.</i></p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: center;"><i>Regular diet order was received</i></p>	<p style="text-align: center;">24 JAN 25 AM 11:39</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Residents #1 and #2 are on "Regular, no added salt" diet. Regular diet was provided for lunch on the inspection day. Please clarify with physician about the type of diet.</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;"><i>Regular diet was received for both residents #1 & #2</i></p>	<p style="text-align: center;"><i>12/27/23</i></p> <p style="text-align: right;">24 JAN 25 AM 11:38 STATE OF HAWAII 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>. (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> Residents #1 and #2 are on "Regular, no added salt" diet. Regular diet was provided for lunch on the inspection day. Please clarify with physician about the type of diet.</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>I will review physicians order @ least once a month. If I have a question, I will contact the Physician or OAHCA nutritionist</i></p>	<p style="text-align: right;">24 JAN 25 AM 11:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS In resident's room #1 – Calmoceptine ointment was stored unsecured in drawer.</p> <p>In resident's room #2 – Unlabeled bottle of Tylenol 8 hr Arthritis pain 650mg (expired 12/2022) was stored unsecured in drawer. VapoRub was stored unsecured in bedside drawer.</p> <p>Medication was removed and secured by PCG 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 JAN 25 AM 11:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STABLEL/ONDING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	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>FINDINGS Resident #1 – Current medication order dated 9/12/2023 was “Acetaminophen 325mg cap, Take 2 tabs by mouth three times per day as needed.” Indication for as needed use was not included.</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;"><i>Resident saw PCP and medication list was updated. Indication is included. see attached</i></p>	<p style="text-align: center;"><i>1/15/24</i></p> <p style="text-align: center;">24 JAN 25 AM 11:38</p> <p style="text-align: center;">STATE OF OHIO DIVISION OF STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Current medication order dated 9/12/2023 was “Acetaminophen 325mg cap, Take 2 tabs by mouth three times per day as needed.” Indication for as needed use was not included.</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 that all doctors the resident see have correlated medication list.</p> <p>I will review medication orders @ least once a month.</p> <p>I will contact the physician w/in 24^{hrs} if clarification is needed.</p>	<p style="text-align: right;">24 JAN 25 AM 11:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH STATE LICENSING</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>FINDINGS Resident #1 – Physician’s order dated 7/26/2023 was Amlodipine 5mg, Take 1 tab by mouth, “Hold for SBP<100.” Medication administration record (MAR) was recorded as follows. Order not followed per MAR.</p> <p>8/22/2023: 97/57 – MAR was initialed as given 8/23/2023: 98/61 – MAR was initialed as given 10/3/2023: 95/56 – MAR was initialed as given 10/8/2023: 98/58 – MAR was initialed as given 10/21/2023: 98/57 – MAR not recorded 10/28/2023: 109/65 – MAR not recorded 10/29/2023: 97/66 – MAR not recorded 10/30/2023: 99/59 – MAR not recorded 10/31/2023: 98/58 – MAR not recorded</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 JAN 25 AM 1:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/26/2023 was Amlodipine 5mg, Take 1 tab by mouth, “Hold for SBP<100.” Medication administration record (MAR) was recorded as follows. Order not followed per MAR.</p> <p>8/22/2023: 97/57 – MAR was initialed as given 8/23/2023: 98/61 – MAR was initialed as given 10/3/2023: 95/56 – MAR was initialed as given 10/8/2023: 98/58 – MAR was initialed as given 10/21/2023: 98/57 – MAR not recorded 10/28/2023: 109/65 – MAR not recorded 10/29/2023: 97/66 – MAR not recorded 10/30/2023: 99/59 – MAR not recorded 10/31/2023: 98/58 – MAR not recorded</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>I will make sure to document directly in to the resident's MAR and not keep a separate list to ensure proper and correct documentation in the future.</i></p> <p><i>I will review medication orders in MAR @ least once a month to make sure the order is followed. I will train SCC for medication administration.</i></p>	<p style="text-align: right;"><i>12/27/23</i></p> <p style="text-align: right;">24 JAN 25 AM 1:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – Physician’s order dated 7/26/2023 was Amlodipine 5mg, Take 1 tab by mouth, “Hold for SBP<100.” Blood pressure parameter was not listed in MAR until 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 JAN 25 AM 11:37</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/26/2023 was Amlodipine 5mg, Take 1 tab by mouth, “Hold for SBP<100.” Blood pressure parameter was not listed in MAR until 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><i>I will make sure to update the resident's MAR as soon as doctor's new orders are received.</i></p> <p><i>I will review medication order in MAR @ least one a month to make sure the order is followed correctly.</i></p>	<p style="text-align: right;">24 JAN 25 AM 1:37</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – Current medication order dated 9/12/2023 included the following medication, but not listed in MAR.</p> <ul style="list-style-type: none"> -Acetaminophen 325mg -Aspirin EC 81mg -Calcium Carbonate 500mg Chewable 	<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>Because the resident's PCP did not have these 3 medications listed in the resident's med list upon admission, I was not aware that it was listed in the other doctor the resident sees.</p> <p>I corrected this deficiency by obtaining a current list of medication from the doctor who originally prescribed the 3 medications.</p> <p style="text-align: right;">see attached MAR was updated.</p>	<p style="text-align: right;">1/22/24</p> <div style="text-align: right; font-size: small;"> STATE OF OHIO STATE LICENSING </div> <p style="text-align: right; font-size: x-small;"> JAN 25 AM 1:37 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Current medication order dated 9/12/2023 included the following medication, but not listed in MAR.</p> <ul style="list-style-type: none"> -Acetaminophen 325mg -Aspirin EC 81mg -Calcium Carbonate 500mg Chewable 	<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 to read the doctor's notes to make sure there is no changes or there are new orders in the care of the resident so that I can update the MAR.</p> <p>I will get all documents w/in 1 week of admission to make sure all documents are obtained and updated.</p>	<p style="text-align: right;">24 JAN 25 AM 11:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – MAR was not recorded since 12/19/2023 to current (12/27/2023).</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; font-size: small;">STATE OF ILLINOIS DUQUOIN STATE LICENSING</p>	<p style="text-align: center;">24 JAN 25 AM 11:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – MAR was not recorded since 12/19/2023 to current (12/27/2023).</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 style="text-align: center;"><i>I will make sure to record nightly in the MAR.</i></p> <p style="text-align: center;"><i>I will review the MAR monthly and I will update if needed.</i></p>	<p style="text-align: right;">24 JAN 25 AM 11:37</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <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><u>FINDINGS</u> Resident #1 – Plan of care and activities schedule says “Play Japanese cards” from 10:30am. Resident was not observed playing cards or activity was offered.</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;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING 24 JUN 25 AM 11:37</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><u>FINDINGS</u> Resident #1 – Plan of care and activities schedule says “Play Japanese cards” from 10:30am. Resident was not observed playing cards or activity was offered.</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 to update Plan of Care and activities schedule in the future. Since Japanese cards requires 2 or more people and the other resident since then left the home, resident has no one to play the game anymore. If resident refused the scheduled activities, alternate activities will be offered and documented.</p>	<p style="text-align: right;">JUN 25 11:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS Resident #1 – No legend for care givers who administered medication in November 2023 and December 2023 MAR. 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 JAN 25 AM 11:37</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)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – No legend for care givers who administered medication in November 2023 and December 2023 MAR. 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 style="text-align: center;"><i>I will make sure to fill out the MAR completely and thoroughly monthly in the future.</i></p> <p style="text-align: center;"><i>I will review next month's MAR before staffs start using it.</i></p>	<p style="text-align: right;">24 JAN 25 AM 1:37</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (h)(1) The primary care giver shall arrange or provide means of transportation for residents for:</p> <p>Visits to physician, APRN and other medical providers;</p> <p>FINDINGS Resident #1 – Record shows resident had an appointment with PCP on 9/21/2024. No record that the appointment was kept.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I called and made an appointment and since then seen the PCP.</i></p> <p><i>See attached</i></p> <p><i>Appt made and client brought to physicians appt on 1/15/24</i></p>	<p><i>1/15/24</i></p> <p style="text-align: right;">24 JAN 25 AM 1:37</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (h)(1) The primary care giver shall arrange or provide means of transportation for residents for:</p> <p>Visits to physician, APRN and other medical providers;</p> <p>FINDINGS Resident #1 – Record shows resident had an appointment with PCP on 9/21/2024. No record that the appointment was kept.</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>I will make sure to update the MD's record of contact to ensure no missed appointment in the future for new resident admitted.</i></p> <p><i>I will review all the documents w/i 1 week of admission and I will take necessary actions if needed.</i></p>	<p style="text-align: right;">JAN 25 AM 1:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 – Resident's name was not recorded in financial statement. 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; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">24 JAN 25 11:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 – Resident's name was not recorded in financial statement. 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><i>I will make sure to fill out all forms completely and thoroughly on day of admission for all residents</i></p> <p><i>I will review all documents within ^{at least} 1 week of admission and update as needed.</i></p>	<p style="text-align: center;">JAN 25 AM 11:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p>FINDINGS Resident #1 – No record that 13.2 lbs. (12.1%) weight loss from 109 lbs. (July 2023 at admission) to 95.8 lbs. (December 2023) was reported to 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 style="text-align: center;"><i>Discussed weight loss of Resident #1 to doctor on day of visit.</i></p>	<p style="text-align: right;"><i>1/15/24</i></p> <p style="text-align: right;">24 JAN 25 AM 11:37</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND JAN 25 2024 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – No record that 13.2 lbs. (12.1%) weight loss from 109 lbs. (July 2023 at admission) to 95.8 lbs. (December 2023) was reported to 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><i>I will report weight changes of a resident to MD in the future.</i></p> <p><i>I will review weight monthly and if resident continues to lose weight or 5 lbs in 1 month then I will report to physician and document.</i></p>	<p style="text-align: right;">24 JAN 25 AM 11:37</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS Resident #1 – No signed/dated care home policy.</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;"><i>A signed and dated care home policy was done on admission. It was filed in the spouse's chart by his take</i></p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>7/24/23</i></p> <p style="text-align: right;"> <small>STATE OF MARYLAND DEPARTMENT OF LICENSING</small> <small>24 JAN 25 AM 11:37</small> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – No signed/dated care home policy.</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>I will make sure to file document in the proper chart in the future.</i></p> <p><i>I will review all documents w/in 1 week of admission.</i></p>	<p style="text-align: right;">24 JAN 25 AM 1:36</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested in October 2023 and 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 JAN 25 AM 11:36</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DAN SIOGA STATE ENGINEERING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested in October 2023 and 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><i>I will make sure to test smoke detectors monthly in the future</i></p> <p><i>I will post a smoke detector form dated testing date as a reminder.</i></p>	<p style="text-align: right;">24 JAN 25 AM 11:36</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Marina L. Fernandez

Print Name: Marina L Fernandez

Date: 6/22/24

Marina L. Fernandez
6/17/24

24 JUN 17 P2:30
STATE OF HAWAII
DHF-CDL
STATE LICENSING

24 JAN 25 AM1:36
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