

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: June 26, 2023 Initial

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

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

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
LICENSING

23 JUN 18 P 1:11

	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> SCG #2 - No Fieldprint result.</p>	<p style="text-align: center;">PART 1</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 style="font-size: 1.2em; text-align: center;"><i>Fieldprint obtained and result printed for SCG #2.</i></p> <p style="font-size: 1.2em; text-align: center;"><i>See attached</i></p>	<p style="text-align: center; font-size: 1.5em;"><i>7/6/23</i></p> <p style="text-align: center;">23 DEC 13 P2:51</p> <p style="text-align: center;">23 OCT -2 P12:23</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><u>FINDINGS</u> SCG #2 – No Fieldprint result.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>I will make sure <sup>new</sup> care givers has a current Fieldprint before starting to work @ residents and in the facility.</i></p> <p><i>I will use new substitute care givers checklist</i></p>	<p style="text-align: right;"><i>12/13/23</i></p> <p style="text-align: center;">23 DEC 13 P2:52</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 OCT -2 P12:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> No record that Primary Care Giver (PCG) trained Substitute Care Giver (SCG) #1 and #2 to make prescribed medication available to residents.</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 style="text-align: center;"><i>Filled out SCG Training form after discussing and training SCG #1 and #2 of their duties.</i></p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>7/6/23</i></p> <p style="text-align: center;">23 JUL 18 P 1:10</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA 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> (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><b><u>FINDINGS</u></b> No record that Primary Care Giver (PCG) trained Substitute Care Giver (SCG) #1 and #2 to make prescribed medication available to residents.</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 style="text-align: center;">I will use the new care givers check list together at the admission check list to remind myself to train new care givers before they start working at the resident(s).</p> <p style="text-align: center;"><i>see attached error</i></p>	<p style="text-align: right;">10/1/23</p> <p style="text-align: right;">23 DEC 13 P2:52</p> <p style="text-align: right;">23 OCT -2 P12:23</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>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b>FINDINGS</b> Resident #1 owns a hearing aid and a walker. These items were not recorded in the "RESIDENT'S VALUABLES" form at admission 6/12/2023.</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 style="text-align: center;"><i>Listed hearing aid and his walker in the Resident's Valuable form for Resident #1</i></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>6/26/23</i></p> <p style="text-align: center;"><b>23 JUL 18 P 1:10</b></p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 owns a hearing aid and a walker. These items were not recorded in the "RESIDENT'S VALUABLES" form at admission 6/12/2023.</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 make sure to ask new residents during admission if they have hearing aids and a walker while filling out the Personal Items and Resident's Valuable form on admission day.</p> <p>I will use admission Check list to remind myself to take inventory during admission assessment.</p>	<p style="text-align: right;">12/13/23</p> <p style="text-align: right;">'23 DEC 13 P 2:52</p> <p style="text-align: right;">'23 OCT -2 P 2:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  Residents' names who participated in fire drills were not recorded.</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> <p style="text-align: right;">STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p>	<p style="text-align: center;">23 JUL 18 P1:09</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  Residents' names who participated in fire drills were not recorded.</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 style="text-align: center;"><i>Will make sure to list every body's names who participated in a fire drill and file in ARCH binder.</i></p> <p style="text-align: right;">STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>	<p style="text-align: center;">23 JUL 18 P1 09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)            The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b>FINDINGS</b>            No record that current residents received orientation for emergency procedures.</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 style="font-size: 1.2em;">Did a fire drill with 3 Residents, the SCGs, and the family. Also discussed and outlined what to do and where to go in case of an emergency evacuation.</p> <p style="font-size: 1.2em;">See Attached</p>	<p style="font-size: 1.5em;">7/6/23</p> <p style="text-align: right; font-size: 0.8em;">23 JUL 18 P1:09</p> <p style="text-align: right; font-size: 0.7em; transform: rotate(90deg);">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  No record that current residents received orientation for emergency procedures.</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>Upon admission of a new resident, I will step by step go through the Admission Assessment/Plan of Care form with the new resident, family member or legal representative and explain the emergency procedures to them before signing the form, and filing in the resident's chart. I will use Admission check list as a reminder</p>	<p style="text-align: right;">12/13/23</p> <p style="text-align: right;">23 DEC 13 P2:52</p> <p style="text-align: right;">23 OCT -2 P12:23</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> Resident #1 – No menu for Heart Healthy diet ordered on 6/12/2023.</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's diet was changed to a regular diet by the PCP. A Heart Healthy diet menu is available for future use by a resident who are on this special diet.</p> <p style="text-align: center;">See attached</p>	<p style="text-align: right;">6/26/23</p> <p style="text-align: center;">23 DEC 13 P2:52</p> <p style="text-align: center;">23 OCT -2 P2:23</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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<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> Resident #1 – No menu for Heart Healthy diet ordered on 6/12/2023.</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 style="text-align: center;"><i>I will obtain special diet approval, develop special diet menus for all special diet orders, and will contact the OHCA Nutritionist for further guidance if needed.</i></p>	<p style="text-align: center;">23 JUL 18 P 1:09</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Clorox and cleaning supplies were stored in unlocked cabinet under the kitchen sink. A long shackle pad lock was attached to the cabinet door but not locked.</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 style="text-align: center;"><i>Locked the pad lock on the cabinet door</i></p>	<p style="text-align: center;"><i>6/26/23</i></p> <p style="text-align: center;">23 JUL 18 P 1:08</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Clorox and cleaning supplies were stored in unlocked cabinet under the kitchen sink. A long shackle pad lock was attached to the cabinet door but not locked.</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 style="text-align: center;"><i>Care givers, new and old, are reminded to always check the lock on the cabinet where the cleaning supplies are stored at all times morning, lunch, dinner and before going to bed.</i></p>	<p style="text-align: right;"><i>10/1/23</i></p> <p style="text-align: right;">23 DEC 13 P2:52</p> <p style="text-align: right;">23 OCT -2 P12:23</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>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  Resident #1 – Acetaminophen 500mg cap bottle had no label.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;"><i>has wrote a label and taped it on the bottle.</i></p> <p style="text-align: right;">STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>	<p><i>6/26/23</i></p> <p style="text-align: right;">23 JUN 18 P1:08</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  Resident #1 – Acetaminophen 500mg cap bottle had no label.</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>I will write and label all OTC medications upon receipt of medication before putting it away in resident's medication containers. I will inspect all the medications to make sure they are properly labeled.</i></p>	<p style="text-align: right;"><i>10/1/23</i></p> <p style="text-align: right;">23 DEC 13 P2:52</p> <p style="text-align: right;">23 OCT -2 P12:23</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII  BOH-001A  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><b><u>FINDINGS</u></b>            A long shackle pad lock was attached to the medication cabinet door, but not locked upon department arrival.</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 style="text-align: center;"><i>locked the pad lock in the medication cabinet door.</i></p>	<p style="text-align: center;"><i>6/26/23</i></p> <p style="text-align: center;"><b>23 JUL 18 P1:08</b></p> <p style="text-align: center;">STATE OF HAWAII            DOH-ONCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>           <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: 10px; top: 50px;">'23 DEC 13 P2:52</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: 170px; top: 650px;">STATE OF HAWAII DEPARTMENT OF HEALTH LICENSING DIVISION</div>	<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><b><u>FINDINGS</u></b> A long shackle pad lock was attached to the medication cabinet door, but not locked upon department arrival.</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 style="font-size: 1.2em;">Care givers on duty are reminded to always check the lock on the cabinet where the medications are stored at all times morning, lunch, dinner and at bed time after the residents have received their medication and make sure it is locked. I will double check cabinet to make sure it's lock after breakfast and before bed</p>	<p style="text-align: right; font-size: 1.5em;">12/3/23</p> <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; right: 10px; top: 700px;">'23 OCT -2 P12:23</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; right: 10px; top: 730px;">STATE OF HAWAII DEPARTMENT OF HEALTH LICENSING DIVISION</div>

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<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><u>FINDINGS</u>            Resident #1 – Biofreeze cream was left on the kitchen island. Metoprolol Succ ER 25mg tab, Prednisone 5mg tab, Lisinopril 10mg tab, Aspirin EC 81mg tab, Alfuzosin HCL ER 10mg tab were left on the kitchen counter.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;"><i>Also Put away the medications in the Resident's #1 medication container after checking to make sure they were in the current list of medications. (family member dropped off the medications that day)</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DDP-ORCA            STATE LICENSING</p>	<p style="text-align: center;"><i>6/26/23</i></p> <p style="text-align: right;"><b>23 JUL 18 P1:08</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">23 DEC 13 P 2:52</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §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><u>FINDINGS</u> Resident #1 – Biofreeze cream was left on the kitchen island. Metoprolol Succ ER 25mg tab, Prednisone 5mg tab, Lisinopril 10mg tab, Aspirin EC 81mg tab, Alfuzosin HCL ER 10mg tab were left on the kitchen counter.</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 train and remind care givers to store / put away all medications in the resident's medication containers in the locked cabinet. I will do a walk through inspection to check kitchen, bathroom, and resident's bedroom after each medication administration in morning, lunch, evening and H.S. to make sure there is no medication left outside.</p>	<p style="text-align: right;">23 OCT -2 11:22</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right;">12/13 10/1/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External and internal medication were stored in the same container.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;"><i>Used a medication container that has a divider to separate external and internal medications.</i></p>	<p style="text-align: center;"><i>6/26/23</i></p> <p style="text-align: center;">23 JUL 18 P1:08</p> <p style="text-align: center;">STATE OF HAWAII            DOH-DHCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External and internal medication were stored in the same container.</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 style="text-align: center;"><i>Will make sure to always use a container with dividers to separate external and internal medications.</i></p>	<p style="text-align: center;">23 JUL 18 P1:07</p> <p style="text-align: center;">STATE OF HAWAII            DOH-ORCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
'23 DEC 13 P 2:52  STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF PROFESSIONAL REGULATION	<input checked="" type="checkbox"/> §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.  <u>FINDINGS</u> Resident #1 – Prednisone 5mg tablet, take 1 tab by mouth once per day as needed was ordered on 6/12/2023 and 6/21/2023. No indication for as needed use was included. Please clarify with physician.	<b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b>  <i>Requested a written indication of what the medication is taken for. from the ordering M.D.            Order received from M.D.            See attached</i>	7/11/23           '23 OCT -2 P12:22  STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">23 DEC 13 P 2:52</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §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 – Prednisone 5mg tablet, take 1 tab by mouth once per day as needed was ordered on 6/12/2023 and 6/21/2023. No indication for as needed use was included. Please clarify with 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 will make sure all medications with "as needed" labels have an indication of what they are used for and to call and get clarification from the ordering physician in the future.</p> <p>I will review medication orders monthly at end of month. If clarification is needed, I will contact provider within 24<sup>h</sup></p>	<p style="text-align: right; font-size: 1.5em;">12/13/23</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">23 OCT -2 P12:22</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MICHIGAN DEPARTMENT OF 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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order 6/21/2023 included “Colchicine 0.6MG tablet, take 1 tab by mouth every hour as needed for GOUT PAIN. 2 tabs then 1 tab twice a day as needed for gout pain.” No medication was available at home. Most recent order dated 6/23/2023 (the day of inspection) no longer included the medication.</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> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">23 JUL 18 P 1:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> '23 DEC 13 P2:52 STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING	<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>FINDINGS</b>            Resident #1 – Physician's order 6/21/2023 included "Colchicine 0.6MG tablet, take 1 tab by mouth every hour as needed for GOUT PAIN. 2 tabs then 1 tab twice a day as needed for gout pain." No medication was available at home. Most recent order dated 6/23/2023 (the day of inspection) no longer included the medication.</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>Upon admission of a resident, I will correlate physician's listed medications and medications brought in by the family member/legal representative when filling out the resident's medication Flow Sheet.</p> <p>I will call and get a clarification from MD if a medication is D/C'd, but not in the Physician/APRN order form and have MD sign it a later date.</p>	<p style="text-align: right;">12/13/23</p> <p style="text-align: right;">OCT -2 P12:22</p>

I will review all medications and documents w/in 1 week of admission.

	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 – Physician’s order was Acetaminophen 325mg, 2 tabs, TID. Medication available at home was 500 mg caplets.</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 style="text-align: center;"><i>Obtained a new order for Acetaminophen 500mg from prescribing MD and filed in resident's medication flow sheet.</i></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>7/11/23</i></p>

23 DEC 13 P2:52

STATE OF MICHIGAN  
DEPARTMENT OF  
STATE LICENSING

STATE OF MICHIGAN  
DEPARTMENT OF  
STATE LICENSING

23 OCT -2 P12:22



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><b><u>FINDINGS</u></b> Resident #1 – For Colchicine 0.6mg tablet, administration instruction was not noted in medication administration record (MAR).</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 style="text-align: center;"><i>Wrote the administration instruction on medication administration record (MAR).</i></p>	<p style="text-align: center;"><i>6/26/23</i></p> <p style="text-align: center;">23 JUL 18 P1:07</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
'23 DEC 13 P2:52  STATE OF IOWA DEPARTMENT OF SOCIAL SERVICES	<input checked="" type="checkbox"/> §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.  <u>FINDINGS</u> Resident #1 – For Colchicine 0.6mg tablet, administration instruction was not noted in medication administration record (MAR).	<b>PART 2</b>  <u>FUTURE PLAN</u>  <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>  <i>Medications are reviewed every night and every time a new order is made and received from M.D and noted in the medication administration record (MAR).</i>	'23 OCT -2 P12:22  STATE OF IOWA DEPARTMENT OF SOCIAL SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1 – Admission assessment not filled completely. Corrected during inspection.</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> <p style="text-align: right;">STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p>	<p style="text-align: center;">23 JUL 18 P 1:07</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">23 DEC 13 P2:52</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Admission assessment not filled completely. Corrected during inspection.</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 style="text-align: center;"><i>Make sure to completely fill out the Admission Assessment form before signing and having the Resident, family member or legal representative sign on day of admission of resident.</i></p> <p style="text-align: center;"><i>I will review all documents w/in 1 week of admissions I will complete as needed</i></p>	<p style="text-align: right;"><i>12/13/23</i></p> <p style="text-align: right;">23 OCT -2 P12:22</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;  <u>FINDINGS</u> Resident #1 – No initial tuberculosis clearance. Only one PPD skin test result was available. Per PCG, the resident received PPD skin test on the day of inspection, result pending.	<p style="text-align: center;">PART 1</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 style="text-align: center;">... Resident #1 received second PPD test and result filed in resident's binder.</p> <p style="text-align: center;">See attached.</p>	<p style="text-align: center;">6/28/23</p> <p style="text-align: center;">23 JUL 18 P1:07</p> <p style="text-align: center;">STATE OF HAWAII DCH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">23 DEC 13 P 2:52</p>	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No initial tuberculosis clearance. Only one PPD skin test result was available. Per PCG, the resident received PPD skin test on the day of inspection, result pending.</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</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 style="text-align: center;"><i>Do not admit a resident until all required documents are completed and provided. Use the sample forms on Resident's Binder as a check list.</i></p> <p style="text-align: center;">STATE OF ILLINOIS DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">23 OCT -2 P12:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (a)(7)  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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #1 and #2 - No record that height was taken at admission.</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> <p style="text-align: right;">STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p>	<p style="text-align: right;">23 JUL 18 P1:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">23 DEC 13 P 2:53</p>	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b> Resident #1 and #2 - No record that height was taken at admission.</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>When filling out the Admission Assessment form during an admission of a resident, make sure to take resident's height and fill in Height and also in the Weight and monthly Weight Record form.</p> <p>I will use admission assessment to remind myself to take height during admission of a new client. Review document w/in 37<sup>1</sup> week of admission</p>	<p style="text-align: right; font-size: 2em;">12/13/23</p> <p style="text-align: right;">23 OCT -2 P12:22</p>

STATE OF MICHIGAN  
DEPARTMENT OF  
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DEPARTMENT OF  
LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration route was not specified in MAR.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;">Wrote the administration route on the resident's MAR.</p>	<p style="text-align: center;">6/26/23</p> <p style="text-align: center;">23 JUL 18 P 1:06</p>

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>           <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: 115px; top: 640px;">'23 DEC 13 P2:53</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: 165px; top: 675px;">STATE OF OHIO STATE LICENSING</div>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration route was not specified in 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 style="text-align: center;"><i>MAR should be reviewed every night and when new or changes are received from prescribing MD to make sure medication written down in MAR is consistent to new order.</i></p> <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: 775px; top: 730px;">STATE OF OHIO STATE LICENSING</div>	<p style="text-align: right; font-size: 1.5em;"><i>10/1/23</i></p> <p style="text-align: center;"><b>'23 OCT -2 P12:22</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b> A long shackle padlock was attached to binder cabinet doors, but not locked upon department arrival.</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 style="text-align: center;">Locked the pad lock on the binder cabinet doors.</p>	<p style="text-align: center;">6/26/23</p> <p style="text-align: center;">23 JUL 18 P1:06</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA 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)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b> A long shackle padlock was attached to binder cabinet doors, but not locked upon department arrival.</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 style="text-align: center;"><i>Care givers on duty are always reminded to make sure binder cabinet is locked. It is to be checked morning, lunch, dinner and #s.</i></p>	<p style="text-align: right;"><i>10/1/23</i></p> <p style="text-align: right;">23 OCT -2 P12:22</p>

23 DEC 13 P2:53

STATE OF MICHIGAN  
DEPARTMENT OF  
STATE LICENSING

STATE OF MICHIGAN  
DEPARTMENT OF  
STATE LICENSING

	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 – Emergency information sheet was not up to date.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Updated Resident #1's emergency information with current medications' dosages and strengths from MD list.</p>	<p>6/26/23</p> <p style="text-align: right;">23 JUL 18 P 1:06</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information sheet was not up to date.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN.</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>Resident's emergency information sheet should be updated when a new medication or a change in medication order is received from an MD, or attach a current MAR / Flow sheet reflecting the addition or changes.</p> <p>I will review and update doctor's appt and will attach updated MAR</p>	<p>12/13/23</p> <p style="text-align: right;">23 OCT -2 PM 2:22</p>

23 DEC 13 P2:53

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> In Permanent Resident Register, "Religion" and "Admitted from" were not recorded for three (3) current residents.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Wrote the three residents' Religion and Admitted from in the Permanent Resident Register form.</p> <p style="text-align: center;">See attached</p>	<p>6/26/23</p> <p style="text-align: right;">23 JUL 18 P1:06</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> In Permanent Resident Register, "Religion" and "Admitted from" were not recorded for three (3) current residents.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 style="text-align: center;"><i>Will fill out the Permanent Resident Register in its entirety as new resident's are admitted.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">23 JUL 18 P1 306</p>

Licensee's/Administrator's Signature: Marina L. Fernandez  
Print Name: Marina L Fernandez  
Date: 7/10/23

Licensee's/Administrator's Signature: Marina Laguna Fernandez  
Print Name: Marina Laguna Fernandez  
Date: 10/1/23  
date: 12/13/23

STATE OF HAWAII  
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