

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Rodriguez Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 1647 Paaaina Place, Pearl City, Hawaii 96782</b>	<b>Inspection Date: March 19, 2024 Annual</b>

**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.**

**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).**

24  
MAY -1 10:48  
STATE OF HAWAII  
STATE LICENSING  
SECTION

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-3 – Valid first aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG and SCG 1-3 obtained a valid CPR and First Aid Training Certificate.</p>	<p>SCG #2: 12/18/23</p> <p>3/26/24</p> <p style="text-align: right; font-size: small;">24 APR -8 P 2:36 STATE OF MICHIGAN</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-3 – Valid first aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will ensure to take the CPR/First Aid Training Certificate from a Licensed School rather than taking it online. PCG will also re-iterate this to the substitute caregivers.</p>	<p style="text-align: center;">3/26/24</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII 24 APR -8 P 2:36</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-3 – Valid cardiopulmonary resuscitation (CPR) certification unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG and SCG 1-3 obtained a valid CPR and First Aid Training Certificate.</p>	<p>SCG #2: 12/18/23</p> <p>3/26/24</p> <p style="text-align: right; font-size: small;">24 APR -8 P 2:36 STAFF 7711 APR 11</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-3 – Valid cardiopulmonary resuscitation (CPR) certification unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will ensure to take the CPR/First Aid Training Certificate from a Licensed School rather than taking it online. PCG will also re-iterate this to the substitute caregivers.</p>	<p style="text-align: center;">3/26/24</p> <p style="text-align: right;">24 APR -8 P2:36 STATE OF HAWAII CORRECTIONS DEPARTMENT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (a)            The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>            Resident #1,2 – Physician prescribed diets (chopped texture, nectar consistency and DASH diet) provided not consistent with diet requirements (e.g., chopped size larger than ¼ inch and sodium content measurement not provided)</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1: Chopped food size order was obtained from PCP.</p> <p>Resident #2 went to the hospital and diet was changed from DASH Diet to Regular Diet, Regular Consistency and Thin Liquid Consistency.</p>	<p>3/28/24</p> <p>4/4/24</p> <p style="text-align: right; font-size: small;">24 APR -8 P2:36            STATE OF HAWAII            HONOLULU</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1,2 – Physician prescribed diets (chopped texture, nectar consistency and DASH diet) provided as ordered (e.g., chopped size larger than ¼ inch and sodium content measurement not provided)</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>PCG will print out a food guide reminder for chop diet size (¼ inch) and monitor sodiums in DASH Diet. I will post reminder in the kitchen for staff to review.</p>	<p style="text-align: center;">5/1/24</p> <p style="text-align: center;">24 MAY -1 AIC-48</p> <p style="text-align: center;">STATE OF MARYLAND  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> (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> Special diet menus unavailable for the following residents:</p> <ul style="list-style-type: none"> <li>• Resident #1 – Chopped texture, nectar consistency</li> <li>• Resident #2 – Regular diet, pureed consistency</li> <li>• Resident #4 – DASH diet (low salt, low cholesterol)</li> </ul> <p>Submit menus with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG and Licensee collaborated to come up with Menus for Chopped Texture, Nectar Liquids and Regular Diet Pureed Consistency and it was based from Dysphagia Diets.</p>	<p style="text-align: center;">4/1/24</p> <p style="text-align: right;"> <small>STATE OF HAWAII</small>  <small>24 APR - 8 P 2:36</small> </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> Special diet menus unavailable for the following residents:</p> <ul style="list-style-type: none"> <li>• Resident #1 – Chopped texture, nectar consistency</li> <li>• Resident #2 – Regular diet, pureed consistency</li> <li>• Resident #4 – DASH diet (low salt, low cholesterol)</li> </ul> <p>Submit menus with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will post a reminder notes on communication board to review new diet orders and post Special Diet Menus as ordered within 48 hours of prescription in kitchen and dining area. If assistance is needed, OHC RD will be contacted.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHF-BICA STATE LICENSING</p>	<p style="text-align: center;">5/1/24</p> <p style="text-align: center;">24 MAY - 1 AIO:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k)  Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Thick-It being used to thicken liquids to nectar consistency; however, physician’s order unavailable for thickener.</p> <p>Submit physician’s order with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>An order for thickener was obtained from the resident's primary care physician.</p>	<p style="text-align: center;">3/28/24</p> <p style="text-align: right; font-size: small;"> 24 APR -8 P 2:35  STATE OF HAWAII  DEPARTMENT OF HEALTH  REGISTRATION DIVISION </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Thick-It being used to thicken liquids to nectar consistency; however, physician’s order unavailable for thickener.</p> <p>Submit physician’s order with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Reminder note posted to communication board to check that physician provided order for thickening agent whenever a thickened liquid diet is prescribed.</p>	<p style="text-align: right;">5/1/24</p> <p style="text-align: right;">24 MAY -1 AMO 48</p> <p style="text-align: center; color: purple; font-size: small;">STATE OF HAWAII BOB SINCA 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> Toxic cleaning chemicals and agents stored unsecured in all bathrooms</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>Toxic cleaning chemicals and agents were stored properly in a locked cabinet.</p>	<p>3/19/24</p> <p style="text-align: right;">24 APR -8 P 2:35 STATE OF HAWAII</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> Toxic cleaning chemicals and agents stored unsecured in all bathrooms</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>PCG will post a reminder note outside of the cabinet (where the toxic chemicals are stored) to always lock after putting away the chemicals after use. PCG will include to discuss this topic in the monthly in-in-service training or monthly meeting.</p>	<p>04/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>            Residents' medications stored unsecured in medication cart</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>PCG locked the medication cabinet.</p>	<p style="text-align: center;">3/19/24</p> <p style="text-align: right;">24 APR -8 P 2:35            STATE OF ILLINOIS            STATE OF ILLINOIS</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>            Residents' medications stored unsecured in medication cart</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>PCG will post a reminder at the counter top of the med cart to ensure that the medication cabinet should be locked at all times. PCG will include this topic and will discuss to the caregivers during the monthly in-service training/monthly meeting.</p>	<p style="text-align: center;">04/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Thick-It used to thicken liquids daily is not reflect in medication administration record (MAR) or daily treatment record.</p> <p>Submit updated MAR/treatment record with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>After the order was obtained from PCP, PCG added the order to the MAR and started to sign.</p>	<p style="text-align: center;">3/28/24</p> <p style="text-align: right;">24 APR -8 P 2:35 STATE OF HAWAII NURSING 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 – Thick-It used to thicken liquids daily is not reflect in medication administration record (MAR) or daily treatment record.</p> <p>Submit updated MAR/treatment record with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Reminder note posted to communication board to check that the physician provided order for thickening agent whenever a thickened liquid diet is prescribed, and that the order is included in the MAR.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-ORCA STATE LICENSING</p>	<p style="text-align: center;">5/1/24</p> <p style="text-align: center;">24 MAY -1 AIO 48</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(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 unavailable for admission on 1/20/24</p> <p>Submit late entry admission assessment with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG filled out an Admission Assessment Form and filed in the binder.</p>	<p style="text-align: center;">3/20/24</p> <p style="text-align: right;">24 APR -8 P2:35 STATE OF HAWAII BOH-GRDA STATE LICENSING</p>

	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><u>FINDINGS</u></b>  Resident #1 – Admission assessment unavailable for admission on 1/20/24</p> <p>Submit late entry admission assessment with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">PCG will include Admission Assessment to the Admission/Re-admission checklist. Checklist will be utilized at each admission to ensure admission assessment is completed.</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND  BOILERMA  STATE LICENSING</p>	<p style="text-align: right;">5/1/24</p> <p style="text-align: right;">24 MAY - 1 10:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Initial tuberculosis (TB) clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG obtained a copy of TB clearance from previous facility.</p>	<p style="text-align: center;">3/27/24</p> <p style="text-align: right;">24 APR -8 P2:35  STATE OF HAWAII  HSH-ONCA  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Initial tuberculosis (TB) clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will include initial 2-step TB clearance to the Admission/Re-admission checklist. Checklist will be utilized at each admission to ensure initial 2-step TB clearance is obtained.</p>	<p style="text-align: center;">5/1/24</p> <p style="text-align: right;">24 MAY -1 A10:48</p>

STATE OF ILLINOIS  
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> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Current TB clearance form was obtained from previous facility.</p>	<p style="text-align: center;">3/27/24</p> <div style="text-align: right; margin-top: 20px;"> <p>24 APR -8 P2:35</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII BSH-CHOA SIVC LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">PCG created an Annual TB clearance Log for all residence that include annual due dates. Log will be reviewed monthly to assess for upcoming TB due dates.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-010A STATE LICENSING</p>	<p style="text-align: center;">5/1/24</p> <p style="text-align: center;">24 MAY -1 110:48</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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>FINDINGS</b> Resident #1 – Emergency Information Sheet unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG filled out an Emergency Information Sheet and filed at resident's binder.</p>	<p style="text-align: center;">3/19/24</p> <p style="text-align: right;">24 APR -8 P2:35 STATE OF HAWAII DEPT-SHDA 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><b><u>FINDINGS</u></b> Resident #1 – Emergency Information Sheet unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will include Emergency Information Sheet to the Admission/Re-admission checklist. Checklist will be utilized at each admission to ensure admission assessment is completed.</p>	<p style="text-align: right;">5/1/24</p> <p style="text-align: right;">24 MAY -1 AMO:48</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1-3 – Three (3) non-self-preserving (NSP) residents residing in facility, exceeding maximum permitted of two (2) NSP 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>PCP re-assessed resident #3 during the 3 month follow up appointment and was deemed Self Preserved.</p>	<p style="text-align: center;">4/1/24</p> <p style="text-align: right;">24 APR -8 P2:35</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII HHS-0100A 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)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1-3 – Three (3) non-self-preserving (NSP) residents residing in facility, exceeding maximum permitted of two (2) NSP 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>PCG will make a Self Preservation status log. Log will be reviewed monthly against residents' self preservation evaluation form to ensure the number of non-self preserving residents does not exceed two individuals.</p>	<p style="text-align: right;">5/1/24</p> <p style="text-align: right;">24 MAY -1 AIO:48</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DCH-RRCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Bathroom trashcans (3) do not include covered lids.</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>PCG have bought bathroom trashcans with lid cover and placed them in all bathrooms.</p>	<p style="text-align: center;">3/20/24</p> <p style="text-align: right;">24 APR -8 P2:35 STATE OF HAWAII HSA-SDCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Bathroom trashcans (3) do not include covered lids.</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;">A reminder note has been posted on communication board to remind staff that all trash cans should have tight fitted lids. If not, PCG will be notified immediately to have lid replaced.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-010A STATE LICENSING</p>	<p style="text-align: center;">5/1/24</p> <p style="text-align: center;">24 MAY -1 10:48</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-82 <u>Primary care giver requirements.</u> (b) The primary care giver shall be approved by the department to provide special diets.</p> <p><b><u>FINDINGS</u></b> PCG – No documented evidence PCG completed special diet training course.</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>PCG is currently enlisted by the DOH Dietician for the next Special Diet Class Schedule.</p>	<p style="text-align: right;">04/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-82 <u>Primary care giver requirements.</u> (b)  The primary care giver shall be approved by the department to provide special diets.</p> <p><b><u>FINDINGS</u></b>  PCG – No documented evidence PCG completed special diet training course.</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;">Licensee posted a reminder note on the care home binder that any incoming PCG must have special diet training course completed prior to being appointed PCG.</p>	<p style="text-align: center;">5/1/24</p> <p style="text-align: center;">24 MAY -1 AIO:49</p> <p style="text-align: center;">STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</p>

Licensee's/Administrator's Signature: Teresita B. Rodriguez

Print Name: TERESITA B. RODRIGUEZ

Date: 05-01-24

STATE OF OHIO  
COMMISSION  
STATE LICENSING

24 MAY -1 AIO 29



Licensee's/Administrator's Signature: Teresita B. Rodriguez

Print Name: Teresita B. Rodriguez

Date: 04/10/2024

Licensee's/Administrator's Signature: Teresita B Rodriguez

Print Name: Teresita B. Rodriguez

Date: 04-08-24

STATE OF HAWAII  
DEN-000A  
STATE LICENSING

24 APR -8 P2:35