

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Victoria Gabriella Care Home	CHAPTER 100.1
Address: 94-100 Kauweke Place, Waipahu, Hawaii 96797	Inspection Date: October 10, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

23 NOV -6 4 8 :16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Primary Care Giver (PCG) and Household Member - No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</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>The current physical examination assessments done by a physician for the PCG and Household member has been filed.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII HONOLULU STATE LICENSING</small> NOV -6 8:17 </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><u>FINDINGS</u> Primary Care Giver (PCG) and Household Member - No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</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>All personnel, staff and family will have their physical examinations done annually in a timely manner. To meet these requirements on time, reminders such as post-it notes, calendars, planners and records checks will be used.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: center;">23 NOV -6 A8:17</p> <p style="text-align: center;">STATE OF HAWAII DEPT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 - No current tuberculosis assessment done by physician or advanced practice registered nurse (APRN).</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>Current tuberculosis assessment done by a physician for SCG #1 has been filed in the records.</i></p>	<p style="text-align: right;"><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A 8:17</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-ORISA 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> (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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 - No current tuberculosis assessment done by physician or advanced practice registered nurse (APRN).</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>Personnel, staff and family members will need to get initial and annual TB clearances in a timely manner. In order to achieve this, reminders in the form of post-it notes, calendar entries, records checklists and phone apps will be used.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: center;">23 NOV -6 A 8:17</p> <p style="text-align: center;">STATE OF HAWAII HONOLULU 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><u>FINDINGS</u> SCG #2 – No documented evidence of PCG training to make prescribed medications available and appropriate documentation.</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>Documented evidence of PCG training for SCG #2 to make prescribed medications available to residents has been filed into the records.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: center;">23 NOV -6 48:17</p> <p style="text-align: center;">STATE OF HAWAII NON-EMERGENCY STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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><u>FINDINGS</u> SCG #2 – No documented evidence of PCG training to make prescribed medications available and appropriate documentation.</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>Whenever there are training requirements such as prescribed medications training by the PCG for the SCG #2, the training will be inputted immediately into the training records. Reminders to do this in the form of post-it notes, records checklists, and calendar entries will be used.</i></p>	<p>10/23/23</p> <p style="text-align: right;">23 NOV -6 A8:17</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHHS STATE INSURANCE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a diet order upon admission. Resident was admitted in June 2023.</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>Physician of Resident #2 has been contacted to provide a diet order.</i></p>	<p style="text-align: center;"><i>11/6/23</i></p> <p style="text-align: center;">23 NOV -6 A 8:17</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a diet order upon admission. Resident was admitted in June 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>To always document a physician's diet order for a resident upon admission, readmission, and annually by ensuring that correct diet order information is confirmed and in writing by the physician. Staff will receive refresher training on this. The use of Post-it notes in residents' files, calendar entries/notes, and reminder apps on phone and pc will be utilized.</i></p>	<p style="text-align: right;"><i>1/29/24</i></p> <p style="text-align: right;">24 JAN 29 4:35</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>§11-100.1-13 <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><u>FINDINGS</u> Resident #1- Physician order reads, "Boost liquid supplement, take 4oz every morning and every evening by mouth daily." Observed "Premier Protein" being provided to resident.</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>Correct supplement according to physician's order has replaced the item "Premier Protein".</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: center;">'23 NOV -6 A 8:17</p> <p style="text-align: center;">STATE OF HAWAII HIGH OVERSIGHT STATE LICENSING</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><u>FINDINGS</u> Resident #1- Physician order reads, "Boost liquid supplement, take 4oz every morning and every evening by mouth daily." Observed "Premier Protein" being provided to resident.</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>To adhere to exact Physician's order regarding nutritional supplements for the residents. If there are any changes, to make sure and update the physician's order in a timely manner. To periodically check and review the medication logs and update as necessary any discrepancies, in addition to annual updates. The use of Post-it notes, calendar entries, and reminder apps on pc and phone will be used. Staff will have refresher training on this subject.</i></p>	<p style="text-align: center;"><i>1/29/24</i></p> <p style="text-align: right;">24 JAN 29 A9:35</p>

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

	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><u>FINDINGS</u> Resident #1- No documented evidence of a physician order for "Premier Protein" being provided to resident.</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>Stopped giving "Premier Protein" supplement to Resident #1 and instead provided "Boost" supplement as correctly stated in Physician's order.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: center;">23 NOV -6 A8:17</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</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><u>FINDINGS</u> Resident #1- No documented evidence of a physician order for "Premier Protein" being provided to resident.</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>To adhere to exact Physician's order regarding nutritional supplements for the residents. If there are any changes, to make sure and update the physician's order in a timely manner. To periodically check and review the medication logs and update as necessary any discrepancies, in addition to annual updates. The use of Post-it notes, calendar entries, and reminder apps on pc and phone will be used. Staff will have refresher training on this subject.</i></p>	<p style="text-align: center;"><i>1/29/24</i></p> <p style="text-align: right;">24 JAN 29 09:35</p>


STATE OF MARYLAND
DEPARTMENT OF HEALTH
STATE LICENSING

	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><u>FINDINGS</u> Resident #1- Physician ordered for low salt diet on 1/3/23, 3/29/23 and 9/25/23 orders. However, no special diet menu for low salt 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><i>Current menu has been updated and noted to show that low salt diet and NAS (no added salt) are being served to the resident.</i></p>	<p><i>10/23/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</small> 23 NOV -6 08:17 </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> Resident #1- Physician ordered for low salt diet on 1/3/23, 3/29/23 and 9/25/23 orders. However, no special diet menu for low salt 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 style="text-align: center;"><i>Menu will be updated in a timely manner whenever there are changes as ordered by the physician. When these changes occur, post-it notes, calendar notes, and phone app reminders will be used to keep residents diets updated.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A8:17</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Small refrigerator near kitchen observed without refrigerator thermometer.</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>Thermometer has been placed in the small refrigerator near kitchen.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</small> 23 NOV -6 A8:17 </p>

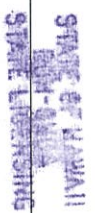
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Small refrigerator near kitchen observed without refrigerator thermometer.</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>To make sure that all refrigerators have a functioning thermometer and that temperature will be maintained at 45°F or lower. Periodic checks will be done to ensure presence of a thermometer and correct temperatures are at every refrigerator in the household.</i></p>	<p style="text-align: right;"><i>10/23/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</small> 23 NOV -6 A 8:17 </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- "Losartan Potassium 100 mg" pharmacy labeled bottle reads, "take 1 tablet every evening for blood pressure. On MARs October 2022-October 2023, Losartan potassium 100 mg was documented as given at 8am.</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>To follow the medication label on the bottle and adminstrate the medication at the correct time. Medication for Losartan Potassium 100mg, now given at evening time.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;">  23 NOV -6 A8:17 </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- "Losartan Potassium 100 mg" pharmacy labeled bottle reads, "take 1 tablet every evening for blood pressure. On MARs October 2022-October 2023, Losartan potassium 100 mg was documented as given at 8am.</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>To ensure that all medications prescribed by the physician are properly labeled with no changes made, and administration of the medication follows the label on the bottle. To review the medications often for any changes made by the physician and to ensure the bottle's label follows accordingly.</i></p>	<p><i>10/23/23</i></p> <p style="text-align: right;">STATE OF HAWAII HOSPITAL & HEALTH CARE LICENSING '23 NOV -6 A 8:17</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 #3 – No documented evidence of a Medication Administration Record from November 2022 to Present.</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: center;">STATE OF MARYLAND STATE LICENSING</p> <p style="text-align: center;">NOV -6 08:17</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 #3 – No documented evidence of a Medication Administration Record from November 2022 to Present.</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>To schedule a meeting with Resident #3's physician to document orders and verbal orders and update the residents' Medical Administration Record to properly reflect prescriptions. The use of post-it notes, calendar entries, and records checklist will serve as reminders to do so.</i></p>	<p><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A 8:17</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><u>FINDINGS</u> Resident #2 – No documented evidence of height measurement on Height and Monthly weight record.</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>Because of the difficulties of having resident #2 stand upright and taking a height measurement a tape measure has been found and will be used to take the height measurement as the resident lays in bed.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;">  23 NOV -6 8:17 </p>

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☒	<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><u>FINDINGS</u> Resident #2 – No documented evidence of height measurement on Height and Monthly weight record.</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>To ensure that the height measurement for the month shall be filled in the Height and Weight monthly record. A tape measure will be kept nearby for use in measuring clients (residents) who have difficulty standing up (measure laying in bed). To make sure this record gets completed, periodic records checks, calendar notes and post-it reminders shall be used.</i></p>	<p style="text-align: right;"><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A8:17</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #3 – Incomplete monthly progress notes observed from October 2022 to September 2023. Observed Month and Year written at top of monthly progress notes form, but everything else is observed blank and unfilled.</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;">*23 NOV -6 A8:17</p> <p style="text-align: right;">STATE OF HAWAII DON·BRYAN STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #3 – Incomplete monthly progress notes observed from October 2022 to September 2023. Observed Month and Year written at top of monthly progress notes form, but everything else is observed blank and unfilled.</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>To complete Progress Notes thoroughly, to periodically check for blank and unfilled entries and complete them immediately by the end of the month. To use post-it notes, calendar notes, and a records check to fill the monthly progress notes on time.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</small> <small>23 NOV -6 8:17</small> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1- Incomplete progress note observed for 4/30/23. Monthly progress notes form blank and unfilled.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 NOV -6 A8:17</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1- Incomplete progress note observed for 4/30/23. Monthly progress notes form blank and unfilled.</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>To complete Progress Notes thoroughly, to periodically check for blank and unfilled entries and complete them immediately by the end of the month. To use post-it notes, calendar entries, and a records check to fill the monthly progress notes on time.</i></p>	<p><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A 8:17</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>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><u>FINDINGS</u> Resident #1- No progress note documentation for Thick-it not given on 3/18/23 to 3/31/23 and 5/31/23.</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 HAWAII DEPARTMENT OF HEALTH STATE LICENSES 23 NOV -6 A8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;”</p> <p><u>FINDINGS</u> Resident #1- No progress note documentation for Thick-it not given on 3/18/23 to 3/31/23 and 5/31/23.</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>To complete Progress Notes thoroughly, to periodically check for blank and unfilled entries and complete them immediately by the end of the month. To use post-it notes, calendar entries, and a records check to fill the monthly progress notes on time.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPARTMENT OF CORRECTIONS STATE LICENSING</small> 23 NOV -6 A8:17 </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 #2 – Admission date incomplete on permanent general register. Admission written as: “6/ /23” no day written.</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>Admission date for Resident #2 has been corrected and completed as “6/24/23”.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A 8:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF SOCIAL SERVICES 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 #2 – Admission date incomplete on permanent general register. Admission written as: “6/ /23” no day written.</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>In order to make sure records and reports will be complete, accurate, current and readily available for review by the department or responsible placement agency, reminders to fill out blank or incomplete entries such as post-it notes, calendar entries, planner notes and periodic checks will be used.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: center;">23 NOV -6 A8:18</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> Quarterly Fire Drill record observed fire drill conducted on "12/15/23."</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>The entry for last year's Quarterly Fire Drill was "12/15/23" and has been corrected to show "12/15/22."</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: center;">23 NOV -6 A8:18</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF LAND & NATURAL RESOURCES 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> Quarterly Fire Drill record observed fire drill conducted on "12/15/23."</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>To ensure that records will be complete, accurate, current and correct, mistakes, incomplete or blank entries will be addressed immediately and corrected accordingly. The use of reminders such as notes, post-it notes, calendar entries, records checklists and periodic checks will be used.</i></p>	<p><i>10/23/23</i></p>

STATE OF HAWAII
DEPT. OF LAND AND NATURAL RESOURCES
STATE LICENSING

23 NOV -6 A8:18

	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 – General Operational Policy signed by family/representative observed incomplete noting unfilled blank sections in page three (3), page seven (7), and page ten (10).</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>The blanks as found in Resident #1's General Operational Policy that was signed by his/her family/representative have been filled.</i></p>	<p style="text-align: center; font-size: 1.5em;"><i>10/23/23</i></p> <div style="text-align: right; margin-top: 200px;"> <p>23 NOV -6 08:18</p> <p>STATE OF HAWAII DEPT. OF STATE LICENSING</p> </div>

	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 – General Operational Policy signed by family/representative observed incomplete noting unfilled blank sections in page three (3), page seven (7), and page ten (10).</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>All records and reports need to be complete, available, accurate and updated. In order to ensure this, the use of reminders such as post-it notes, bookmarks, calendar entries, and records checklist shall be used.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII DEPT. OF SOCIAL SERVICES STATE LICENSING</p> <p>23 NOV -6 A8:18</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #3 – A copy of resident's General Operational Policy observed with white correction tape under "Rates for Services" in section #1, #6, #7 and #8.</p> <p>Repeat Deficiency from 2022 annual 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;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 NOV -6 A8:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #3 – A copy of resident’s General Operational Policy observed with white correction tape under “Rates for Services” in section #1, #6, #7 and #8.</p> <p>Repeat Deficiency from 2022 annual 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>The use of correction fluid or tape will be prohibited in regards to resident's records and reports. If there are any changes or mistakes have to be corrected, a line-out with initials will be used instead, or a new form. All correction fluid and tape will be removed from the premises. Staff will have refresher training on this subject. The use of Post-it notes, calendar notes, and pc and phone apps will be used as reminders.</i></p>	<p style="text-align: right;"><i>1/29/24</i></p> <p style="text-align: right;">24 JAN 29 09:35</p>

STATE OF HAWAII
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STATE INSURING

	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)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #3 – specified amount for rate for services not included in agreement signed by family/representative.</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>The specified amount of rate for services included in agreement signed by the resident's family/representative has been included in the form.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING </div>

23 NOV -6 48:18

	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)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #3 – specified amount for rate for services not included in agreement signed by family/representative.</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>To ensure that the resident's family/representative be well informed of any services and related charges during his or her stay at the TYPE I ARCH. This agreement will be done clearly orally and in writing. Upon admission this information shall be conveyed clearly. To ensure that this happens, the use of reminders such as post-it notes on the forms, admissions forms reviews, and periodic records checks.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII NON-PUBLIC STATE LICENSING</small> 23 NOV -6 8:18 </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)(2)(R) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Have flexible daily visiting hours and provisions for privacy established;</p> <p><u>FINDINGS</u> Resident #1 – General Operational Policy signed by family/representative left section for visiting hours section blank.</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>For resident #1, the General Operational Policy that was signed by family/representative regarding visiting hours has been properly filled.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <div style="text-align: right;"> <p>23 NOV -6 A 8:18</p> <p>STATE OF HAWAII HONOLULU STATE LICENSING</p> </div>

	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)(2)(R) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Have flexible daily visiting hours and provisions for privacy established;</p> <p><u>FINDINGS</u> Resident #1 – General Operational Policy signed by family/representative left section for visiting hours section blank.</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>To ensure that the resident's family/representative be fully informed of a flexible daily visiting schedule that can be realized in the General Operational Policy section. Upon admission this will be brought up and the information updated immediately if there are any changes. To make sure that this part of the policy is met, keep in contact with the family/representative until visiting hours have been decided on and then immediately complete the form.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A8:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Observed pathway to refuge obstructed with the following:</p> <ul style="list-style-type: none"> • Exit #1 heading toward the garage observed blocked with approximately two (2) feet in height of wood fencing. • Exit #2 toward the outdoor seating area observed approximately two (2) feet in height of chicken wire blocking pathway to area of refuge. • Both exits #1 and #2 pathway to area of refuge observed with metal gate secured with metal chain links wrapped around gate. <p>Both exit paths were removed of obstructions by PCG and gates were unchained 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;">STATE OF HAWAII HONOLULU STATE LICENSING</p> <p style="text-align: right;">'23 NOV -6 18:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Observed pathway to refuge obstructed with the following:</p> <ul style="list-style-type: none"> • Exit #1 heading toward the garage observed blocked with approximately two (2) feet in height of wood fencing. • Exit #2 toward the outdoor seating area observed approximately two (2) feet in height of chicken wire blocking pathway to area of refuge. • Both exits #1 and #2 pathway to area of refuge observed with metal gate secured with metal chain links wrapped around gate. <p>Both exit paths were removed of obstructions by PCG and gates were unchained 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>All physical barriers that can or may impede access to a safe place of refuge during a fire emergency will be removed. Any kind of chain or rope used in such a fashion that obstructs a clear escape to a safe area will be removed. Periodic checks inside and outside the home will be done daily. Obstacles that are in the pathways will be moved out of way as soon as possible.</i></p>	<p style="text-align: center;"><i>10/23/23</i></p> <p style="text-align: right;">23 NOV -6 A8:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LABORING</p>

Licensee's/Administrator's Signature: Aida C. Rufo
Print Name: Aida C. Rufo
Date: 10/03/23

STATE OF HAWAII
DEPT. OF REVENUE
STATE LICENSING

23 NOV -6 18:18

Licensee's/Administrator's Signature: Aida C. Rufo
Print Name: Aida C. Rufo
Date: 1/29/24

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING
24 JAN 29 09:35