

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

24 SEP 19 P 2:15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ancilla Adult Care Home LLC	CHAPTER 100.1
Address: 1559 Laumaile Street, Honolulu, Hawaii 96819	Inspection Date: June 27, 2024 Annual

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <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><u>FINDINGS</u> In Fire Drill Record, only locations of the fires were recorded. Residents' names who participated in the fire drills were not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">STATE DEPARTMENT OF HEALTH DIVISION OF LICENSING 24 SEP 19 P2:13</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><u>FINDINGS</u> In Fire Drill Record, only locations of the fires were recorded. Residents' names who participated in the fire drill. were not recorded.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will include names of the residents who participated on the future fire drills</p>	<p>07/23/2024</p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE 24 SEP 19 P2:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Menus posted in kitchen did not have portions sizes for each food items. No documented evidence that menus meet dietary guidelines.</p> <p>Please submit weekly regular menus (7 days) for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Menus on the kitchen provided with portions for each food items for the residents</p> <p><i>copy attached</i></p>	<p>07/01/2024</p>
			<p style="text-align: center;">24 SEP 19 P2:14</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Menus posted in kitchen did not have portions sizes for each food items. No documented evidence that menus meet dietary guidelines.</p> <p>Please submit weekly regular menus (7 days) for department review.</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>Will use menu kitchen with portions sizes of food items for the residents</p> <p><i>I will consult to open nutritionist if menu needs to be change or upgraded.</i></p>	<p>07/01/2024</p>
			<p style="text-align: right;">24 SEP 19 P 2:14</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHICAGO STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Diet orders dated 2/8/2024 and 5/2/2024 were CCHO diet. The order dated 5/31/2024 was Heart healthy and low sodium diet. No documented evidence that special diets were provided as there were no special diet menus available at home.</p> <p>Please submit weekly menus (7 days) for a Heart healthy and low sodium diet for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Heathy Health and low Na diet provided to resident #1 and documented.</p> <p><i>- Menu is provided to resident</i> <i>- Copy attached</i></p>	<p>07/01/2024</p> <p style="text-align: right;">24 SEP 19 P2:14</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATEL...</p>

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<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 – Diet orders dated 2/8/2024 and 5/2/2024 were CCHO diet. No record that the amount of carbohydrate was clarified with physician. Diet order was changed to Health healthy and low sodium (1-2g) on 5/31/2024.</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;">24 SEP 19 P2:14</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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			<p style="text-align: center;">STATE OF HAWAII DOSH-ORHCA STATE LICENSING</p> <p style="text-align: center;">24 SEP 19 P2:14</p>

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<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 – Most recent diet order dated 5/31/2024 was Heart healthy and low sodium (1-2g) diet. Resident #1 was served with a regular diet menu.</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;">24 SEP 19 P 2:14</p> <p style="text-align: center;">STATE OF HAWAII DOH OFFICE STATE LICENSING</p>

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	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><u>FINDINGS</u> Cabinet under the sink of the wet bar downstairs was not locked upon department arrival. Bleach was stored inside the cabinet. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 SEP 19 P2:14</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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			<p style="text-align: right;">24 SEP 19 P 2:14</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>§11-100.1-15 <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> Unlabeled 1% Hydrocortisone cream was left unsecured in residents' bathroom between bedroom #2 and #3.</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>Hydrocortisone cream was remove to cabinet's resident bathroom for bedroom #2 and #3</p>	<p>06/27/2024</p>
			<p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">24 SEP 19 P 2:14</p>

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			<p style="text-align: right;">24 SEP 19 P2:14</p> <p style="text-align: right; font-size: small;">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> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Medication administration record (MAR) showed Furosemide 40mg PRN for swelling and Allopurinol 300mg PRN for gout were administered multiple times in each month. MAR was initialed but time of administration was not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 SEP 19 P 2:14</p> <p style="text-align: center;">STATE OF HAWAII DOH-DRQA STATE LICENSING</p>

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			<p style="text-align: center;">24 SEP 19 P2:14</p> <p style="text-align: center;">STATE OF MAHARASHTRA DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Activities schedule did not include wake up time, bedtime, mealtime, and shower time.</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>Activities schedule for resident included and documented for wake up time, bedtime, meal time and shower time</p>	<p style="text-align: center;">07/01/2024</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF HEALTH 24 SEP 19 P2:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Activities schedule did not include wake up time, bedtime, mealtime, and shower time.</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>Will include activities schedule for resident for wake up time, bedtime, meal time and shower time per residents preference</p>	<p>07/01/2024</p> <p style="text-align: right;">24 SEP 19 P 2:14 STATE OF NEW YORK DEPT OF CORRECTIONS</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 -- In the "HEIGHT AND WEIGHT RECORD" form, the weight was recorded as follows: April 2024: 196.3 lbs May 2024: 184.9 lbs.</p> <p>In the admission assessment form dated 4/18/2024 (admission was 4/6/2024), the weight was recorded as 189.1 lbs.</p> <p>Progress notes was recorded as follows: 4/30/2024: 182.8 lbs. 5/30/2024: 184.1 lbs.</p> <p>Recorded resident's weights were not consistent. Primary Care Giver (PCG)'s observation of resident's weight change was not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 SEP 19 P 2:14</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STAFF</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 – In the "HEIGHT AND WEIGHT RECORD" form, the weight was recorded as follows: April 2024: 196.3 lbs May 2024: 184.9 lbs.</p> <p>In the admission assessment form dated 4/18/2024 (admission was 4/6/2024), the weight was recorded as 189.1 lbs.</p> <p>Progress notes was recorded as follows: 4/30/2024: 182.8 lbs. 5/30/2024: 184.1 lbs.</p> <p>Recorded resident's weights were not consistent. Primary Care Giver (PCG)'s observation of resident's weight change was not recorded.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will document base on observations of weight loss and notify PCP as needed.</p> <p>- Will review record at least once a month - I will document in details if weight fluctuates due to medications effect.</p>	<p>07/23/2024</p> <p style="text-align: right;">24 SEP 19 P2:14 STATE OF VERMONT STATE OF VERMONT</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>FINDINGS Resident #1 – At 5/31/2024 office visit, physician's notes started "Trial furosemide 80mg daily for 5 days." "Increase Carvedilol 6.25 twice a day," and "start Jardiance 10mg." Change in medication was not recorded in progress notes.</p>	<p>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 CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE OF CONNECTICUT 24 SEP 19 P2:14</p>

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	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 – “Trial furosemide 80mg daily for 5 days” was ordered on 5/31/2024. Resident’s response to medication was not documented.</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>STATE OF MICHIGAN STATE OF MICHIGAN 24 SEP 19 P2:14</p>

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<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 – “Trial furosemide 80mg daily for 5 days” was ordered on 5/31/2024. Resident’s response to medication was not documented.</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>Will document for any response of medications as ordered</p> <p><i>Will review medications / chart at the end of month and update, and as needed.</i></p>	<p>07/23/2024</p> <p style="text-align: right;">24 SEP 19 P2:15</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 – Physician’s notes included “Exercise minimum 30 minutes, sleep at least 7-9 hours.” No documented evidence that physician’s order was followed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 SEP 19 P2:15</p> <p style="text-align: right; font-size: small;">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> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s notes included “Exercise minimum 30 minutes, sleep at least 7-9 hours.” No documented evidence that physician’s order was followed.</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>Will document Physician’s order for activities as tolerated and resident preferences</p> <p><i>Will review chart every month and update as needed.</i></p>	<p>07/23/2024</p> <p style="text-align: right;">24 SEP 19 12:15</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DEPT. OF CORRECTIONS</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 documented evidence that the 1500 ml fluid restriction order was provided as ordered by physician on 5/31/2024.</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>Fluid restriction measurements added to vital signs sheet for resident #1</p> <p><i>Will have SCG for fluid restrictions as ordered.</i></p>	<p>06/27/2024</p>
			<p style="text-align: right;">24 SEP 19 P2:15</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>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 requires blood glucose check three times a week, MWF. There was no record that PCG trained Substitute Care Givers (SCG) for glucose monitoring.</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>SCGs and future SCG will train by PCG for blood glucose monitoring</p> <p>- PCG trained SCG for blood glucose monitoring and documented.</p>	<p>06/27/2024</p> <p style="text-align: right;">24 SEP 19 P2:15</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 requires blood glucose check three times a week, MWF. There was no record that PCG trained Substitute Care Givers (SCG) for glucose monitoring.</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>SCGs and future SCG will train by PCG for blood glucose monitoring</p> <p>- When new resident is admitted, I will do assessment base on care needs, I will provide training to SCG.</p>	<p>06/27/2024</p>
		<p style="text-align: right;">STATE OF MARYLAND DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">'24 SEP 19 P2:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Three (3) small dead cockroaches were found in refrigerator door. Cleaned by SCG during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 SEP 19 P2:15</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Three (3) small dead cockroaches were found in refrigerator door. Cleaned by SCG 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>Weekly cleaning of refrigerator provided by CG to prevent roaches entering to refrigerator</p>	<p>06/27/2024</p>
			<p style="text-align: right;">24 SEP 19 P2:15</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DOH-DHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Rowellmond Castillejo Rowellmond Castillejo

Print Name: Rowellmond Castillejo

Date: Jul 23, 2024 9/19/24

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

24 SEP 19 P2:15