

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ugalino ARCH	CHAPTER 100.1
Address: 1017 Ehoeho Avenue, Wahiawa, Hawaii 96786	Inspection Date: September 7, 2022 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.

23 MAY 23 12:31
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, SCG #3 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please send a copy with your Plan of Correction.</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>Yes, I corrected my deficiency by obtaining fingerprinting and filed it in my care home binder.</i></p>	<p style="text-align: right;"><i>5/23/23</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">23 MAY 23 12:31</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, SCG #3 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please send a copy with your Plan of Correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will prevent from similar deficiency to check on all caregivers for their up to date to have cleared the criminal history record on time for record. I will use a staffing requirement checklist to remind me when fingerprinting is due for me and my substitutes.</i></p>	<p style="text-align: right;"><i>5/21/23</i></p> <p style="text-align: right;"><i>Profia</i> <i>Chs</i></p> <p style="text-align: right;">23 MAY 23 PM 12:32</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>FINDINGS SCG #3 – No documented evidence that training by the PCG has been completed.</p> <p>Please send a copy with your Plan of Correction.</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>Yes corrected on 10/22/22 enclosed a copy of documented evidence training.</i></p>	<p style="text-align: right;"><i>5/21/23</i></p> <p style="text-align: right;"><i>[Signature]</i> <i>CHD</i></p>

STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING

23 MAY 23 012:32

	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 #3 – No documented evidence that training by the PCG has been completed.</p> <p>Please send a copy with your Plan of Correction.</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 prevent this deficiency from happening again, I will use a checklist to include training as a requirement for my SCG'S.</i></p>	<p style="text-align: center;"><i>5/23/23</i></p> <p style="text-align: center;"><i>[Signature]</i> CCHD</p> <p style="text-align: center;">23 MAY 23 PM 2:32</p> <p style="text-align: center;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Resident #1 – “Basaglar 100 units per mL kwikpen” insulin pen observed in facility refrigerator in a plastic Tupperware container, unsecured.</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>yes, I did correct ^{that cany} on a safe container, locked to be secured with a key to locked on and open the box container.</i></p>	<p style="text-align: right;"><i>5/21/23</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">23 MAY 23 P12:32 <small>STATE LICENSING</small></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> Resident #1 – “Basaglar 100 units per mL kwikpen” insulin pen observed in facility refrigerator in a plastic Tupperware container, unsecured.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I purchase a lock box for my refrigerated medication. I posted a reminder in front of my fridge to lock all medications.</i></p>	<p style="text-align: right;">23 MAY 23 12:32</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Observed medication bottle labeled: “Meclizine 12.5 mg tab. Take ½ - 1 tab by mouth 3 times a day as needed for dizziness” in bin with current medications. No documented evidence of a physician or APRN order for medication on hand.</p> <p>Please send a copy with your Plan of Correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this medication Meclizine 12.5 mg, I remove the medication on the day of inspection Sept. 7, 2022. and I went to see doctor to fix the deficiency on 4/18/23. The doctor discontinued the medications.</i></p>	<p style="text-align: right;"><i>5/26/23</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;"><i>CHD</i></p> <p style="text-align: right;">23 MAY 23 PM 2:32</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Observed medication bottle labeled: “Meclizine 12.5 mg tab. Take ½ - 1 tab by mouth 3 times a day as needed for dizziness” in bin with current medications. No documented evidence of a physician or APRN order for medication on hand.</p> <p>Please send a copy with your Plan of Correction.</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>A reminder is posted in front of my care home bin to make sure medications in bin have a doctor's order. I will check my residents' medication bin and compare with doctor's order.</i></p>	<p><i>5/23/23</i></p> <p><i>[Signature]</i></p> <p>23 MAY 23 PM 2:32</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH GENERAL 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>FINDINGS Resident #1 – Observed medication bottle labeled “Meclizine 12.5mg tab. Take ½-1 tab by mouth 3 times a day as needed for dizziness.” Date filled: 8/16/22. Medication not written on medication sheet from August through September 2022. Per PCG, resident has not been administered as needed (PRN) medication from August 2022 till 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;">23 MAY 23 12:32</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> Resident #1 – Observed medication bottle labeled “Meclizine 12.5mg tab. Take ½-1 tab by mouth 3 times a day as needed for dizziness.” Date filled: 8/16/22. Medication not written on medication sheet from August through September 2022. Per PCG, resident has not been administered as needed (PRN) medication from August 2022 till 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>A reminder will be posted in front of my care home binder to write and meds. in medication sheet as ordered by doctor. I resident is not making PRN. I will ask doctor to re-assess if meds can be discontinued before removing it from the medsheet.</i></p>	<p style="text-align: right;">5/23/23</p> <p style="text-align: right;">23 PI2:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p>FINDINGS Resident #1 – Physician order for “Basaglar 100 units/mL kwikpen inject 28 units H.S. Hold if glucose is less than 100,” however on medication sheet, it was documented that resident self-administers medication. No documented evidence of the following:</p> <ol style="list-style-type: none"> 1) Physician order that allows for self-administration of medication. 2) Written procedures for storage, monitoring and documentation of self-administration of medication. <p>Please send a copy of a physician or advanced practice registered nurse (APRN) permitting self-administration and a copy of a written procedure with your Plan of Correction.</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>Yes, I did correct this Basaglar 100 units/mL kwikpen inject 28 units H.S. on 4/18/23.</i></p>	<p style="text-align: right;"><i>5/22/23</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">23 MAY 23 P12:32</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DOMESTIC STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for “Basaglar 100 units/mL kwikpen inject 28 units H.S. Hold if glucose is less than 100,” however on medication sheet, it was documented that resident self-administers medication. No documented evidence of the following:</p> <ol style="list-style-type: none"> 1) Physician order that allows for self-administration of medication. 2) Written procedures for storage, monitoring and documentation of self-administration of medication. <p>Please send a copy of a physician or advanced practice registered nurse (APRN) permitting self-administration and a copy of a written procedure with your Plan of Correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will prevent from similar deficiency on the Basaglar units/mL kwik pen inject 28 units h.s. Hold if glucose is less than 100 I will ask doctor for the order of Basaglar, and to have written procedures on monitoring on documentation of self administration of medication.</i></p>	<p style="text-align: right;"><i>5/22/23</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">MAY 23 11:32</p> <p style="text-align: right;">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>FINDINGS Resident #1 – Physician order for “Basaglar 100 units/mL kwikpen inject 28 units H.S. Hold if glucose is less than 100.” No documented evidence of blood glucose monitoring prior to administering Basaglar insulin.</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 MAY 23 P12 32</p> <p>STATE OF MICHIGAN STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for “Basaglar 100 units/mL kwikpen inject 28 units H.S. Hold if glucose is less than 100.” No documented evidence of blood glucose monitoring prior to administering Basaglar insulin.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I created a blood sugar 100 and placed in resident's chart, From now on, I keep a log of blood sugar and if its below 100, I hold insulin and record it in my med sheet. A reminder to take my resident blood sugar is posted in front of her chart.</i></p>	<p style="text-align: right;"><i>5/23/20</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">23 MAY 23 11:32 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1 – No record of an initial or current inventory of belongings was made available for review by the department. Resident was admitted in May, 2022.</p> <p>Please send a copy with your Plan of Correction.</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>yes, I didⁱⁿ correct the inventory on Sept. 8, 2022, I used the residents' valuables form to do the inventory.</i></p> <p style="text-align: right;"><i>[Signature]</i> C/A</p>	<p style="text-align: center;"><i>5/22/23</i></p> <p style="text-align: center;">23 MAY 23 12:32</p> <p style="text-align: center;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No record of an initial or current inventory of belongings was made available for review by the department. Resident was admitted in May, 2022.</p> <p>Please send a copy with your Plan of Correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I included inventory of belongings in my admission checklist and will follow my checklist when I do admissions and at least once a year.</i></p>	<p style="text-align: center;">23 MAY 23 PM 2:32</p> <p style="text-align: center;">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>FINDINGS PCG, SCG #1, SCG #2, SCG #3 – No documented evidence of Care Giver training for blood glucose monitoring and signs and symptoms of hypoglycemia and hyperglycemia.</p> <p>Please send a copy with your Plan of Correction.</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>I received training from the doctor's office on how to monitor and manage signs and symptoms of hypoglycemia and hyperglycemia. I trained my SCG's after.</i></p>	<p style="text-align: center;">23 MAY 23 11:32</p> <p style="text-align: center;">STATE OF MICHIGAN EAST LANSING 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> PCG, SCG #1, SCG #2, SCG #3 – No documented evidence of Care Giver training for blood glucose monitoring and signs and symptoms of hypoglycemia and hyperglycemia.</p> <p>Please send a copy with your Plan of Correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will post a reminder note in front of my care home binder to train my substitutes of any new skills unique to the residents after receiving proper training from the doctor.</i></p>	<p style="text-align: right;">23 MAY 23 PM 2:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Quarterly fire drills were not held at various times of the day in the past twelve (12) months. Quarterly fire drills are recorded to be held between 3:30 p.m. and 6:30 p.m. in the past 12 months.</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;">23 MAY 23 P12:33</p> <p style="text-align: center; font-size: small;">STATE OF GEORGIA DEPARTMENT OF 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)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS Quarterly fire drills were not held at various times of the day in the past twelve (12) months. Quarterly fire drills are recorded to be held between 3:30 p.m. and 6:30 p.m. in the past 12 months.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will prevent from similar deficiency on quarterly fire drills, to used different times of the day. I will remind myself by reviewing previous fire drill to determine what time my next fire drill will be and write it in the calendar.</i></p>	<p style="text-align: right;"><i>5/22/23</i></p> <p style="text-align: right;"><i>[Signature]</i> <i>CHD</i></p> <p style="text-align: center;">23 MAY 23 12:33</p> <p style="text-align: center;">STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p>FINDINGS Bedroom #3 – Observed window screen coming off from the bottom left corner.</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>yes this is corrected on November 5, 2022. my husband fixed the screen of the window.</i></p>	<p style="text-align: center;"><i>5/22/23</i></p> <p style="text-align: center;"><i>[Signature]</i> CEO</p> <p style="text-align: center;">23 MAY 23 12:33</p> <p style="text-align: center; font-size: small;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p>FINDINGS Bedroom #3 – Observed window screen coming off from the bottom left corner.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will prevent from similar deficiency on the window screen. I will check the window screen monthly to make sure windows and window screen are all good.</i></p>	<p style="text-align: right;"><i>5/23/23</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;"><i>CHD</i></p> <p style="text-align: right;">*23 MAY 23 P12:33</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

Licensee's/Administrator's Signature: Josefina Ugolino ARCH

Print Name: Josefina Ugolino

Date: 5/21/23

23 MAY 23 P12:33
STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING