

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marquez, Luz	CHAPTER 100.1
Address: 94-908 Kumuao Street, Waipahu, HI 96797	Inspection Date: May 7, 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).

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10:57

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Primary Care Giver (PCG) & Substitute Care Giver (SCG) #1 – No documented evidence of twelve (12) hours of continuing education completed in past twelve (12) months.</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>SINCE JULY 2023 I did NOT HAVE ANY RESIDENTS in my home MY 4 RESIDENTS WERE TAKEN TO THE HOSPITAL due to COVID AND DID NOT ACCEPTED THEM BACK I ALSO CAUGHT THE COVID AND WAS SICK FOR SEVERAL MONTHS IT TOOK ME A LONG TIME TO RECOVER I DECIDED TO cut down my RESIDENT to 2 REGULAR ARCH ARCH RESIDENT ENCLOSED'S 6 HOUR COPY CONTINUING EDUCATION</p>	<p style="text-align: right;">3/29/24</p> <p style="text-align: right;">24 JUN -6 P2:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG & SCG #1 – No documented evidence of twelve (12) hours of continuing education completed in past twelve (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 style="text-align: center;"><i>IN THE FUTURE MS SCG WILL ASSIST ME IN GETTING THE 6 HOUR TRAINING AND IT WILL BE ON FILE</i></p>	<p style="text-align: center;">24 OCT 29 10:57</p> <p style="text-align: center;">STATE OF MICHIGAN STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documented evidence of monthly fire drills conducted from August 2023 to April 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>TO MY UNDERSTANDING SINCE I DID NOT HAVE ANY RESIDENT SINCE JULY 23 I ASSUME I DON'T HAVE TO DO FIRE DRILLS BUT EVEN I DON'T HAVE NO RESIDENTS MEANS MY HUSBAND HAS TO DO FIRE DRILLS MONTHLY IN THE FUTURE AND IN THE PRESENT AND RECORD IT.</p>	<p style="text-align: right;">5/29/24</p> <p style="text-align: right;">24 JUN -6 P2:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:</p> <p><u>FINDINGS</u> No documented evidence of monthly fire drills conducted from August 2023 to April 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 style="text-align: center;">IN THE FUTURE I WILL HAVE MY SC6 ASSIST ME IN HAVING DRILL EVERY 3 MONTHS AND HAVE ON FILE</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF LABOR STATE LICENSING</p>	<p style="text-align: right;">24 OCT 29 AM 57</p>

Licensee's/Administrator's Signature: Luz A. Marquez

Print Name: Luz A. Marquez

Date: 5/29/24

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE

24 JUN -6 P 2:28

Licensee's/Administrator's Signature: Luz A. Marquez
Print Name: LUZ A. MARQUEZ
Date: 10/24/24

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
24 OCT 29 09:57