

4/16/26

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Kupuna Care Home LLC	CHAPTER 100.1
Address: 1310 Palama Street, Honolulu, Hawaii, 96817	Inspection Date: October 22, 2025 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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	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>FINDINGS Household member (HM) #1, #2, #3 – No documented evidence of annual physical exams.</p> <p>Please submit copies with your plan of correction (POC).</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>HM #1, #2, #3 Completed their physical exams on Nov. 12, 2025</i></p> <p><i>PC6 obtained copies and filed in my binder.</i></p> <p style="text-align: center;"><i>"Please see attached"</i></p>	<p><i>11/12/25</i></p> <p><i>11/15/25</i></p>

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<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> Household member (HM) #1, #2, #3 – No documented evidence of annual physical exams.</p> <p>Please submit copies with your plan of correction (POC).</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 the future I will make a notes and use my cellphone calendar to set an alarm to remind and help me to update all household members documents that will expires and need to be renewed in a yearly basis</i></p>	<p style="text-align: right;"><i>11/15/25</i></p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p> <p style="text-align: right; color: red;">APR 16 2026</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> HM #1 and #2 – No documented evidence of an annual tuberculosis (TB) clearance.</p> <p>Please submit copies with your POC.</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>HM #1 and #2 Completed their annual tuberculosis (Tb) clearance on Nov. 12, 2025</i></p> <p><i>" Please see attached ."</i></p>	<p><i>11/12/25</i></p>

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	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> HM #2 – No documented evidence of an initial TB clearance. There was a single TB skin test dated 4/1/23.</p> <p>Please submit a copy of initial TB clearance result with your POC.</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>HM #2 Completed his TB Clearance on Sept. 01, 2024 and Nov. 12, 2025</i></p> <p style="text-align: center;"><i>"Please see attached."</i></p>	<p><i>11/12/25</i></p>

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<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> HM #2 – No documented evidence of an initial TB clearance. There was a single TB skin test dated 4/1/23.</p> <p>Please submit a copy of initial TB clearance result with your POC.</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 the future I will make a notes and use my cell phone calendar to set an alarm to remind me to update all household members document. I created a notes to remind me of ^{that} what a household member required to get a TB test step 1 and step 2.</i></p> <p><i>-I will keep initial tb clearance in my care home binder and i will not remove it.</i></p>	<p style="text-align: right;"><i>11/15/25</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 was admitted on 7/8/25. New admission was not allowed per the letter dated 1/14/25. Thus, licensed capacity exceeded.</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 was under the understanding 11/15/25 that, upon receiving my 6 months provisional liscensed the restriction on admitting new clients had been lifted. -the resident was discharged.</i></p>	<p style="text-align: right;"><i>4-16-26</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 was admitted on 7/8/25. New admission was not allowed per the letter dated 1/14/25. Thus, licensed capacity exceeded.</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 would call my nurse consultant for clarification regarding this matter to ensure I remain in compliance with licensing requirements.</i></p>	<p style="text-align: right;"><i>11/15/25</i></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> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator temperature downstairs is at 52 degrees Fahrenheit.</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 will ensure temperatures are checked and documented regularly to maintain full compliance with food safety standards.</i></p> <p><i>- Fridge temperature ^{is} below 45° Fahrenheit.</i></p>	<p><i>11/15/25</i></p>

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<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> Refrigerator temperature downstairs is at 52 degrees Fahrenheit.</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 this does not recur i will monitor and my substitute and record the refrigerator temperature daily. if temperatures fall outside the acceptable range, I will immediately take corrective measures, such as adjusting the thermostat unitizing door closure.</i></p>	<p><i>11/15/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer to check hot/cold food temperature.</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>Pcg bought new metal stem thermometer to check hot/cold food temperature.</i></p>	<p style="text-align: center;"><i>11/15/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer to check hot/cold food temperature.</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 the future, I created a notes to remind me and my substitute to check every day to make sure its always available for checking Cold and hot food temperatures.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Lysol all-purpose cleaner was unsecured in bedroom #1 bathroom.</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>SCG securely stored the lysol all purpose cleaner right away after the inspection.</i></p>	<p><i>11/15/25</i></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 – No medication labels on bottles of Citracal Calcium Supplement.</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>Pcg made a medication labels on bottles of Citracal Calcium supplements right after the inspection.</i></p>	<p><i>11/15/25</i></p>

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☒	<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 – Five (5) tablets of Loperamide Hydrochloride 2mg and two (2) tablets of Pepto Bismol chewable stored loose were found in container for the current medication.</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>The loose tablets were removed and properly discarded per carehome procedure. Medication storage containers will be reviewed and re-organized to ensure only proper labeled original packaging is used. - Staff will be re-educated on medication handling and storage protocols including the requirements that no loose or unidentified tablets be kept in a medication containers</i></p>	<p>11/15/25</p>

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	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 – There was no physician’s order for the unlabeled five (5) loose tablets of Loperamide Hydrochloride 2mg and two (2) loose tablets of Pepto Bismol chewable found in the container for the current medication.</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>The loose tablets were removed and properly discarded per censure procedure. medication storage containers will be reviewed and re-organized to ensure only proper labelled original packaging is used.</p> <ul style="list-style-type: none"> - Staff will be reeducated on medication handling and storage protocols including the requirements that no loose or identified tablets be kept in a medication container. - PC6 removed pepto from the container. 	<p style="text-align: center;">11/15/25</p>

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<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 – Medication administration record (MAR) included Risedronate Sodium 150mg tabs, take 1 tab 30 days before breakfast. There was no physician's order.</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 the future i created a notes to remind me and my substitute that any future medication given or brought by family without a physician order i will call physician to get a telephone order as soon as possible.</i></p> <p><i>- I would review medication at least once a month, if clarification needed I would contact the physician within 24 hours.</i></p>	<p style="text-align: right;"><i>11/15/25</i></p>

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<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 – Orders dated 7/22/25 and 6/23/25 were Calcium Carbonate 648mg, Calcium tablet, take 648mg by mouth. Medication available at home was Citracal Calcium Supplement (Calcium Citrate with vitamin D3, zinc, copper, and manganese).</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>Citracal Calcium Supplement (Calcium Citrate with Vitamin D3, zinc, copper and manganese) order obtained.</i></p> <p><i>• Calcium Citrate is preferred by Family request and approved by the physician</i></p> <p><i>"Please see attached."</i></p>	<p><i>11/15/25</i></p>

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<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 – Orders dated 7/22/25 and 6/23/25 were Calcium Carbonate 648mg, Calcium tablet, take 648mg by mouth. Medication available at home was Citracal Calcium Supplement (Calcium Citrate with vitamin D3, zinc, copper, and manganese).</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 the future, i created a notes to remind me and my substitute that any future medication or supplements given or brought by family without a physician order i will call physician to get a telephone order as soon as possible.</i></p>	<p><i>11/15/25</i></p>

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<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 - Medication label read “Risedronate Sodium 150mg tab, Take 1 tablet by mouth every 30 days before breakfast for osteoporosis.” There was no physician’s order. October 2025 MAR listed administration time as “8P.” Administration times for previous months were recorded at “8a.” Substitute care giver (SCG) stated that breakfast was between 7 and 7:30am.</p> <p>Medication was not given before breakfast as medication bottle label stated.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – MAR included Risedronate Sodium 150mg tabs, take 1 tab 30 days before breakfast. There was no physician's order. Per MAR, medication was given on 10/1/25, 9/1/25, 8/1/25. Medication label read "Risedronate Sodium 150mg tab, Take 1 tablet by mouth every 30 days before breakfast for osteoporosis." Medication label and MAR were not consistent.</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>PCG corrected the MAR right after the inspection. and clarification order obtained and medication is discontinued. on 11/24/25.</i></p>	<p><i>11/13/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Medication label read "Risedronate Sodium 150mg tab, Take 1 tablet by mouth every 30 days before breakfast for osteoporosis." There was no physician's order. October 2025 MAR listed administration time as "8P." Primary care giver (PCG) corrected to 7:30a 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>	

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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)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – Current physical exam record dated 12/3/24 noted “see attached.” The attached did not include information for standard physical exam.</p> <p>Resident #3 – Current physical exam record dated 12/13/24 noted “see AVS.” The AVS did not include information for the standard physical exam.</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>PC6 make an appointment for resident #2, and #3, I make sure to remind that the appointment is for physical exam. - PE for resident #2, #3 have been obtained.</i></p>	<p style="text-align: right;"><i>11/15/25</i></p>

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<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 #2 – Progress notes did not include observation of resident’s change in weight and appetite.</p> <p>March 2025: 92lbs April 2025: 139.6lbs September 2025: 130lbs</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>	

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<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> Access to the area of refuge from the 2nd exit was obstructed by a shopping cart and a large paper box with random items.</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>- PLC6 cleaned and cleared all items such as shopping cart and large box after the inspection.</i></p>	<p style="text-align: center;"><i>11/15/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><u>FINDINGS</u> No documented evidence that the plan for safe care and evacuation was reviewed when resident #1 entered the facility.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PLC did an actual evacuation 11/15/21 and reviewed resident #1 that we always do every 3 months.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No documented evidence of a smoke detector check for May 2025.</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>	

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<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> SCG stated that dishes were not sanitized after each meal.</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>	

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Licensee's/Administrator's Signature: Almalvar Almalvar - 4/16/20

Print Name: Marinellie Malvar

Date: 11/24/25