

26 MAR 23 P1:22

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
HONOLULU
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: E & R | CHAPTER 100.1 |
| Address: 3034 Kalih i Street, Honolulu, Hawaii 96819 | Inspection Date: February 25, 2026 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>§11-100.1-9 <u>Personnel, staffing and family requirements</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) & Substitute Caregiver (SCG) #3— No documentation of a first aid certification that includes a skills-verification component.</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 PCG and my SCG #3 completed our CPR and First Aid training with hands on skills on March 9, 2026 and March 16, 2026.</p> | <p style="text-align: center;">3/16/2026</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN MICHIGAN DEPARTMENT OF SOCIAL SERVICES 26 MAR 23 P1:22</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) & Substitute Caregiver (SCG) #3— No documentation of a first aid certification that includes a skills-verification component.</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>In the future, my SCG helped me make a reminder to complete CPR and First Aid with hands on skills for all future trainings. This reminder will be reviewed annually one month before my annual inspection.</p> | <p style="text-align: center;">3/17/2026</p> <p style="text-align: center;">STATE DEPARTMENT OF STATE EDUCATION</p> <p style="text-align: center;">26 MAR 23 P 1:22</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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> Substitute caregiver (SCG) #2— Leave notification listed the SCG to provide resident care during the PCG's leave from 07/05/2025 to 07/22/2025. No record of PCG training was available for review.</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 HAWAII STATE LIAISON 26 MAR 23 P 1:22</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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> Substitute caregiver (SCG) #2— Leave notification listed the SCG to provide resident care during the PCG's leave from 07/05/2025 to 07/22/2025. No record of PCG training was available for 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>In the future, I will make sure that all my substitute caregivers I use will have PCG training. My SCG helped me create a reminder sheet of all care giver requirements before providing care to my residents. This will be reviewed annually one month before my inspection and when I have new substitute care givers.</p> | <p style="text-align: center;">3/17/2026</p> <p style="text-align: center; color: purple;">26 MAR 23 P 1:23</p> <p style="text-align: center; color: gray; font-size: small;">STATE OF MICHIGAN STATE LIBRARY</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (F)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> PCG & SCG #3— No documentation of a cardiopulmonary certification that includes a skills-verification component.</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 PCG and my SCG #3 completed our CPR and First Aid training with hands on skills on March 9, 2026 and March 16, 2026.</p> | <p style="text-align: center;">3/16/2026</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS MARCH 23 2026 26 MAR 23 P 1:23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> PCG & SCG #3— No documentation of a cardiopulmonary certification that includes a skills-verification component.</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>In the future, my SCG helped me make a reminder to complete CPR and First Aid with hands on skills for all future trainings. This reminder will be reviewed annually one month before my annual inspection.</p> | <p style="text-align: center;">3/17/2026</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN MICHIGAN STATE BOARD OF NURSING 26 MAR 23 P 1:23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1— No Level of Care (LOC) assessment documentation was available for review.</p> <p><i>Please provide documentation with Plan of correction.</i></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 took my resident to the doctor to get an updated level of care assessment. A copy is provided.</p> | <p>3/17/2026</p> <p style="text-align: right;">26 MAR 23 P 1 :23</p> <p style="text-align: center; font-size: small;">STATE OF TENNESSEE DEPARTMENT OF REHABILITATION STATE ADMINISTRATOR</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1— No Lvel of Care (LOC) assessment documentation was available for 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>I placed a copy of the admission checklist in front of my care home binder to remind me that all residents admitted need to have a level of care assessment</p> | <p>3/17/2026</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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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-- Multiple as needed (PRN) medications were unavailable as prescribed (Mupirocin 2%, Calmoseptine 0.44-20.6%, Diazepam 5 mg, Bisacodyl 10 mg).</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>Resident #1's PRN medications have been (a. <u>discontinued by the doctor on (date).</u> OR b. <u>have been refilled by the pharmacy and it is now available as ordered by the doctor.</u></p> | <p style="text-align: center;">26</p> <p>write date it was done</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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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-- Multiple as needed (PRN) medications were unavailable as prescribed (Mupirocin 2%, Calmoseptine 0.44- 20.6%, Diazepam 5 mg, Bisacodyl 10 mg).</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will remember to have medications available as prescribed, including as needed medications. My SCG helped me create a reminder note added to the front of my care home binder. I will refer to this before each doctor's appointment and after the appointment as a follow up.</p> | <p>26 3 P1:23 3/17/2026</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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—Vitamin D3 2000 units PO daily ordered at hospital discharge; medication present in bin but not listed on medication administration record (MAR).</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 updated my resident #1's MAR to have the Vitamin D3 2000 units medication after the inspection and it is now current.</p> | <p style="text-align: center;">2/25/2026</p> <p style="text-align: center; color: purple; font-size: small;">26 MAR 23 P 1:23</p> |

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| <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—Vitamin D3 2000 units PO daily ordered at hospital discharge; medication present in bin but not listed on medication administration record (MAR).</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 had my SCG help me make a reminder checklist that MAR must follow hospital discharge orders. I will also have my SCG help me by reviewing my work after it is completed. This reminder will be reviewed as needed when I get doctor's orders or hospital orders.</p> | <p style="text-align: center;">3/17/2026</p> <p style="text-align: center;">STATE OF MICHIGAN MAR 23 P 1:23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-t00.1-17 <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>FINDINGS</p> <p>1) Resident #2--No current annual tuberculosis (TB) clearance (single-step skin test or Interferon Gamma Release Assay (IGRA)) available for review.</p> <p>2) Resident #3--No current annual TB clearance (single-step skin test or IGRA) available for 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>Resident #2 completed their TB clearance on <u>09 FEB 26</u> Resident #3 completed their TB clearance on <u>09 FEB 26</u></p> | <p>3/17/2026</p> <p style="text-align: right;">26 MAR 23 P1:23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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></p> <ol style="list-style-type: none"> 1) Resident #2—No current annual tuberculosis (TB) clearance (single-step skin test or Interferon Gamma Release Assay (IGRA)) available for review. 2) Resident #3—No current annual TB clearance (single-step skin test or IGRA) available for review. | <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>My SCG helped me create a resident annual requirement reminder checklist to include physical exam, TB clearance immunizations, and any relevant laboratory reports. I will also have a calendar to write when the next PE and TB clearance is due for all my resident. I will review my calendar and checklist monthly.</p> | <p style="text-align: center;">3/17/2026</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK 26 MAR 23 P 1:23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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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>FINDINGS Resident #1-- Monthly weights were recorded as 148 lbs in September 2025 and 140 lbs in October 2025. The 8-lb weight loss was not addressed in the monthly progress note.</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>26 MAR 23 P 1 23</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 #1— Monthly weights were recorded as 148 lbs in September 2025 and 140 lbs in October 2025. The 8-lb weight loss was not addressed in the monthly progress note</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 had my SCG help me create a monthly reminder note on what to include in the progress notes. This will include the weight loss of residents.</p> | <p style="text-align: right;">STATE OF HAWAII MAR 23 P 1:23 3/17/2026</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>FINDINGS Resident #1—Resident's response to medication was not documented in the monthly progress notes from February through October 2025.</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 EMPLOYMENT STATE EMPLOYMENT 26 MAR 23 P 1:24</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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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 #1-- Resident's response to medication was not documented in the monthly progress notes from February through October 2025.</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 had my SCG help me create a monthly reminder note on what to include in the progress notes. This will include the response to medication.</p> | <p style="text-align: right;">26 MAR 23 P 1 24 STATE OF MARYLAND 3/17/2026</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 #1—No documentation in progress notes regarding recent Emergency Room visit on 01/29/2026.</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 MICHIGAN MAR 23 11:24 AM '26</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 #1—No documentation in progress notes regarding recent Emergency Room visit on 01/29/2026.</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 had my SCG help me create a monthly reminder note on what to include in the progress notes. This will include resident's visit to the ER.</p> | <p style="text-align: right;">STATE OF MICHIGAN STATE OF MICHIGAN 26 MAR 23 P1 24 3/17/2026</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1--No notation of visits and consultations made 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 had my SCG help me create a monthly reminder note on what to include in the progress notes. This will include a notation of any visits for the resident.</p> | <p style="text-align: right;">*26 MAR 23 P 1 2016</p> <p style="text-align: right;">3/17/2026</p> |

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| <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—Medications listed in emergency sheet not current.</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 updated my medication list on my emergency sheet after the inspection. It is filed in my binder.</p> | <p style="text-align: center;">3/17/2026</p> <p style="text-align: center;">26 MAR 23 P 1:24</p> <p style="text-align: center;">STATE OF HAWAII STATE LIBRARY</p> |

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| <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—Medications listed in emergency sheet not current.</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 had my SCG help me create a reminder check list in my care home binder to update the emergency sheet when there are changes to the medications. I will review this quarterly to make sure it is up to date.</p> | <p style="text-align: center;">3/17/2026</p> <p style="text-align: center;">*26 MAR 23 P 1:24</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #3—Permanent register did not indicate most recent readmission back to care home after hospitalization on 01/09/2026.</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 update the resident register after the inspection. It now has Resident #3 readmitted to my care home after hospitalization.</p> | <p>3/17/2026</p> <p style="text-align: right; color: blue;">26 MAR 23 P 1 :24</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #3—Permanent register did not indicate most recent readmission back to care home after hospitalization on 01/09/2026.</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 will use the admission checklist each time I admit and readmit resident to help me remember to indicate when residents get discharged, admitted, and readmitted.</p> | <p>3/17/2026</p> <p style="text-align: right; color: purple;">26 MAR 23 P 1:24</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 --- Financial statement in resident chart was not signed by PCG, resident, or guardian.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>After the inspection, my resident and I signed the Financial Statement.</p> | <p>3/17/2026</p> <p style="text-align: right; color: purple;">'26 MAR 23 P 1:24</p> <p style="text-align: right; color: purple; font-size: small;">STATE OF OHIO STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1—Financial statement in resident chart was not signed by PCG, resident, or guardian.</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 will use the admission checklist each time I admit and readmit resident to help me remember to have resident, guardian and I sign the Financial Statement.</p> | <p>3/17/2026</p> <p style="text-align: right; color: purple; font-size: small;">STATE OF ILLINOIS MAR 23 2026 P 1 24</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 Substitute caregiver (SCG) #2— SCG was employed in the care home during 2025; however, no documentation of the required 12 hours of continuing education was available. PCG reported the SCG ended employment in December 2025.</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>*26 MAR 23 P 1 :24</p> <p>STATE OF MICHIGAN STATE LIAISON</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><u>FINDINGS</u> Substitute caregiver (SCG) #2— SCG was employed in the care home during 2025; however, no documentation of the required 12 hours of continuing education was available. PCG reported the SCG ended employment in December 2025.</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>My SCG helped me create a reminder checklist of all caregivers annual requirements, including 12 hours of continuing education. I will review this at least 2 months before my annual inspection and more often as needed.</p> | <p>3/17/2026</p> <p style="text-align: right;">26 MAR 23 P 1:24</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p> |

Licensee's/Administrator's Signature: Remedios Brion

Print Name: REMEDIOS BRION

Date: 03/17/2026

STATE OF CALIFORNIA
STATE LICENSING
26 MAR 23 P1 24