

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Living II ARCH/EARCH	CHAPTER 100.1
Address: 92-1238 Umena Street, Kapolei, Hawaii 96707	Inspection Date: April 8, 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. 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
☒	§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application. 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: 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; <u>FINDINGS</u> PCG, SCG #1,2 – Two (2) consecutive years of Fieldprint clearance unavailable PCG, SCG 1,2 – Current Fieldprint clearance unavailable Submit a copy of current Fieldprint clearance with plan of correction	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Licensee /PCG reviewed personal record and found Field print was done on 4/19/2024 for 1)PCG, 2) SCGs result submitted to DOH by the Field print agency. April 21,2025 was done for PCG/ and 2 SCG for year 2025 result will be send to DOH per Field print agent after 2weeks <i>See Attach</i>	04/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application. 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: 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; FINDINGS PCG, SCG #1,2 – Two (2) consecutive years of Fieldprint clearance unavailable PCG, SCG 1,2 – Current Fieldprint clearance unavailable Submit a copy of current Fieldprint clearance with plan of correction	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Initial & Annual Fieldprint Clearance Expiration check have been added to monthly Audit check list.</i> <i>Audit check list will be used at the beginning of each month</i>	5/19/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> SCG #1,2 – PCG training to make medications available is unavailable Submit a copy with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>PCG training training completed for SCG #1 & 2. 5/19/25</i>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> SCG #1,2 – PCG training to make medications available is unavailable Submit a copy with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PCG training has been added to new hire orientation check list. Check list will be used to upon each hire.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. <u>FINDINGS</u> Diet menus posted do not meet the daily nutritional needs of the residents as evidenced by only a few food items listed per meal, no liquids indicated for hydration, and no portion sizes indicated Submit a copy of revised menus with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>The menu revised and submitted to OAH for review See Attach.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. <u>FINDINGS</u> Diet menus posted do not meet the daily nutritional needs of the residents as evidenced by only a few food items listed per meal, no liquids indicated for hydration, and no portion sizes indicated Submit a copy of revised menus with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Staff was in service on the appropriate menu to past.</i> <i>Incorrect menu discarded</i>	5/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. <u>FINDINGS</u> Diet menu not followed for breakfast on 4/8/25. Breakfast per menu states, "Jimmy Dean"; however, Vienna sausage, eggs, papaya, and sweet rolls were served	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	03/11/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. <u>FINDINGS</u> Diet menu not followed for breakfast on 4/8/25. Breakfast per menu states, "Jimmy Dean"; however, Vienna sausage, eggs, papaya, and sweet rolls were served	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Reminder posted that specific food items with name will be included in menu not to be brand name of food item</i>	5/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Resident's plate of breakfast stored uncovered on kitchen counter with multiple fruit flies on portion of chopped papaya	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>Food was covered upon inspection finding.</i>	<i>5/29/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> Resident's plate of breakfast stored uncovered on kitchen counter with multiple fruit flies on portion of chopped papaya	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PCs reminds staff to cover food when resident is eating each.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. <u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable. Last completed at the time of admission on 1/1/24 Submit an updated copy with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG/SCG updated the inventory record for resident #1. *** copy of updated inventory clothing / valuable form submitted	04/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. <u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable. Last completed at the time of admission on 1/1/24 Submit an updated copy with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Reminder note has been posted on resident folder to complete inventory each every January.</i>	5/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – Per 4/2024 monthly progress note, resident lost 10.4lbs (from 100 in 3/24 to 89.6lbs in 4/24); however, no documented evidence this sudden and significant weight loss was discussed with physician	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – Per 4/2024 monthly progress note, resident lost 10.4lbs (from 100 in 3/24 to 89.6lbs in 4/24); however, no documented evidence this sudden and significant weight loss was discussed with physician	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Resident note has been posted at resident binder to check weight if monthly change is significant. If weight changes accurate PCG will notify the doctor.</i>	5/19/25

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☒	§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – Monthly progress notes from 4/2024-3/2025 do not include a signature or name of individual who completed the progress note, nor the date progress note was completed by individual. Unable to determine if monthly progress notes were completed at the appropriate time.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – Monthly progress notes from 4/2024-3/2025 do not include a signature or name of individual who completed the progress note, nor the date progress note was completed by individual. Unable to determine if monthly progress notes were completed at the appropriate time.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PCCs instruct staff reminding them to include the name and date at the bottom of completed progress note</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. <u>FINDINGS</u> Resident #1 – White out used on physical exam form dated 12/16/24	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. <u>FINDINGS</u> Resident #1 – White out used on physical exam form dated 12/16/24	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PRC interview staff that white out are not allow on all documents.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> Resident #3 – Resident register not completed for resident's admission (does not include admission date, Diagnoses, Referred by) Submit a copy of updated resident register with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Licensee/ PCG updated the newly admitted resident with personal data, DOB, religion. Marital status, Name/ address / Diagnosis, Referred DOA *** copy of the current Resident register submitted to DOH	05/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> Resident #3 – Resident register not completed for resident's admission (does not include admission date, Diagnoses, Referred by) Submit a copy of updated resident register with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Revision post note on care home binder to complete all fields of resident register when someone is admitted.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations. <u>FINDINGS</u> Resident #1 – Annual dental exam unavailable for review Submit evidence of completed dental exam or statement of declination with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>Annual dental exam completed & see attached.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 <u>Resident health care standards. (e)</u> Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations. <u>FINDINGS</u> Resident #1 – Annual dental exam unavailable for review Submit evidence of completed dental exam or statement of declination with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Annual dental exam due date have been added to resident audit checklist. Check list will be reviewed monthly.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Bathrooms do not include single-use hand towels or individually assigned hand towels for residents	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>PCG/SCG placed hand towel in each bathroom for proper sanitation.</i>	<i>5/19/20</i>

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☒	§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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Bathrooms do not include single-use hand towels or individually assigned hand towels for residents	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Inmate staff to supervise residents in using towels in bathroom to avoid clogging toilet bowl.</i>	<i>5/19/25</i>

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☒	§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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Multiple green lizards observed in the facility with substantial amount of lizard feces on living room walls and window ledges	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY PCG/ SCG cleaned wall with disinfectant and refer to Terminix (Terminix comes q 3months for treatments of insects)	04/20/2025

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☒	§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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Multiple green lizards observed in the facility with substantial amount of lizard feces on living room walls and window ledges	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>Insurance staff to notify PCG / staff ^{me} if an insect or insect dropping in the house. PCG / Licensee will have insect / dropping cleaned up.</i>	3/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; FINDINGS Evacuation pathway at front of house obstructed by fold out table blocking gate door to exit property Exit ramp at side of house obstructed by bedside commode	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>PCG / SCG remove bedside commode on the exit ramp right away after clearing the chair.</i> <i>fold out table removed from gate door.</i>	<i>5/14/25</i>

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☒	§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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> Evacuation pathway at front of house obstructed by fold out table blocking gate door to exit property Exit ramp at side of house obstructed by bedside commode	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>AC / Licensee will instruct staff on keeping evacuation pathway clear & unobstructed at all times.</i>	<i>5/19/25</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: <u>FINDINGS</u> Resident #1-3 – Three (3) non-self-preserving residents residing in facility, exceeding maximum two (2) NSP permitted	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>Resident #3 reevaluated and deemed self preserving See attach.</i>	<i>5/19/25</i>

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☒	§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: FINDINGS Resident #1-3 – Three (3) non-self-preserving residents residing in facility, exceeding maximum two (2) NSP permitted	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PCC was instructed that she will be responsible for evaluating all levels of care evaluation and will then compare evaluation status with currently preservation cases.</i>	5/19/25

Licensee's/Administrator's Signature: Teresita Ocullio

Print Name: TERESITA OCULLIO

Date: 5/19/25

25 MAY 19 2025

STABLE