

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Circle of Care, LLC (DDDH)	CHAPTER 89
Address: 91-229 Paiaha Place, Kapolei, Hawaii 96707	Inspection Date: February 15, 2018 OHCA Annual January 20, 2018 Life Safety

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE

18 MAR 27 P2:41

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> Caregiver #1 completed only 3 hours of the required 8 hours of annual training for certified caregivers. Verification of an additional 5 hours of training is required.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> ①</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>①. I requested TPCP for a copy since it was not given on time.</p> <p>②. I requested copy from Healthcare School of Hawaii for the copy.</p>	<p>① Certification completed on Aug. 2, 2017 for 3 hours credit but not available for review when audited on 02-15-2018.</p> <p>② 24 hours CNA recertification - Jan. 06-2018</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS Caregiver #1 completed only 3 hours of the required 8 hours of annual training for certified caregivers. Verification of an additional 5 hours of training is required.</p>	<p style="text-align: center;">PART 2 <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 future plan in obtaining all continuing education certificates is to be proactive by having both written/ manual and electronic digital reminder, and to put it in a calendar in order for me not to miss any of the classes needed. I also need to compile the certificates in a binder right away so it will not be misplaced.</p>	<p style="text-align: right;">05-11-2018 02-15-2018</p> <p style="text-align: right;">also</p> <p style="text-align: right;">18 MAY 11 A 9:29 STATE OF HAWAII</p> <p style="text-align: right; border: 1px solid black; padding: 5px;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> The upstairs second exit has a door wedge bar device placed under the doorknob which prevents the door from being opened. Additionally, one of the two locks requires a key to open the door to exit. The path of egress has barriers, such as a statute that is blocking the entrance to the stairway, tubing that is coiled and a large flooring mat that is creased, which creates a safety hazard.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by taking away the stopper bar placed under the doorknob. I changed the ^{one} lock that needs a key to a keyless lever handle. I took out the carpet mat, statue of sculpture and clear the pathway.</i></p>	<p style="text-align: right;"><i>02-20-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> The upstairs second exit has a door wedge bar device placed under the doorknob which prevents the door from being opened. Additionally, one of the two locks requires a key to open the door to exit. The path of egress has barriers, such as a statute that is blocking the entrance to the stairway, tubing that is coiled and a large flooring mat that is creased, which creates a safety hazard.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will check every month to check the 2 exits are clear with no barriers.</i></p>	<p><i>02-20-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Only two (2) out of the six (6) lightbulbs were working in the downstairs residents' 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 style="text-align: center;"><i>I corrected this deficiency by changing the 6 lightbulbs to turn it on all of them.</i></p>	<p style="text-align: right;"><i>02-20-2018</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p>FINDINGS Only two (2) out of the six (6) lightbulbs were working in the downstairs residents' bathroom.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will do a monthly check up for all the light bulbs to make sure each one is fully functional. In case any of the light bulbs is broken, I will replace it immediately. I will keep some replacement bulb in the facility for immediate access.</i></p>	<p>06-26-2018</p> <p style="text-align: right;">18 JUN 26 P12:50</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE ILLINOIS</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> No documentation of monthly checks of smoke alarms.</p>	<p style="text-align: center;">PART 2 <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 do the documentation every time on the monthly basis when I do the fire drill to check also the smoke alarms and write it on the book.</p>	<p>02-20-2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> The first aid kit contained antibiotic ointments, packets of aspirin and acetaminophen, antacid and burn cream.</p>	<p style="text-align: center;">PART 1 <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 corrected this deficiency. I took out the antibiotic ointments, aspirin, acetaminophen, antacid and burn cream. Put it on a separate container and lock it on the cabinet.</p>	<p style="text-align: right;">02-20-2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> The first aid kit contained antibiotic ointments, packets of aspirin and acetaminophen, antacid and burn cream.</p>	<p style="text-align: center;">PART 2 <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 make sure that medications will not be included in the first aid kit. I will check everytime I use the first aid kit and compare it with the recommended first aid kit list. If medications were found to remove it immediately.</p>	<p style="text-align: right;">06-26-2018</p> <p style="text-align: right;">18 JUN 26 P12:50</p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, the medication administration record noted that the Fluticasone Propionate 50 mcg Nasal Spray, use 1 spray into each nostril once daily as needed was started on July 14 2017; however, no physician order was found. Spray was later discontinued on December 22, 2017.</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>	

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, the medication administration record noted that the Fluticasone Propionate 50 mcg Nasal Spray, use 1 spray into each nostril once daily as needed was started on July 14 2017; however, no physician order was found. Spray was later discontinued on December 22, 2017.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will read the Physician Psychian progress ^{and} note before leaving his/her office. If there is no prescription order and then the doctor's need to ^{write in} his/her progress note. In addition I will make my substitute double check all physician order by end/beginning of the month.</i></p>	<p style="text-align: right;"><i>06-26-2018</i></p> <p style="text-align: center;">18 JUN 26 P12:50</p> <p style="text-align: center;">STATE OF HAWAII FOURTH FLOOR STATE PRESENTER</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p>FINDINGS For Resident #1, the medication update of September 14, 2017 for Albuterol Sulfate (Ventolin HFA) 90 mcg/Actuation Inhalation HFA Aerosol Inhaler noted to inhale 2 puffs by mouth every 4 hours as needed for shortness of breath; however, the September 2017 medication administration record and pharmacy label of July 14, 2017 note the frequency as every 4-6 hours as needed.</p>	<p style="text-align: center;">PART 1 <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>To correct this discrepancy. I called the doctor to double check the correct frequency and it was for 4-6 hours as needed. I obtained the correct doctors order on March 15, 2018</i></p>	<p style="text-align: right;"><i>03-15-2018</i></p> <p style="text-align: right;">18 JUN 26 PM 2:50</p> <p style="text-align: right;">STATE OF MARYLAND DOH-CHCA STATE LICENSING</p> <p style="text-align: right; border: 1px solid black; padding: 2px;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, the medication update of September 14, 2017 for Albuterol Sulfate (Ventolin HFA) 90 mcg/Actuation Inhalation HFA Aerosol Inhaler noted to inhale 2 puffs by mouth every 4 hours as needed for shortness of breath; however, the September 2017 medication administration record and pharmacy label of July 14, 2017 note the frequency as every 4-6 hours as needed.</p>	<p style="text-align: center;">PART 2 <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 that this deficiency does not happen again, I need to get the physician's order with frequency on it. Double-check and make sure that the medicine I picked-up from the pharmacy matches the physician's order. Otherwise, the label on the medicine from the pharmacy must be replaced and should match with the physician's order.</i></p>	<p>02-20-2018 05-11-2018 <i>asa</i></p> <p style="text-align: right;">18 MAY 11 A 9:29 STATE OF HAWAII DHEC STATE LICENSES</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, on December 10, 2017 and December 22, 2017, physician ordered Ondansetron 4 mg tablet, take 1 tablet by mouth every 8 hours as needed; however, it was not reflected on the December 2017 medication administration record. Medication was later discontinued on January 15, 2018.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, on December 10, 2017 and December 22, 2017, physician ordered Ondansetron 4 mg tablet, take 1 tablet by mouth every 8 hours as needed; however, it was not reflected on the December 2017 medication administration record. Medication was later discontinued on January 15, 2018.</p>	<p style="text-align: center;">PART 2 <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>Whenever I get prescription from the doctor that I will immediately write it on the medication record. I will make my substitute check the medication record monthly for accuracy. If discrepancy noted change it immediately.</i></p>	<p style="text-align: right;">06-26-2018</p> <p style="text-align: right;">'18 JUN 26 P12:50</p> <p style="text-align: right;">STATE OF HAWAII DOH - OHS STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, the frequency of the following medications were incorrectly reflected on the medication administration records:</p> <ul style="list-style-type: none"> • On the July 2017 – February 2018 medication administration records, Ventolin HFA 90 mcg Inhaler, inhale 2 puffs by inhalation route every 4-6 hours as needed is listed as TID. • On the September 2017 and January 2018 medication administration records, Azithromycin 250 mg dose pack, take 2 tablets (500 mg) on day #1, then 1 tablet daily on days #2-#5 is listed; however, the frequency is noted as BID QD, although medications were given only once daily. • On the January 2018 and February 2018 medication administration records, Promethazine-Codeine Syrup, take 5 ml by mouth every 6 hours as needed for cough is listed; however, the frequency is noted as TID. 	<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>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, the frequency of the following medications were incorrectly reflected on the medication administration records:</p> <ul style="list-style-type: none"> On the July 2017 – February 2018 medication administration records, Ventolin HFA 90 mcg Inhaler, inhale 2 puffs by inhalation route every 4-6 hours as needed is listed as TID. On the September 2017 and January 2018 medication administration records, Azithromycin 250 mg dose pack, take 2 tablets (500 mg) on day #1, then 1 tablet daily on days #2-#5 is listed; however, the frequency is noted as BID QD, although medications were given only once daily. On the January 2018 and February 2018 medication administration records, Promethazine-Codeine Syrup, take 5 ml by mouth every 6 hours as needed for cough is listed; however, the frequency is noted as TID. 	<p style="text-align: center;">PART 2 <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 order for this deficiency not to happen again, I will make sure to follow the frequency on the label and check as a physician order, copy exactly and write it down in the medication administration record. I will have my substitute check the medication record monthly for accuracy.</i></p>	<p style="text-align: right;"><i>06-26-2018</i></p> <p style="text-align: right;">18 JUN 26 PM 2:50</p> <p style="text-align: right;">STATE OF HAWAII DOH-CDLCA STATE LICENSING</p> <p style="text-align: right; border-left: 1px solid black; padding-left: 5px;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-15 <u>Recreational and social activities.</u> (b) The caregiver shall provide and document social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interest, needs, capabilities, and service plan.</p> <p><u>FINDINGS</u> There was no documentation of the social and recreational activities that Resident #1 participated in since her admission on June 17, 2017.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-15 <u>Recreational and social activities.</u> (b) The caregiver shall provide and document social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interest, needs, capabilities, and service plan.</p> <p><u>FINDINGS</u> There was no documentation of the social and recreational activities that Resident #1 participated in since her admission on June 17, 2017.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will document everytime I bring my client out for socialization and recreational activities.</i></p>	<p style="text-align: right;"><i>02-23-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-17 <u>General operational policies.</u> (b) Upon admission, there shall be written documentation that the resident, guardian, or next of kin was fully informed of policies governing the resident's care.</p> <p><u>FINDINGS</u> For Resident #1, a copy of the policies and procedures was acknowledged as received on June 17, 2017; however, information such as, the name of the DDDH, types of accommodations and visiting hours were not indicated on the document.</p>	<p style="text-align: center;">PART 1 <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 deficiency was already corrected by providing a copy of the policies and procedures with complete Name of my company, Circle of Care, LLC, type of accommodation and visiting hours to the resident and had it signed and dated</p>	<p style="text-align: right;">02-20-2018</p> <p style="text-align: right;">19 MAY 11 AM 9:30</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-89-17 <u>General operational policies.</u> (b) Upon admission, there shall be written documentation that the resident, guardian, or next of kin was fully informed of policies governing the resident's care.</p> <p><u>FINDINGS</u> For Resident #1, a copy of the policies and procedures was acknowledged as received on June 17, 2017; however, information such as, the name of the DDDH, types of accommodations and visiting hours were not indicated on the document.</p>	<p style="text-align: center;">PART 2 <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 make sure that the form is complete with the company name, number of accommodations and visiting hours before providing it to the resident, guardian or next of kin for signature. Before the arrival of new resident I will fill the form and make sure its complete before giving it to them</p>	<p style="text-align: right;">06-26-2018</p> <p style="text-align: right;">18 JUN 26 PM 2:50</p> <p style="text-align: right;">STATE OF HAWAII DOH-CR-1 STATE LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #1, admitted on June 17, 2017, the two-step TB skin test was not done until June 30, 2017 and July 7, 2017.</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>	

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain: A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history; <u>FINDINGS</u> For Resident #1, admitted on June 17, 2017, the two-step TB skin test was not done until June 30, 2017 and July 7, 2017.	<p style="text-align: center;">PART 2 <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>To ensure that the 2-step TB skin test is done prior to admission. I will ask case manager or the guardian to provide me test result via mail or fax. Resident will not be admitted until the 2 steps TB is completed.</p>	<p style="text-align: right;">06-26-2018</p> <p style="text-align: right;">18 JUN 26 P12:50</p> <p style="text-align: right;">STATE OF HAWAII DOH-0114 LICENSING</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #2, admitted on December 19, 2017, a physical examination was not completed until January 15, 2018 and the two-step TB skin test was not done until January 3, 2018 and January 10, 2018.</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>	

Rules (Criteria)	Plan of Correction	Completion Date
<p><input checked="" type="checkbox"/> §11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #2, admitted on December 19, 2017, a physical examination was not completed until January 15, 2018 and the two-step TB skin test was not done until January 3, 2018 and January 10, 2018.</p>	<p style="text-align: center;">PART 2 <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 that the 2-steps TB skin test and PE are done prior to admission. I will ask case manager or the guardian to provide me a copy of the PE and test result via mail or fax. Resident will not be admitted until the 2 steps TB and PE are completed.</i></p>	<p style="text-align: right;"><i>06-26-2018</i></p> <p style="text-align: right;">18 JUN 26 PM 2:50</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #3, admitted on November 1, 2017, a two-step TB skin test was not done until November 13, 2017 and November 20, 2017.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #3, admitted on November 1, 2017, a two-step TB skin test was not done until November 13, 2017 and November 20, 2017.</p>	<p style="text-align: center;">PART 2 <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>To ensure that the 2 steps TB skin test is done prior to admission. I will ask case manager or the guardian to provide me test result via mail or fax. Resident will not be admitted until the 2 steps TB is completed.</p>	<p style="text-align: right;">06-26-2018</p> <p style="text-align: right;">'18 JUN 26 P12:50</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #1, admitted on June 17, 2017, an admission weight was not taken.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #1, admitted on June 17, 2017, an admission weight was not taken.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will have a checklist of the required information and/or documents upon the resident's admission.</i></p> <p><i>I will take immediately the weight of the new resident and recorded on the weight record.</i></p>	<p style="text-align: right;"><i>06-26-2018</i></p> <p style="text-align: center;">18 JUN 26 P12:50</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, there were no caregiver entries written since resident's admission on June 17, 2017. As there were no caregiver entries, there was no documentation of resident's response to PRN medications and/or antibiotics taken, illness and/or injury, etc.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, there were no caregiver entries written since resident's admission on June 17, 2017. As there were no caregiver entries, there was no documentation of resident's response to PRN medications and/or antibiotics taken, illness and/or injury, etc.</p>	<p style="text-align: center;">PART 2 <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 need to document on the monthly basis from now on in the caregiver notes. Especially after doctors visit and write my observation on the reaction to the medicines.</i></p>	<p style="text-align: right;"><i>02-20-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> Resident #1's incident report of December 10, 2017 was kept in resident's medical record and not under separate cover.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency and put it on separate binder. The incident report from now on will be kept in a separate binder for review.</i></p>	<p style="text-align: right;"><i>02-20-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> Resident #1's incident report of December 10, 2017 was kept in resident's medical record and not under separate cover.</p>	<p style="text-align: center;">PART 2 <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>My future plan is to put all incident reports together in a binder separate from the medical record.</i></p>	<p style="text-align: center;"><i>05-11-2018</i></p> <p style="text-align: center;">'18 MAY 11 09:30</p> <p style="text-align: center;">STATE OF HAWAII DOI-ORCA STATE LICENSING</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><u>FINDINGS</u> For Resident #1, white out was used on the Identifying/Emergency Information sheet, and September 2017, January 2018 and February 2018 medication administration records.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><u>FINDINGS</u> For Resident #1, white out was used on the Identifying/Emergency Information sheet, and September 2017, January 2018 and February 2018 medication administration records.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will not use white out in correcting writing error. I will cross the error and write the correct one and initial it.</i></p>	<p><i>02-20-2018</i></p>


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u> (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u> A menu was not posted. Caregiver #1 noted that there were no menus.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I have menu now posted in the kitchen and dining table.</i></p>	<p style="text-align: right;"><i>02-25-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u> A menu was not posted. Caregiver #1 noted that there were no menus.</p>	<p style="text-align: center;">PART 2 <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 future plan is to ensure that every week a menu will be posted in the house. One in the dining area and one in the kitchen. I will remind myself to put a new menu every Sunday. I will put it on the personal calendar to remind myself.</p>	<p style="text-align: right;">06-26-18</p> <p style="text-align: right;">*18 JUN 26 P12:50</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (c) An accurate written accounting of residents' income and disbursements shall be kept on an ongoing basis, including receipts for expenditures.</p> <p><u>FINDINGS</u> Although receipts for purchases were kept, there was no account record for Resident #1.</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>Yes, I use the excel spreadsheet and document all the purchases and amounts.</p>	<p>07-20-2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (c) An accurate written accounting of residents' income and disbursements shall be kept on an ongoing basis, including receipts for expenditures.</p> <p><u>FINDINGS</u> Although receipts for purchases were kept, there was no account record for Resident #1.</p>	<p style="text-align: center;">PART 2 <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>Every time there is a purchases and bill and I will enter ASAP in the excel worksheet that I created.</p>	<p>07-20-2018 </p>

Licensee's/Administrator's Signature: Amely G. Ambayec

Print Name: AMAELY G. AMBAYEC

Date: 03-27-2018

Licensee's/Administrator's Signature: Amely G. Ambayec

Print Name: AMAELY G. AMBAYEC

Date: 05-11-2018

Licensee's/Administrator's Signature: Amely G. Ambayec

Print Name: AMAELY G. AMBAYEC

Date: 06-26-2018

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DOP
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