

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Malamalama Mauka	CHAPTER 100.1
Address: 246 Moomuku Place, Honolulu, Hawaii 96821	Inspection Date: May 3, 2018 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.

STATE OF HAWAII
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STATE LICENSING

18 JUL -5 P 2:26

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; <u>FINDINGS</u> Primary care giver (PCG) - No training sessions. Documentation on file was signed by the PCG.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The facility has updated its inservice and training protocols to include a review of the topics covered, and how the PCG/SCGs will document attendance and demonstrate competency. The PCG completed the required 6 hours and the training curriculum was reviewed and approved by the staff development coordinator.</p>	<p style="text-align: center;">08/31/2018</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver (PCG) - No training sessions. Documentation on file was signed by the PCG.</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>The facility will revise its procedure on annual staff training. The staff development coordinator will be responsible for signing each training that the PCG/SCGs complete.</p>	<p style="text-align: center;">May 4, 2018</p> <p style="text-align: center;">18 JUL -5 P2:26</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 - No current tuberculosis (TB) clearance.</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>SCG #1's TB clearance was updated by the medical director.</p>	<p>May 9, 2018</p> <p style="text-align: right;">18 JUL -5 P 2:26</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 - No current TB clearance. Documentation noted the skin test was placed on 1/30/18; however, there was no date the skin test was read.</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>SCG #2 skin test result was found on the SCG profile from the main office.</p> <p>A copy of the TB skin test result will be provided.</p>	<p>July 6, 2018</p> <p style="text-align: right;">18 JUL -5 P2:26</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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> SCG #2 - No first aid certification.</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>SCG #2's obtained a first aid certification and the personnel requirements checklist was updated.</p>	<p>May 6, 2018</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements</u>, (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> All SCGs - No training for oxygen use, emergency oxygen tank storage, oxygen concentrator use and maintenance.</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>A training session on proper oxygen use, emergency oxygen tank storage, and oxygen concentrator use/maintenance was held for all SCGs.</p>	<p style="text-align: center;">May 30, 2018</p> <p style="text-align: center;">18 JUL -5 P2:26</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p>

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		<p>The facility will create and implement a policy and Procedure on oxygen use, emergency tank storage, and oxygen concentrator use/maintenance. All SCGs will be educated on the facility's policy and pass a competency on oxygen use, storage, and maintenance upon hire and annually.</p>	08/31/2018

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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> SCG #2 - No cardiopulmonary resuscitation (CPR) certification.</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>SCG #2's CPR certification was renewed.</p>	<p>May 6, 2018</p>

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☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (9)(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> SCG #3 - No CPR certification.</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>SCG #3's CPR certification was renewed.</p>	<p style="text-align: center;">May 6, 2018</p>

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<input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - No physician order for oxygen use. Emergency oxygen tank and oxygen concentrator available with a care plan for oxygen use.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The PCG obtained a physician's order for oxygen use.</p>	<p style="text-align: center;">May 4, 2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "levothyroxine 50 mcg 1 tab po daily" ordered 2/3/18; however, the label read "75 mcg".</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The PCG called the attending physician on May 4, 2018 to clarify the levothyroxine order. In addition, lab work (TSH) was ordered to ensure that the resident is receiving a therapeutic dose of medication.</p>	<p>May 4, 2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Senna-S tab 8.65-50 mg (sennosides-docusate sodium) 1 tab po BID Hold for LBM" ordered 2/3/18; however, there was no medication available. When queried, SCGs stated the medication had run out about two (2) weeks ago; however, the medication record was initialed as taken.</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>The PCG will ensure that the medication orders and available stock match during the monthly medication review. An initial training for new hires and an annual inservice for all SCGs will be provided on medication administration to ensure that proper procedures are followed. This includes communicating to the PCG any discrepancies in the medication orders and available medication supply. The night shift SCGs will monitor the amount of each medication available and notify the PCG if there is less than one (1) week's supply left.</p>	<p style="text-align: center;">May 30, 2018</p> <p style="text-align: right;">18 JUL -5 P2 27</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p> <p style="text-align: right; transform: rotate(90deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Lasix 40 mg 1 tab po daily Hold for SBP < 110" and "Toprol XL ER 24° 25 mg (metoprolol succinate ER) 1 tab po daily Hold for SBP < 110" were ordered 2/3/18; however, the medication was initialed as taken on the following days:</p> <ul style="list-style-type: none"> ◦ 4/14/18 BP = 107/47 ◦ 4/11/18 BP = 103/85 ◦ 4/2/18 BP = 103/40 ◦ 3/12/18 BP = 102/72 ◦ 2/20/18 BP = 107/65 ◦ 2/19/18 BP = 108/58 ◦ 2/16/18 BP = 103/65 ◦ 2/13/18 BP = 104/56 <p>On 2/6/18, BP = 126/74; the February 2018 medication noted the "Lasix 40 mg" was withheld.</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>All SCGs were informed about the deficient practice. An initial training for new hires and an annual inservice for all SCGs will be provided on medication administration to ensure that proper procedures are followed.</p>	<p style="text-align: center;">May 30, 2018</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Lasix 40 mg 1 tab po daily Hold for SBP < 110" and "Toprol XL ER 24° 25 mg (metoprolol succinate ER) 1 tab po daily Hold for SBP < 110" were ordered 2/3/18; however, the medication was initialed as taken on the following days:</p> <ul style="list-style-type: none"> • 4/14/18 BP = 107/47 • 4/11/18 BP = 103/85 • 4/2/18 BP = 103/40 • 3/12/18 BP = 102/72 • 2/20/18 BP = 107/65 • 2/19/18 BP = 108/58 • 2/16/18 BP = 103/65 • 2/13/18 BP = 104/56 <p>On 2/6/18, BP = 126/74; the February 2018 medication noted the "Lasix 40 mg" was withheld.</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>An initial training for new hires and an annual inservice for all SCGs will be provided on medication administration to ensure that proper procedures are followed. The PCG will review, on a weekly basis, all BP meds that are being administered. Any variances from the orders (i.e., if the medication is being held) will be communicated to the resident's physician.</p>	<p style="text-align: center;">May 30, 2018</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(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 progress notes regarding the need for and response to "Tylenol 650 mg" taken on 2/22/18, 2/24/18, and 4/11/18.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The PCG will utilize Pharmerica medication administration record forms (MAR) where the effectiveness of PRN medications can be recorded. The PCG will provide a daily log book for the SCGs to record any noted changes in a resident's status. The log book shall be reviewed twice a week and any concerns will be relayed to the attending physician as appropriate. An initial training for new hires and an annual inservice for all SCGs will be provided on medication administration to ensure that proper procedures are followed.</p>	<p style="text-align: center;">May 30, 2018</p> <p style="text-align: right;">18 JUL -5 P2:27</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(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 progress notes regarding the need for and response to "Tylenol 650 mg" taken on 2/22/18, 2/24/18, and 4/11/18.</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>The PCG will provide a daily log book for the SCGs to record any noted changes in a resident's status. The log book and MAR shall be reviewed twice a week to ensure that any PRN medications given were documented as administered and their efficacy documented. Any PRN medications that do not relieve symptoms will be relayed to the attending physician for further assessment.</p>	<p>May 30, 2018</p> <p style="text-align: right;">'18 JUL -5 P2:27</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - The legend on the medication records for care giver initials was not complete.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The PCG met with all SCGs and notified them of the deficient practice. An initial training for new hires and an annual inservice for all SCGs will be provided on medication administration (including proper documentation) to ensure that proper procedures are followed. The PCG will review the MAR weekly to ensure compliance to the facility's procedures.</p>	<p style="text-align: center;">May 30, 2018</p> <p style="text-align: center;">18 JUL -5 P 2:27</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHICA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - The legend on the medication records for care giver initials was not complete.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">The PCG will check the MAR weekly to ensure all SCGs have signed the legend.</p>	<p style="text-align: center;">May 30, 2018</p> <p style="text-align: center;">18 JUL -5 P2:27</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards. (c)</u> The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. <u>FINDINGS</u> Resident #1 - Physician was not notified of a five (5) pound weight loss. On admission (2/3/18) weight was 128.2 lbs, the March 2018 weight was 123.2.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The PCG notified the attending physician regarding the weight loss on 5/4/18. No changes in orders were made. The MD instructed staff to continue to monitor since Resident #1 gained 1-2 lbs in the months of April and May 2018.</p>	<p style="text-align: center;">May 4, 2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 - Physician was not notified of a five (5) pound weight loss. On admission (2/3/18) weight was 128.2 lbs, the March 2018 weight was 123.2.</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>The PCG will review all residents' weights monthly. Any weight loss/gain of 5-10 lbs will be documented and reported to the attending physicians. Any new orders or recommendations made by the physician will be documented and carried out.</p> <p>All SCGs will be provided an inservice on meal intake recording.</p>	<p style="text-align: center;">May 30, 2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><u>FINDINGS</u> No signage for oxygen tank storage.</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>Oxygen signage posted on 5/4/18.</p>	<p>May 4, 2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><u>FINDINGS</u> No signage for oxygen tank storage.</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>All SCGs will receive training upon hire, and annually, from either the PCG or staff development coordinator on the protocol for oxygen use, emergency tank usage/storage, and oxygen concentrator usage/maintenance. The training will include where "Oxygen In Use" signs are stored, and the importance of posting these signs to provide a safe environment.</p>	<p>08/31/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Emergency oxygen tank stored in a resident bedroom closet.</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>Emergency oxygen tank was removed from the resident's bedroom closet.</p>	<p>May 3, 2018</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Emergency oxygen tank stored in a resident bedroom closet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">An initial training for new hires and an annual inservice for all SCGs will be provided on oxygen use, maintenance, and storage to ensure that proper procedures are followed.</p>	<p style="text-align: center;">May 30, 2018</p> <p style="text-align: right;">18 JUL -5 P2:27</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</p>

Licensee's/Administrator's Signature: Pauline Y. O. Fukumura
Print Name: Pauline Y. O. Fukumura
Date: 07/05/18

Licensee's/Administrator's Signature: Pauline Y. O. Fukumura
Print Name: Pauline Y. O. Fukumura
Date: 08/29/2018