STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Nui Care Home LLC	CHAPTER 100.1
Address: 1662 Hookani Street, Pearl City, Hawaii 96782	Inspection Date: August 4, 2020 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (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; **FINDINGS** Primary care giver (PCG) - There was documentation of two (2) hours of training sessions. **Submit copies of four (4) hours of training sessions, to meet the requirements for the 2020 annual inspection, with your plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This PCG completed 4 credits of CEU class/training. copy is attached for 4 credits	11/14/20

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☒	§11-100.1-8 Primary care giver qualifications. (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; **FINDINGS** Primary care giver (PCG) - There was documentation of two (2) hours of training sessions. **Submit copies of four (4) hours of training sessions, to meet the requirements for the 2020 annual inspection, with your plan of correction (POC).**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This PCG will complete 6 credits of training by March every year. I will set Alarm on my phone to remind me weekly to complete 12 credits of CEU, starting November 2020 to October 2021. I will make a log-record to keep track of my 12 credits. I will complete 12 credits by october 2021. I will review my log monthly.	11/15/20

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☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver #1 - No physical examination. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute care giver completed annual PE.	11/19/20

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☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver #1 - No physical examination. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This PCG will inform SCG to complete annual PE in August every year before expires. Also This PCG reminds SCG completes annual PE I will use excel form to keep track of SCG clearances. I will print out & put it in ARCH Binder. And I will check clearance log monthly for PE. TB. CPR. FA that will expire in the next 2 months. I will inform SCG to schedule APPT and check that they have an APPT & keep the APPT. In October, I will check if all clearances current.	11/19/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Posted menu was not followed for lunch on 8/4/20. There was no substitution list.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Posted menu was not followed for lunch on 8/4/20. There was no substitution list.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make seperate sheet for substition to the posted menu. I will teach SCG how to document on the substitute list.	11/20/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Refrigerator temperature was 48° F.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I lowered refrigrator temperature to coldest temperature	11/20/20

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☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Refrigerator temperature was 48° F.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In addition to MT checking temperature In AM, I will check temperature In PM. Also I will have my husband to clean and check the refrigerator to maintain temperature. twice a year.	11/20/20

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☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** No metal stem thermometer to check cold and hot food temperatures.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This PCG brought metal stem thermometer and placed in kitchen area	11/19/20

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☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** No metal stem thermometer to check cold and hot food temperatures.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This PCG will place metal stem themometer in the designated area at all times so get access easily. I will keep the metal themometer in the utensil's drawer, so I can check for the themometer when I open the drawer	11/19/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 - The "quetiapine" pharmacy label noted "Please see attached for detailed directions." The attached direction noted: "Take 1/2 tablet by mouth every bedtime as needed for insomnia/agitation. May take additional 1/2 tab as needed." However, the PCG stated that the family wrote on the label: "1/2 tablet as needed." The PCG stated she wrote on the label: "May take additional 1/2 tab prn insomnia, agitation."	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 - The "quetiapine" pharmacy label noted "Please see attached for detailed directions." The attached direction noted: "Take 1/2 tablet by mouth every bedtime as needed for insomnia/agitation. May take additional 1/2 tab as needed." However, the PCG stated that the family wrote on the label: "1/2 tablet as needed." The PCG stated she wrote on the label: "May take additional 1/2 tab prn insomnia, agitation."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This PCG will educate family not to write or change anything on the medication bottle when family picks up meds at pharmacy. When family brings the medication, this PCG will check the MD order and label. If MD order doesn't match with medication label, then this PCG calls to MD's office to confirm MD order. If the label meds to be corrected I will have MD ~~change~~ enter make the changes.	8/19/20

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "Ensure" nutritional supplement started on 8/3/20.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This PCT got verbal order from MD and wrote in the MAR	8/20/20

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "Ensure" nutritional supplement started on 8/3/20.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This PCG will get verbal order and will fax written order to get MD's sign. PCG will follow up whether fax is received or not. I will use a white board posted on my refrigerator to make a 'To do list' to remember to fax MD order or follow up with Ensure orders	8/20/20

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "cephalexin 250 mg" started on 7/31/20.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This PCG got verbal order and wrote in the MAR	8/10/20

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "cephalexin 250 mg" started on 7/31/20.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When resident returns to home with med, This PCG will get verbal order and will fax written order to get MD's sign. PCG will follow up whether fax is received or not	8/10/~~2020~~ 2020

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "quetiapine fumarate" recorded on the July 2020 medication record and taken by the resident on 7/31/20.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This PCET got verbal order from MD and wrote in MAR	8/20/20

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "quetiapine fumarate" recorded on the July 2020 medication record and taken by the resident on 7/31/20.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** when resident returns to home with med, this PCG will check for the order, If no order this PCG will get verbal order and will fax written order to get MD's sign. PCG will follow up whether fax is received or not	8/20/20

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "Tylenol 500 mg" found with current medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This PCG got verbal order from MD and wrote in MAR	8/20/20

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "Tylenol 500 mg" found with current medication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When family brings in medication, I will ask family if there is MD order. If This PCA will get verbal order and will fax written order to get MD's sign. PCA will follow up whether fax is received or not	no order, 8/20/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1 - The PCG stated that she had telephone orders for "Tylenol 500 mg," "quetiapine," and "Ensure" nutritional supplement; however, did not record the telephone orders on the physician order sheet.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1 - The PCG stated that she had telephone orders for "Tylenol 500 mg," "quetiapine," and "Ensure" nutritional supplement; however, did not record the telephone orders on the physician order sheet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will keep a supply of physician order sheets in my medication cabinet. When I get t/o from the MD, I will write the order directly on the order form. I will fax the form to the MD for signature.	11/20/20

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☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 - "Quetiapine" was not recorded on the August 2020 medication record. The medication was initiated on 7/31/20.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This PCG wrote this medication in August 2020 MAR	8/10/20

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☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 - "Quetiapine" was not recorded on the August 2020 medication record. The medication was initiated on 7/31/20.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When I make new medication record, I will double check with previous MAR to make sure I wrote the new medication record correctly	11/20/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: **FINDINGS** No policy for surveillance camera use in resident bedrooms, directed at the resident's bed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have a policy for surveillance carmera attached	11/20/20

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Licensee's/Administrator's Signature: _____

Print Name: min hye Takamatsu

Date: 11/20/20

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