

Office of Health Care Assurance

21 MAR -4 A9 31

State Licensing Section

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Angel Home For Seniors	CHAPTER 100.1
Address: 1315 Kupau Street, Kailua, Hawaii 96734	Inspection Date: February 11, 2021 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.

	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 – Physician’s order dated 11/30/20 states, “Should give Lasix 20mg orally QAM when weight increased by 2-3 pounds in a few days”; however, Lasix 20mg unavailable in medication inventory.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 MAR -4 19 31</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>see attached</i></p>	

11-100.1-15 Medication (e)

Plan of Correction - Part 1

2.18.2021 – I called Resident #1 PCP in regards of Physician's order dated 11/30/20, to inform of the DC of Lasix 20mg in October 2019 by Dr. Greg Yamada. PCP will review document on the next office visit in April 2021. *ue*

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 MAR -4 10 31

SCG = sub-care giver/PCG =primary care giver/PCP = primary care physician/CM = case manager

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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 – Physician’s order dated 11/30/20 states, “Should give Lasix 20mg orally QAM when weight increased by 2-3 pounds in a few days”; however, Lasix 20mg unavailable in medication inventory.</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;"><i>see attached</i></p>	<p style="text-align: right;">21 APR -8 P 2 22</p>

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

11-100.1-15 Medication (e)

Plan of Correction – Part 2

2.18.2021 To prevent this from happening again, I will review all documents before leaving the doctor's office. I will create a check list for doctor's visits to include, medication change and update, changes in resident condition, and review the after visits summary before leaving the doctor's office. Update and record all documents to reflect such changes. _____

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STATE OF HAWAII
DOH-OHCA
STATE LICENSING

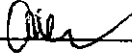
APR - 8 P 2:22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>Δ current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of resident's valuables/belongings unavailable. Last inventory completed on 1/6/2019. Submit an updated copy of client's inventory with plan of correction.</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">21 MAR -4 A9:31</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>see attached</i></p>	

11-100.1-17 Records and Reports. (a)(8)

Plan of Correction. Part 1

2.17.2021 – Took inventory for valuables and documented on the inventory log sheet.



STATE OF HAWAII
DOH-DHCA
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21 MAR -4 09:31

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11-100.1-17 Records and Reports (a) (8)

Part 2

2.17.2021 To prevent this from happening again, PCG will assign and train a SCG to be responsible of taking the inventory on a yearly basis. PCG will follow up to insure this is completed and do a checklist as well as putting on the calendar for the date of inventory as well as to follow up. *[Signature]*

STATE OF HAWAII
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STATE LICENSING
21 MAR -4 09:31

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1 – Physician’s order dated 11/30/2020 states, “fluid restrict = no more than 1.5 liters fluid per day”; however, documentation of daily fluid intake unavailable.</p> <p>Resident #1 – Physician’s order dated 11/30/2020 states, “Daily weights with goal home weight of about 124 pounds. Should give Lasix 20mg orally QAM when weight increased by 2-3 pounds in a few days”; however, no documentation of daily weights from 11/30/2020 to 12/31/2020.</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">21 MAR -4 10:31</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: center;"><i>see attached</i></p>	

11-100.1-17 Records and Reports. (b)(4)

Plan of Correction Part 1

2.17.2021 - N/A. *Abu*

STATE OF HAWAII
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21 MAR -4 10:31

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Licensee's/Administrator's Signature: Araceli Cubel

Print Name: Araceli Cubel

Date: 9/1/2021

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 MAR -4 A9 31

Licensee's/Administrator's Signature: Arafi Cabal

Print Name: Arafi Cabal

Date: 3/30/21

21 APR -8 P2 22
STATE OF HAWAII
DOH-DHCA
STATE LICENSING