Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Harmony	**CHAPTER 100.1**
Address: **1631 Owawa Street, Honolulu, Hawaii 96819**	**Inspection Date: October 2, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute Caregiver (SCG) #1, #2 – Initial 2-step TB clearance unavailable for review. SCG #2 – Annual TB clearance unavailable for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SUBSTITUTE CAREGIVER'S #1 & #2 INITIAL 2 STEP TB CLEARANCE WERE CORRECTED FOR REVIEW.	10/30/20

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☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute Caregiver (SCG) #1, #2 – Initial 2-step TB clearance unavailable for review. SCG #2 – Annual TB clearance unavailable for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL MAKE A CHECKLIST FOR INITIAL + ANNUAL TB CLEARANCES FOR ALL SUBSTITUTE CAREGIVERS AND WILL BE AVAILABLE FOR REVIEW ALL THE TIME.	1/20/21

	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** Resident #1 – Special diet menu unavailable for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT #1 SPECIAL DIET MENU WERE MADE TO COMPLY WITH PHYSICIAN'S ORDER.	10/30/20

	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** Resident #1 – Special diet menu unavailable for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL INCLUDE THE REGULAR AND SPECIAL DIET MENUS ON THE CHECKLIST AND WILL HAVE THEM POSTED & VISIBLE ON THE REFRIGERATOR FOR ALL CAREGIVERS TO FOLLOW AND BE REVIEWED ALL THE TIME.	1/20/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – Physician's order dated 7/27/20 states, "Calcium 500mg Tab: 1 tablet PO daily". Resident receiving Citracal Maximum Plus with D3, containing 650mg of calcium and additional supplements (e.g., vitamin D3, zinc, copper, manganese, sodium).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT #1's SUPPLEMENT OF CITRACAL 650 mg. WAS REPLACED WITH PHYSICIAN'S ORDER OF CALCIUM 500 mg. 1 tab PO DAILY.	10/30/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – Physician's order dated 7/27/20 states, "Calcium 500mg Tab: 1 tablet PO daily". Resident receiving Citracal Maximum Plus with D3, containing 650mg of calcium and additional supplements (e.g., vitamin D3, zinc, copper, manganese, sodium).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** AS A SAFEGUARD, PCG WILL IN SERVICE SUBSTITUTE CAREGIVERS TO CHECK ALL MEDICATIONS, SUPPLEMENTS, VITAMINS, ETC. AS ORDERED BY PHYSICIAN/APRN. PCG WILL HAVE THIS INCLUDED IN THE CHECKLIST TO MAKE SURE THAT THE MEDICINES ARE PROPERLY LABELED PER PHYSICIAN/APRN'S ORDER AND ARE RECORDED + UPDATED AT THE MAR.	1/30/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. Windows shall have screens having no less than sixteen meshes per inch. **FINDINGS** Bedroom #1, #2 – Bedrooms do not contain window screens on all windows.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** BEDROOM #1 & #2's WINDOW SCREENS WERE PLACED BACK IN ITS RESPECTIVE PLACES.	10/30/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; **FINDINGS** Kitchen trashcan does not have a cover.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** WASTE DISPOSAL KITCHEN TRASHCAN WERE PROPERLY COVERED.	10/30/20

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☒	§11-100.1-23 Physical environment. (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; **FINDINGS** Kitchen trashcan does not have a cover.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL IN SERVICE SUBSTITUTE CAREGIVERS REGARDING COVERED KITCHEN THRASHCAN ABOUT THEIR CONDITION. IF THERE'S A NEED TO REPLACE IT, SCG SHOULD INFORM PCG ASAP SO A REPLACEMENT WILL BE DONE RIGHT AWAY.	1/20/21

Licensee's/Administrator's Signature: _____

Print Name: TINA RHODES DIAZ

Date: JANUARY 20, 2021