

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Hawaii Carehome LLC	CHAPTER 100.1
Address: 94-559 Apia Place, Waipahu, Hawaii, 96787	Inspection Date: January 28, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
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STATE LICENSING

21 MAY 19 P2:53

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1 – No current level of care form, signed by physician, available for review.</p> <p>Please send copy of current Physician signed Level of Care along with your Plan of Correction.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> NO</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 having the PCP sign the level of care form.</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – No current level of care form, signed by physician, available for review.</p> <p>Please send copy of current Physician signed Level of Care along with your Plan of Correction.</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;">5/6/21</p> <p style="text-align: center;">21 MAY 19 P2 53</p> <p style="text-align: center;">STATE OF HAWAII DDM-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – No Physician signed every four (4) months medication reevaluations.</p> <p>Please send copy of the most current Physician signed orders along with your Plan of Correction.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>MAR 15 AM 57</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> NO</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by having PEP sign medication 1.5 every 4-6 months.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – No Physician signed every four (4) months medication reevaluations.</p> <p>Please send copy of the most current Physician signed orders along with your Plan of Correction.</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><i>To prevent this deficiency from happening in the future, I will make a med list of the resident med. and have PAP sign when we go to Doctor App.</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p>FINDINGS Resident #1 – Telephone orders dated 1/19/20, 6/10/20, and 1/7/21 requires physician's signature.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 MAR 15 AM 57</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>no</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I will correct this deficiency by having PCP sign phone orders.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS Resident #1 – Telephone orders dated 1/19/20, 6/10/20, and 1/7/21 requires physician's signature.</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;">5/6/21</p> <p style="text-align: center;">21 MAY 19 P2:53</p> <p style="text-align: center;">STATE OF HAWAII DOM-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <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 made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 – No incident reports available for review for incidents that occurred on the following dates: 1/5/20, 1/14/20, and 3/11/20.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAR 15 AM 57</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> NO</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>By F. H. youd incident report for 4/5/20 1/14/20 and 3/11/20</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Regarding the Deficiencies during the DOH inspection:

11-100.1 -10 (regarding admission policies and missing level of care form):

Response: In order to prevent this deficiency in the future, I have added a reminder on the admission checklist so that we don't forget to obtain the level of care form, with a physician's or APRN's signature, prior to admitting any new clients. All caregivers have been educated on how to use the checklist appropriately. In the future, we will use this checklist for all admissions to this care home.

11-100.1 -15 (regarding Medication policies and missing signatures on 3 telephone orders):

Response: In the future, once a telephone order is received, it will be written on the order sheet and then a sticky note reminder will be placed on the order to "flag" me and my staff that an M.D. or APRN signature is needed. The 4-month due date will be written on the sticky note so that we can get the order back in a timely manner. The order will be kept at the front of the chart so that it is easily identified. All staff will be instructed on the new plan at this care home.

11- 100.1 -17 (regarding records and reports and the 3 missing incident reports):

Response: In the future, the updated care home policies will be used, which have updated to include the following verbiage: All unusual incidents will be documented in the resident's progress notes and an incident report will be written within two hours of the incident. The resident's M.D. or APRN will be notified immediately if medical care is needed. If the resident has an R.N. case manager, he or she will also be notified. The incident reports will be filed in the resident's chart in the progress notes section. All staff will be educated on this new plan.

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Licensee's/Administrator's Signature: Lawrence Evans

Print Name: LAWRENCE EVANS

Date: 5/6/21

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 MAY 19 P2:53

Licensee's/Administrator's Signature: Lawrence Evans

Print Name: LAWRENCE EVANS

Date: 3/4/21

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