

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|--|---|
| Facility's Name: Aloha Care | CHAPTER 89 |
| Address: 94-983 Lumihoahu Street, Waipahu, Hawaii 96797 | Inspection Date: April 23, 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>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – The most current Individualized Service Plan (ISP) dated 5/5/20 and 5/6/20 noted that seizures to monitored daily. No documentation made in caregiver's notes.</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> | |

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 APR 27 2021

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|-----------------------|
| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – The most current Individualized Service Plan (ISP) dated 5/5/20 and 5/6/20 noted that seizures to monitored daily. No documentation made in caregiver's notes.</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>For resident #1, I have to make sure I will monitor and document his seizure disorder at the end of the month, and also I will write it in my calendar once a month, or as needed.</i></p> | <p><i>4-23-21</i></p> |

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Licensee's/Administrator's Signature: Raduel Julian

Print Name: RADUEL JULIAN

Date: 4-23-21