

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: STS Adult Foster Service LLC	CHAPTER 100.1
Address: 1604 Perry Street, Honolulu, Hawaii 96819	Inspection Date: April 13, 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  
DOH-DOHA  
STATE LICENSING

21 MAY 26 P3:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 - No physical examination. Submit a copy with the plan of correction (POC).</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAY 26 P3:15</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>my substitute caregiver went back to her physician to correct her physical examination form and now I have the updated company copy SS</p>	<p>4/20/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Primary care giver (PCG) - Tuberculosis (TB) skin test (TST) documentation noted that the TST was placed on 10/21/20. The document was signed as read on 10/22/20. The reading and interpretation of TST reactions should be conducted within 48 to 72 hours of administration. <b>Submit a copy of a TST, placed and read within 48 to 72 hours of administration, with the POC.</b></p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>My Tb clearance form from the Iana Kila Health Center shows my Tb Screening Date 10-21-21 but my "Tb risk assessment and attestation screening form" needed to be filled out by my physician and I went to his office 10/22/21 for it be signed and filled out</p>	<p>4/13/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><b><u>FINDINGS</u></b> Resident #1 reported to be non-compliant with his "Heart healthy Lifestyle" diet. No substitution list.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING MAY 26 3:15 PM '21</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>4/13/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Upon arrival for the annual inspection, the medication cart was unlocked.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>9/13/21</p>

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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><b><u>FINDINGS</u></b> Resident #1 - "Trazodone 50 mg tab Take 1 tab by mouth every night at bedtime" ordered 1/9/21. The February 2021 medication record noted the medication is taken at "8 a.m."</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 MAY 26 P3:16</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>4/13/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><u>FINDINGS</u> Resident #1 - "Levofloxacin (Levaquin) 750 mg 1 tab every 48 hours for 14 days" ordered 1/9/21. The medication was recorded on the January 2021 medication record; however, the medication record was not initialed by the care giver(s) when the medication was taken by the resident. PCG stated that the medication was taken by the resident.</p> <p>STATE OF HAWAII DOH-ODCA STATE LICENSING</p> <p>21 JUL 22 AM 5:15</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future I will retrain my substitute caregivers and myself that after administering the medication, we will immediately initial it on the MAR. To ensure that the MAR is initialed daily, every night my substitute caregiver or myself will recheck the MAR to make we have initialed <del>med</del><sup>ever</sup> medication S administered.</p>	7/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No admission assessment by the PCG upon readmission on 1/9/21.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 21 MAY 26 P3:16</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>4/13/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No admission assessment by the PCG upon readmission on 1/9/21.</p> <p>STATE OF HAWAII DON-CHCA STATE LICENSING</p> <p>21 MAY 26 PM 3:16</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>What I will do differently in the future to ensure that a resident admission assessment is conducted by myself, PCG, upon admission or re-admission. I will review the resident's binder checklist provided by the DOT on the day of the admission or readmission to remind me to make a resident admission assessment.</p>	<p>4/13/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No two-step TB clearance at the time of admission. <b>Submit a copy with the POC.</b></p> <div style="text-align: right; transform: rotate(180deg);"> STATE OF HAWAII  DOH-ORCA  STATE LICENSING  21 MAY 26 P3:16 </div>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">I contacted the Palolo chinese home  and obtained the copy of resident's #1  2 step Tb clearance</p>	<p style="text-align: center;">4/13/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No two-step TB clearance at the time of admission. <b>Submit a copy with the POC.</b></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>MAY 26 PM 3:16 '21</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>What I will do differently in the future to ensure that I have copy of the resident's TB clearance at the time of admission is I will double-check the care home forms and TB clearances provided by the PCP or health agency before a resident is admitted into my care home</p>	<p>4/13/21</p>

	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>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No inventory of valuables.</p> <div style="text-align: right; margin-top: 20px;">             STATE OF HAWAII              DOH-DHCA              STATE LICENSING                21 MAY 26 P3:16           </div>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I have found the inventory of            Valuables inside another binder            that was made for resident #1</i></p>	<p style="text-align: center;">4/14/21</p>

	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>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No inventory of valuables.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>What I will do differently in the future to ensure that I have my residents inventory of valuables inside their charts is I will review the DoH resident binder checklist and carefully review their charts on admission to make sure there is a inventory of valuables form and immediately fillout the form as the resident's valuables are entering the room</p>	<p>4/14/21</p>

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

21 MAY 26 P3:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1 - Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> <li>• Noncompliance with "Heart Healthy Lifestyle" diet. The resident orders food delivery from Safeway to consume. No documentation that the physician was notified of the noncompliance with the special diet ordered.</li> <li>• Resident refuses influenza vaccination, COVID-19 vaccination.</li> </ul> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>MAY 26 PM 3:16 '21</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>4/13/21</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> <li>• Noncompliance with "Heart Healthy Lifestyle" diet. The resident orders food delivery from Safeway to consume. No documentation that the physician was notified of the noncompliance with the special diet ordered.</li> <li>• Resident refuses influenza vaccination, COVID-19 vaccination.</li> </ul> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUL 22 AM 5:1</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this from happening again in the future I have removed the progress notes from the residents charts and have place them in a small binder so that I have an easier access to the residents notes to ensure that I promptly write down the residents refusal of vaccinations / noncompliance <del>w/special</del><sup>error</sup> SS with special diets and medications</p>	<p>7/22/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> The permanent general register did not reflect discharge dates for two (2) residents.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>MAY 26 3:16 PM '12</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I have written inside the permanent general register the dates of the discharge of the two residents in my care home</p>	<p>4/13/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> The permanent general register did not reflect discharge dates for two (2) residents.</p> <div style="text-align: right; margin-top: 200px;"> STATE OF HAWAII DOH-DOCA STATE LICENSING  21 JUL 22 AM 5:1 </div>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">To prevent this from happening again in the future, I have created a discharge checklist that includes to immediately record the discharge on the permanent resident records</p>	<p style="text-align: center;">7/22/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No documentation of the conditions under which the PCG agrees to be responsible for the resident's funds.</p> <p>STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p> <p>MAY 26 2021 3:16 PM</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I have created and obtained  a financial statement that  states the resident #1 is responsible  for his own finances</p>	<p>4/14/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No documentation of the conditions under which the PCG agrees to be responsible for the resident's funds.</p> <p>STATE OF HAWAII  DOH-OMCA  STATE LICENSING</p> <p>21 JUL 22 10:51</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this from happening again in the future I will use the ARCH Resident admission checklist to ensure that I have all the resident's admission forms completed</p>	<p>7/22/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill did not include a description of the drill and personnel participating in the drill.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>MAY 26 2021 3:16 PM</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>4/13/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drill did not include a description of the drill and personnel participating in the drill.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 MAY 26 PM 3:17</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>What I will do differently in the future to ensure the fire drill documentation includes a description of the drill and personnel participating in the drill I will immediately after the fire drill, document a descriptive summary of the drill conducted which will include the personnel participating in the drill. I have also reviewed the instruction fire drill form provided by the DCH.</p>	<p>4/13/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b>            Bedroom #4 - Two (2) of three (3) pillows did not have pliable plastic pillow protectors.</p> <p>Bedroom #5 - One (1) of three (3) pillows did not have pliable plastic pillow protector.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">MAY 26 21 PM 3:17</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">I have covered all pillows in bedroom #4 and bedroom #5 with pliable plastic pillow protectors.</p>	<p style="text-align: center;">4/14/21</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b>  Bedroom #4 - Two (2) of three (3) pillows did not have pliable plastic pillow protectors.</p> <p>Bedroom #5 - One (1) of three (3) pillows did not have pliable plastic pillow protector.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUL 22 AM 5:15</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening in the future I will retrain and remind my substitute caregivers that the pliable plastic pillow protectors should be on at all times. I will check weekly that all pillows provided by the facility have pliable plastic protectors.</p>	<p>7/22/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No documentation that the RN Case Manager trained the PCG and SCGs for symptoms of infection to watch for per Wound Care Center 3/19/21 visit note.</p> <div style="text-align: right; transform: rotate(180deg);"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div> <div style="text-align: right; transform: rotate(180deg);"> 21 MAY 26 PM 3:17 </div>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"> The RN case manager did train my PCG and SCG's for symptoms of infection to watch for per Wound Care Center and documented it with our initials </p>	<p style="text-align: center;">4/25/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No documentation that the RN Case Manager trained the PCG and SCGs for symptoms of infection to watch for per Wound Care Center 3/19/21 visit note.</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>21 MAY 26 PM 3:17</p> </div>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>What I will do differently in the future to ensure that myself, PCG, and my SCG's are trained by the RN case manager on all infection treatments for the resident and document it is I will immediately ask the RN case manager to train myself, PCG, and SCG's on all infections and wound care for the resident and document it with our initials. I will also when receiving a new special treatment that requires a RN training I will notify my RN case manager to train myself and SCG's.</p>	<p>4/25/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No influenza vaccination. No documentation that the resident refused vaccination.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING 21 MAY 26 P3:17</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I have documented that the resident #1 refused to take his flu shot and COVID-19 vaccination.</i></p>	<p><i>4/14/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 - No influenza vaccination. No documentation that the resident refused vaccination.</p> <p>STATE OF HAWAII DOM-ONCA STATE LICENSING</p> <p>21 JUL 22 AM 5:1</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future I will use my ARCH Resident Admission Checklist to ensure I have all documentation needed from the resident. If the resident refuses to take a vaccination or medication, I will document in the caregivers notes and then notify the physician</p>	7/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - The service plan did not reflect that the resident is wheelchair dependent.</p> <div style="text-align: right; margin-top: 20px;">             STATE OF HAWAII              DOH-OHCA              STATE LICENSING                21 MAY 26 P3:17           </div>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center; font-family: cursive;">I have notified the RN case manager that the service plan did not reflect that the resident is wheelchair dependent and she updated the service plan and now it shows resident #1 is wheelchair dependent.</p>	<p style="text-align: center; font-family: cursive;">4/15/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 - The service plan did not reflect that the resident is wheelchair dependent.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this from happening again in the future, I will read the care plan carefully and if the care plan doesn't show the resident's needs and services required, I will promptly notify the case manager so that the care plan can be updated.</p>	7/22/21


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 - The service plan did not address bilateral lower extremity wounds, wound care by a health agency and infection symptoms to watch for.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>MAY 26 3:17 PM '21</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I have notified the RN Case manager that the service plan didn't address bilateral lower extremity wounds and they updated the service plan and gave me a copy of it.</p>	<p>7/15/21</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - The service plan did not address bilateral lower extremity wounds, wound care by a health agency and infection symptoms to watch for.</p> <div style="text-align: right; transform: rotate(180deg);">             STATE OF HAWAII              DOH-OMCA              STATE LICENSING              21 JUL 22 10:52           </div>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"> <i>To prevent this from happening again in the future I will carefully read the care plan and if the care plan doesn't show the residents needs and services required, I will promptly notify the case manager so that the care plan can be updated</i> </p>	<p style="text-align: center;">7/22/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>  Resident #1 - No documentation of the RN Case Manager face-to-face contact once every 30 days. No monthly visit flow sheet for January 2021 to April 2021.</p> <p>STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p> <p>21 MAY 26 P3:17</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>4/15/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No documentation of the RN Case Manager face-to-face contact once every 30 days. No monthly visit flow sheet for January 2021 to April 2021.</p> <p>STATE OF HAWAII            DOH-OHCA            STATE LICENSING</p> <p>21 MAY 26 PM 3:17</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>What I will do differently in the future to ensure that I have documentations of the RN case managers monthly visits face-to-face with the resident is I will immediately ask for a copy of the RN's monthly visit flow sheet, right after their <del>to</del>ss visit with the residents.</p>	<p>4/15/21</p>

Licensee's/Administrator's Signature: 

Print Name: Steven T. Scott Jr

Date: 5/22/21

Licensee's/Administrator's Signature: 

Print Name: Steven T. Scott Jr

Date: 7/22/21

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

21 MAY 26 P3:17