

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leilas Care Home LLC	CHAPTER 100.1
Address: 1467 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: November 6, 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.

STATE OF HAWAII
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	RULES (CRITERIA)		Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS: Resident #1 – White out used on Medication Administration Record (MAR) for February 2020.</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;">No, correction to permanent records or documents that happened in the past is not allowed or it is prohibited ^{of 3/19/21} prohibited.</p>	<p style="text-align: center;">3/19/21</p>

	RULES (CRITERIA)		Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS:</u> Resident #1 – White out used on Medication Administration Record (MAR) for February 2020.</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;">In the future, use of white out in any documents should not be used to correct an error, instead straight line will be drawn ^{across} across the wrong entry and put initial and date. Make sure the inaccurate entry is still visible.</p>	<p style="text-align: right;">3/19/21</p>

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	RULES (CRITERIA)		Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS:</u> Resident #1 – Weight on admission, February 23, 2020 was 85.1 lbs. Weight on November 1, 2020 was 76.8lbs. The MD should be notified for significant weight loss.</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; font-size: 1.2em;">Consult done, spoke with DOH Registered Dietician,</p>	<p style="text-align: center; font-size: 1.2em;">7/15/21</p> <p style="text-align: center; font-size: 0.8em;">21 AUG 10 4 8 :21 STATE OF HAWAII DOH ONCA STATE LICENSING</p>

	RULES (CRITERIA)		Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS:</u> Resident #1 – Weight on admission (February 23, 2020) was 85.1 lbs. Weight on November 1, 2020 was 76.8lbs. The MD should be notified for significant weight loss.</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;">In the future, I will notify MD/APRN of any significant change in weight ≥ 3 or more lbs. and document in the monitor weight records and progress notes.</p>	<p style="text-align: right;">7/15/21</p> <p style="text-align: right;">21 AUG 10 A 8 :21</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-GIC-A STATE LICENSING</p>

Licensee's/Administrator's Signature: Josephine J. Cabalo
Print Name: Josephine J. Cabalo
Date: 8/9/21

Licensee's/Administrator's Signature: Josephine J. Cabalo
Print Name: Josephine J. Cabalo
Date: 7/15/21

Licensee's/Administrator's Signature: Josephine J. Cabalo
Print Name: Josephine J. Cabalo
Date: 7-3-21