

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Loa Care Services LLC	CHAPTER 100.1
Address: 272 Panio Street, Honolulu, Hawaii 96821	Inspection Date: February 5, 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-CHCA
STATE LICENSING

21 APR 19 P12:34

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Substitute care giver (SCG) #1 - No examination by a physician prior to first contact with residents. The SCG is no longer a care giver.	<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> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">21 APR 19 P12:34</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Substitute care giver (SCG) #1 - No examination by a physician prior to first contact with residents. The SCG is no longer a care giver.	<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>I had given forms to the interested applicant (SCG#1) to be completed by MD/APRNs for examination but decided not to hire her and did not collect her forms.</i></p> <p><i>Any Potential hire, Volunteer, SCG will be required to submit forms to PCG before being scheduled to observe, train, or have any contact w/residents. PCG will not assign any person for training who has not submitted the ARCH IR 19A form.</i></p>	07/02/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 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. <u>FINDINGS</u> SCG #1 - No initial tuberculosis clearance. The SCG is no longer a care giver.	<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>	<p style="text-align: center;">21 APR 19 PM 2:34</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> SCG #1 - No initial tuberculosis clearance. The SCG is no longer a care giver.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Any Potential hire, Volunteer, SCG will be required to Submit TB clearance to PCG before being Scheduled to observe, train, or have any contact with residents.</p> <p>PCG will not assign any person for training who has not Submitted the ARCHIR 35 form or Tuberculosis clearance.</p>	<p style="text-align: right;">07/02/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-9 Personnel, staffing and family requirements, (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #1 - No documentation of training to make prescribed medication available to residents. Progress notes indicated that SCG #1 made prescribed medication available to the resident.</p> <p>The SCG #1 is no longer a care giver.</p> <p>SCG #2 - No documentation of training to make prescribed medication available to residents.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p>SCG #2 documentation/training form was placed into the ARCH folder</p> <p>"SCG #1" is not a care giver but was shadowing SCG #2 to learn what caregiver duties are. "SCG #1" lacked sufficient skills in the English language and had a difficult time following directions (possibly due to English being her second language) and was not hired. SCG #2 mistakenly allowed her to write in the chart thinking she was exposing her to the documentation process. This has been corrected and all SCG medications, documentation, care is initiated.</p> <p>PCG is not allowing any interested individuals who want to learn to be caregivers to volunteer to be shown what caregiving entails at all.</p>	<p>07/02/21</p>

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (c)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> SCG #1 - No documentation of training to make prescribed medication available to residents. Progress notes indicated that SCG #1 made prescribed medication available to the resident. The SCG #1 is no longer a care giver. SCG #2 - No documentation of training to make prescribed medication available to residents.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>The PCG has started to include training and testing the first week of a new hire with training document kept a part of the SCG files. All SCG will be trained to make medications available to residents & properly record during their first week.</p>	<p style="text-align: right;">07/02/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures. <u>FINDINGS</u> Resident #1 - No documentation that the resident and resident's family were informed of all facility policies and procedures.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, The acknowledgment form was placed in the patients chart.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 APR 19 P12:34</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures. FINDINGS Resident #1 - No documentation that the resident and resident's family were informed of all facility policies and procedures.	<p style="text-align: center;">PART 2 <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>A copy of the ^{Signed} Operational Agreement which includes all facility Policies & Procedures will be placed in the Resident's file upon signature of resident/family member indicating they were informed of all facility Policies & Procedures.</p> <p>A copy machine was purchased for care home use & will be utilized to copy ^{Signed} Operational Agreement to place in the Resident's file.</p>	07/02/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. FINDINGS Resident #1 - "Resource 2.0 every day and evening shift for poor intake 120 ml with med pass" ordered 12/28/20; however, Ensure was made available without a physician order.	<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;">Yes, it was corrected with a notation that the MD gave a verbal order and followed up with a written order from the MD which has been placed in the Resident file.</p>	07/02/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. FINDINGS Resident #1 - "Resource 2.0 every day and evening shift for poor intake 120 ml with med pass" ordered 12/28/20; however, Ensure was made available without a physician order.	<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>Yes, it was corrected with a notation the the MD gave a Verbal Order and followed up with a written order from the MD which has been placed in the Resident file.</p> <p>To ensure it does not happen again</p> <p>If a certain Nutritional Supplement Ordered is not available, the MD will be contacted immediately and informed. The PCG will inquire if MD recommends any similar Supplement, if so a Change in MD order will be requested and faxed to PCG. Updated Order will be placed in the Resident's file.</p>	07/02/21

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Medication cabinet was unlocked upon arrival for the annual inspection.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. Medication Cabinet is locked and PCG/SCG has the keys. Reminded SCG that the medication cabinet must be locked when not in use. SCG understands medication cabinet must be locked.</p>	<p>4/8/21</p> <p>21 APR 19 P12:34</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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JUL 12 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Increase Bumex to 1 mg daily, change hold parameter to weight \leq 88 lbs (no BP hold parameter)" ordered 1/11/21. The medication label read "0.5 mg tablet Take 1 tablet...one time per day." The medication record read: "Bumex .5 mg tab 2 tabs (1 mg) Hold weigh \leq 88 lbs."	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Medication label has been changed to correct dosage.</p>	<p style="text-align: right;">4/8/21</p> <p style="text-align: right;">21 APR 19 P12:34</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - "May crush medications and mix with not more than 30 cc of adjunct such as applesauce if unable to swallow tablet" ordered 12/22/20; however, no documentation of the medications that are crushed.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medications are not being crushed. Medication Orders stated "may crush" if unable to swallow tablet. Patient is able to swallow medications whole. S/Gs have been trained to crush meds & med crushers & cutters are available as needed/ordered.</p> <p>The deficiency was corrected by adding a time-out in the MAR indicating if medication given was crushed. The PCG/SCG will be initial on that row if medication was crushed.</p>	<p align="right">07/02/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 initiated by the care giver. FINDINGS Resident #1 - "Atorvastatin" was not initiated by the care giver(s) on the following days: 1/21/21, 1/22/21, 1/23/21, 1/24/21, 1/28/21, 1/29/21, 1/30/21 and 1/31/21. Resident #1 - "Omeprazole" was not initiated by the care giver(s) on the following days: 1/24/21, 1/29/21, 1/30/21 and 1/31/21.	<div data-bbox="1344 1283 1372 1394">PART I</div> <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> <div data-bbox="414 1654 618 1728" style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>	<div data-bbox="365 1795 647 1833" style="text-align: right;"> 21 APR 19 P12:34 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the residents medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Atorvastatin" was not initiated by the care giver(s) on the following days: 1/21/21, 1/22/21, 1/23/21, 1/24/21, 1/28/21, 1/29/21, 1/30/21 and 1/31/21. Resident #1 - "Omeprazole" was not initiated by the care giver(s) on the following days: 1/24/21, 1/29/21, 1/30/21 and 1/31/21.	<p style="text-align: center;">PART 2 <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>To prevent a similar deficiency, PCG/SCG are including <u>Medication Documentation</u> as part of report on change of shift meeting agenda. Each care giver ^{leaving his/her shift} will show their completed MAR for each resident to the incoming care giver starting his/her shift. Primary care giver will be responsible and present in person or virtually during change of shift meeting.</p>	07/02/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 - No admission assessment.	<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;">Yes, Admission assessment is filed in residents file.</p> <div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div>	<p style="text-align: right;">4/8/21</p> <p style="text-align: right;">21 APR 19 P12:34</p>

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JUL 12 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 - Progress notes did not include observations of the resident's tolerance to nutritional supplement (Ensure), compliance with the fluid restriction, need for crushed medication or the presence of a pressure sore on admission (hydrophilic wound dress paste ordered 12/28/20).	<p align="center">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. Progress notes have been corrected w/ regarding admission practice of pressure sore need for compliance w/ liquid restriction and crushed meds if needed. Tolerance for Ensure has been documented.</p>	<p align="center">4/8/21</p> <p align="center">21 APR 19 P12:34</p> <p align="center">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 - Fluid restriction of 1800 ml/day ordered 12/28/20; however, no documentation that the fluid restriction was followed.	<div data-bbox="1344 1283 1377 1394">PART 1</div> <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> <div data-bbox="337 1654 542 1732" style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>	<div data-bbox="289 1793 574 1835" style="text-align: right;"> 21 APR 19 P12:35 </div>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; <u>FINDINGS</u> Resident #1 - Blue and green ink used in the resident record.	<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>	<div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div> <div style="text-align: right;"> 21 APR 19 P12:35 </div>

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; <u>FINDINGS</u> Resident #1 - Blue and green ink used in the resident record.	<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>All Colored pens were thrown away. Black pens have been restocked. Reminders will be placed next to office supplies. and at the entrance</i></p>	<p style="text-align: right;">4/8/21</p> <p style="text-align: right;">21 APR 19 PM 2:35</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> Two (2) resident admissions were not recorded on the permanent general register.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART I</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident admissions were updated to the register.</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-OHCA STATE LICENSING </div>	<div style="text-align: right;"> <i>4/8/21</i> 21 APR 19 P12:35 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> Two (2) resident admissions were not recorded on the permanent general register.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>PCG will be responsible to note residents admission on the permanent general register. PCG will be present for all admissions & will record on register at the time of admission.</p>	<p style="text-align: right;">07/02/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - No financial agreement.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Signed General Operational Agreement has been placed in Residents file as previously discussed on pg 9. Including financial agreement.</i></p> <p><i>I currently do not handle any Residents funds and do not allow any resident property w/ significant value.</i></p>	<p style="text-align: right;"><i>4/8/12</i></p> <p style="text-align: right;">21 APR 19 P12:35</p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (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. FINDINGS Resident #1 - No financial agreement.	<p style="text-align: center;">PART 2 <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>Although we have not handled any residents funds, a financial agreement will be placed in the residents file. PCT will make form available during admission for signature to be included with other admission documents.</p>	<p style="text-align: right;">07/02/21</p>

Licensee's/Administrator's Signature:

Susan K. Halvorsen

Print Name:

Susan Halvorsen

Date:

4/8/21

Licensee's/Administrator's Signature:

Susan K. Halvorsen

Print Name:

Susan Halvorsen

Date:

07/02/2021

STATE OF HAWAII
DOH-OMCA
STATE LICENSING

21 APR 19 PM 2:35