

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Allcare Senior Services, Inc.</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-920 Kumuao Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: January 12, 2021 Annual</b>

**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.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 - No physician order for "acetaminophen 500 mg tablet Take 1 tablet by mouth every 8 hours as needed for pain" recorded on the medication record. Medication was available with the label noting the aforementioned.</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>① ADMINISTRATION REQUIRED BY ORDER FOR "ACETAMINOPHEN 500 MG TABLET, TAKE 1 TABLET BY MOUTH EVERY 8 HRS AS NEEDED FOR PAIN" FROM RESIDENT #1 PHYSICIAN.</p> <p>② ATTACHMENT #1 IS ENCLOSED FOR PAR 11-100.1-15 TO ENSURE REGULATION AND REQUIREMENT IS MET.</p>	<p style="text-align: right;">3/18/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b>            Resident #1 - "Cetirizine HCl 10 mg" ordered on 10/8/20. The medication record was not initialed by the care giver when medication was taken by the resident. Only the time of day was recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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 - Admission assessment incomplete. Page 2 of the two (2) page document found in the resident record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>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;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Blue ink used on the Resident Activity Record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b> Resident #1 - Charges for services were not specified in the general operational policy.</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>① ADMINISTRATOR IS RESPONSIBLE PERSON TO ENSURE THAT THE 11-100.1-21 (a)(1)(C) REGULATION IS MET.</p> <p>② ADMINISTRATOR MUST DOUBLE CHECK WRITTEN POLICIES AND RIGHTS &amp; RESPONSIBILITIES IS COMPLETED PRIOR TIME TO A RESIDENTS PERSONAL FILE</p> <p>③ ATTACHMENT #4 IS ENCLOSED FOR THE CORRECTION OF RESIDENT #1 ON GENERAL OPERATIONAL POLICY. (charges for services specification)</p>	<p style="text-align: right;">3/18/21</p>

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Licensee's/Administrator's Signature: Christie A. Garcia

Print Name: CHRISTIE A. GARCIA

Date: 5/26/21

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING  
21 MAY 26 PM 3:37