

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Home Away From Home II Corporation	CHAPTER 100.1
Address: 6020 Kalaniana'ole Highway, Honolulu, HI 96821	Inspection Date: July 9, 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-0HCA
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – On 8/5/20 Physician ordered, “Blink Tears Solution 0.25% instill one drop in both eyes two times a day for dry eyes”. Medication was not reevaluated by ordering Physician for the remainder of the inspection period, a period of 11 months.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">21 JUL 20 PM 12:18</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS Video monitoring located in bedroom number 5. Care home does not have:</p> <ul style="list-style-type: none"> - A video monitoring policy - A signed consent from resident or resident representative <p style="text-align: center; transform: rotate(180deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center; transform: rotate(180deg);">21 JUL 20 PM 12:18</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>Policy for the use of Video/Audio Surveillance Systems of Home Away From Home II Corporation has been written up. Resident's Representative signed consent after notification and discussion.</p>	<p style="text-align: center;">07/15/2021</p> <p style="text-align: center;">07/16/2021</p>

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Licensee's/Administrator's Signature: Ema P Arellano

Print Name: Ema P Arellano

Date: 07/20/21

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