

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Angels from Heaven, Inc. | CHAPTER 89 |
| Address: 94-357 Kahuapaa Place, Waipahu, Hawaii 96797 | Inspection Date: December 8, 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.

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> Caregiver #1 – No CPR and first aid certification on file.</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>Caregiver #1 CPR was completed on 07/19/19 and is valid for two years</p> | <p style="text-align: center;">12/08/20</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> Caregiver #1 – No CPR and first aid certification on file.</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>Caregiver #1 will have a hard copy of her CPR certification placed in a binder and will set a phone reminder for caregiver #1 and #2 four weeks before the CPR and first aid certification expires</p> <div style="text-align: right; margin-top: 200px;"> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> </div> | <p>04/10/21</p> <p style="text-align: right; margin-top: 100px;">21 APR 12 P 3:50</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> Caregiver #1 and #2 – No verification that annual 8-hour training requirements were completed within the past 12 months.</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>Caregiver 1 and 2 both completed their 8-hour training requirements on 02/28/20 and is valid for 12 months</p> | <p style="text-align: center;">12/08/20</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><u>FINDINGS</u> Caregiver #1 – No current tuberculosis clearance on file.</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>Caregiver #1 TB test was completed on 01-08-20 and is valid for 12 months</p> | <p style="text-align: center;">12/08/20</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Bathroom sink, shower floor, urinal was coated with brown and yellow stains. There were multiple brown stained areas on the bathroom floor.</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>Cleaned the bathroom sink, shower and urinal</p> | <p style="text-align: center;">12/08/20</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (b)(8) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Notation of visits and consultations made to residents by other authorized personnel;</p> <p><u>FINDINGS</u> Resident #1 – Individualized Service Plan (ISP) meeting was held on 8/11/2020. No documentation was made by the caregiver in progress notes.</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>3</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition</u>. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u> No menu was posted in residents' dining area.</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><i>We generated a copy of the residents menu and placed it in the dining area</i></p> | <p style="text-align: center;"><i>12/08/20</i></p> |

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Licensee's/Administrator's Signature: Leonarda Leiwald

Print Name: Leonarda L. Leiwald

Date: 12/08/20

Licensee's/Administrator's Signature: Leonarda Leiwald

Print Name: LEONARDA LEIWALD

Date: 04/10/21