

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Eldercare Inc.	CHAPTER 100.1
Address: 429 (Unit B1) Ulupaina Street Kailua, Hawaii 96734	Inspection Date: May 14, 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.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #2, SCG #3, SCG#4 – No documented evidence of annual physical exam.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Annual physical exam for SCG #2, SCG#3,SCG #4 were placed on care home binder for review.</p>	7/28/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #2, SCG #3, SCG#4 – No documented evidence of annual physical exam.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added annual physical exam requirement to my monthly checklist and marked on my calendar as my reminder.</p>	7/28/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG#4 – No documented evidence of initial or annual tuberculosis (TB) clearance.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency were corrected. SCG #2, SCG#3,SCG#4 TB clearance were secured and placed on the care home record for review.</p>	<p>7/28/2021</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG#4 – No documented evidence of initial or annual tuberculosis (TB) clearance.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added annual TB clearance requirement into my monthly checklists and marked it on my calendar as a reminder.</p>	7/28/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to make medications available.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Medication administration training was completed by PCG for SCG#2, SCG#3, SCG#4 and placed on the care home folder for review.</p>	<p>7/25/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to make medications available.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN; WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent from similar deficiency in the future, I have added medication administration training by PCG to my daily checklists and marked it into my calendar as a reminder.</p>	<p>7/25/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</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>Deficiency was corrected. PCG documentation of training to SCG#2, SCG#3, SCG#4 in providing personal care and assisting activity of daily living to residents were completed and placed on care home record for review.</p>	<p>7/23/2021</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added PCG training to substitute care givers in providing personal care to residents like ADL's into my daily checklists and placed it on my calendar as a reminder.</p>	<p>7/23/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute caregiver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. PCG training in taking vital signs, observing medication effectiveness or side effects to SCG #2, SCG#3,SCG#4 training skills were completed and placed in the care home record.</p>	<p>7/23/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added PCG to complete substitute care giver training on taking vital signs normal ranges and medication administration observation for effectiveness and side effects, added to my daily checklists and marked it into my calendar as a reminder.</p>	<p>7/23/2021</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(4) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide recreational programs as developed;</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Training in providing recreational program to clients by the PCG to SCG#2, SCG#3, SCG#4 were completed and placed on care home record for review.</p>	7/23/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(4) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide recreational programs as developed;</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added SCG training in providing recreational programs to my daily checklists and marked it on my calendar as a reminder on a daily basis.</p>	7/23/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(5) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required.</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Documentation of training on menus, prepare and serve meals, including special menus and appropriate meal substitutions by PCG to SCG#2,SCG#3,SCG#4 were completed and placed on care home folder available for review.</p>	<p>7/23/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(5) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required.</p> <p><b><u>FINDINGS</u></b> SCG #2, SCG #3, SCG #4 – No documented evidence of PCG training to provide the above aforementioned services to residents.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added substitute training requirement by PCG on menus, food preparations, meal substitutions as required into my daily checklists and marked on my calendar as my reminder.</p>	<p>7/23/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Residents #1, #2, &amp; #3 are in need of a wheelchair. Care home license is for a maximum of two (2) wheelchairs.</p>	<p>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>Deficiency was corrected. Oililua Eldercare located at 429 B1 Ulupaina Street, Kailua, Hawaii is in compliance with the license capacity of 2 wheelchair non-self-preserving residents.</p>	<p>9/23/2021</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b><u>FINDINGS</u></b> Residents #1, #2, &amp; #3 are in need of a wheelchair. Care home license is for a maximum of two (2) wheelchairs.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added into my checklists for follow admission policy that care home license is only allowed up to 2 wheelchair residents. I have assigned my substitute care giver to double check the checklists as well.</p>	7/28/2021 Deficiency

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 - Physician's order "Sennoside Docusate 8.6/50mg two tabs every day. Hold for loose bowel movement". However, no evidence from 7/2020 to 2/2021 that bowel movements were being documented.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Bowel movement documentation was completed from 7/2020 to 2/2021 and placed on Resident #1 record for review.</p>	7/21/2021

	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 - Physician's order "Sennoside Docusate 8.6/50mg two tabs every day. Hold for loose bowel movement". However, no evidence from 7/2020 to 2/2021 that bowel movements were being documented.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added into my checklists for all care givers to document bowel movement on daily flowsheet and assigned substitute care giver to check that documentation is completed every day.</p>	7/21/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of 2-step TB clearance.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Evidence of 2-step TB clearance was secured from the PCP and placed on Resident #1 record for review.</p>	7/29/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of 2-step TB clearance.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added 2-step TB Clearance results into my admission requirements checklists and mark it on my calendar reminder.</p>	7/29/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 - From the months of 7/2020 to 10/2020 there is no documented evidence that care plan intervention, to assist or remind resident to reposition every two hours, is being carried out.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.</p> <p>Flow sheet completed from 7/2020 to 10/2020 regarding every two hours repositioning for Resident #1 and placed on the record for review</p>	7/25/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 - From the months of 7/2020 to 10/2020 there is no documented evidence that care plan intervention, to assist or remind resident to reposition every two hours, is being carried out.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added and assigned a substitute care giver to check flowsheet for each resident every end of the shift, I also entered into my calendar reminder that every 2 hours repositioning is being charted of resident's record.</p>	7/25/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 - From the months of 7/2020 to 2/2021 there is no documented evidence that care plan outcome, to have a bowel movement every 1-2 days was being monitored.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Documentation of bowel movement every 1-2 days monitoring was completed from 7/2020 to 2/2021 and placed on Resident #1 record.</p>	7/25/2021



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 - From the months of 7/2020 to 2/2021 there is no documented evidence that care plan outcome, to have a bowel movement every 1-2 days was being monitored.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added bowel movement monitoring on the my daily checklist and marked it on my calendar reminder.</p>	7/25/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 – Activity sheet entries appear quite rushed and are illegible in some areas.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. I advised care givers to enter legibly on activity sheets</p>	<p>7/20/2021</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 – Activity sheet entries appear quite rushed and are illegible in some areas.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I assigned a substitute care giver and my self to check all entries for legibility of all records. I have put this on my calendar reminder to check on a daily basis.</p>	7/20/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - Various acronyms in use in activity record. No accompanying legend provided. i.e. STN, BSC, BSR.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected Activity record was completed and corrected. Legends at the bottom were written down.</p>	7/25/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Various acronyms in use in activity record. No accompanying legend provided. i.e. STN, BSC, BSR.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added: To complete activity record with legends to my checklists and marked on my calendar for my reminder.</p>	7/25/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Emergency information incomplete.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Emergency information for Resident #1 was completed and placed on resident's record for review.</p>	7/26/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Emergency information incomplete.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added: To complete emergency information record on my checklists and marked it on my calendar for my daily reminder.</p>	7/26/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident's #1, #2, and #3 are non-self-preserving. The maximum number of non-self-preserving residents for this care home is two (2).</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Care home is in compliance with the license capacity. There are 2 non-self-preserving residents which are in need of wheelchair.</p>	<p>9/23/2021</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident's #1, #2, and #3 are non-self-preserving. The maximum number of non-self-preserving residents for this care home is two (2).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added to my daily checklists that only 2 non-self-preserving residents are approved in the facility. I have marked this into my calendar as a reminder to myself.</p>	5/14/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b></p> <p>Care home currently has three non-self-preserving residents. Upon my arrival at approximately 8:40am, there was only one (1) staff assigned to the facility until approximately 9:40am when a second care giver (PCG) arrived. Therefore, there was not one (1) responsible adult on the premises for each non-certified resident (3).</p> <p>(Note: Staff or responsible adults assigned to the Oililua Elder Care, Inc., #III facility do not count towards the staffing or responsible adult ratio in the Oililua Eldercare Inc. facility.)</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. I have added more staff to meet the non -self-preserving residents ratio to care giver.</p>	5/15/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection..</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> Care home currently has three non-self-preserving residents. Upon my arrival at approximately 8:40am, there was only one (1) staff assigned to the facility until approximately 9:40am when a second care giver (PCG) arrived. Therefore, there was not one (1) responsible adult on the premises for each non-certified resident (3).</p> <p>(Note: Staff or responsible adults assigned to the Oililua Elder Care, Inc., #III facility do not count towards the staffing or responsible adult ratio in the Oililua Eldercare Inc. facility.)</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I put adequate staffing to my checklists ensuring that there is enough staff assigned for each non-self-preserving resident. I marked it on my daily calendar as a reminder so adequate staffing is being available. I also put a reminder on my daily checklists that only 2 wheelchair resident's are approved, and if another client increases in the level of care then I have to notify family to transfer the 3rd client to another facility.</p>	5/15/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of provision of care plan interventions such as monitoring of bowel movements for the months of 7/2020 to 2/2021 or to "assist or remind resident to reposition every 2 hours" for the months of 7/2020 to 10/2020.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Documentation of bowel movements frequency for months of 7/2020 to 2/2021 for Resident #1 completed. Documentation of every 2 hours repositioning for Resident #1 from 7/2020 to 10/2020 completed and placed on Resident#1 folder for review.</p>	<p>7/28/2021</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u>(a)  The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of provision of care plan interventions such as monitoring of bowel movements for the months of 7/2020 to 2/2021 or to “assist or remind resident to reposition every 2 hours” for the months of 7/2020 to 10/2020.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added bowel movement monitoring and every 2 hours turning/ repositioning to my daily checklists and marked it on my calendar for daily checks as my reminder.</p>	7/28/2021

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #2, SCG #3, SCG#4 – No documented evidence of twelve hours of continuing education courses.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Twelve hours of continuing education courses were completed and placed on care home folder available for review.</p>	<p>7/28/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #2, SCG #3, SCG#4 – No documented evidence of twelve hours of continuing education courses.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added twelve hours educational courses and training for all substitute care giver into my daily checklists and put it into my calendar as a reminder for myself.</p>	<p>7/28/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (e)</p> <p>The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b></p> <p>Substitute Care Giver (SCG) #2, SCG #3, SCG#4 – No documented evidence of PCG or RN CM training.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Documentation of training by PCG to Substitute Care Giver (SCG) #2, (SCG)#3,(SCG)#4 on training for services and interventions for expanded ARCH residents were completed and placed on care home record available for review.</p>	<p>7/25/2021</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (e)</p> <p>The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) #2, SCG #3, SCG#4 – No documented evidence of PCG or RN CM training.</p> <p>There is evidence in the resident's record that the above persons were providing care to the resident during the inspection period, however, no annual clearances were provided for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added substitute care giver training on all services and interventions as mentioned in the care plan for all expanded ARCH residents. I added to my checklists and marked it on my calendar as a reminder for me to check on a daily basis.</p>	<p>7/25/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (c)</p> <p>The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), SCG #1, SCG #2, SCG #3, SCG #4 – No documented evidence of RN CM of delegation training for ocular drops and rectal suppository route medications.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected.  RN CM was notified and documentation of delegation for ocular drops and rectal suppository training administration were completed for PCG,SCG#1,SCG#2,SCG#3,SCG#4.  Documentation was placed on care home record.</p>	<p>7/18/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (e)</p> <p>The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), SCG #1, SCG #2, SCG #3, SCG #4 – No documented evidence of RN CM of delegation training for ocular drops and rectal suppository route medications.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added into my checklists :RN CM delegation training on how to administer ocular drops, and how to administer rectal suppository medication to residents. I have added this reminder to my daily checklists and placed it into my calendar as a reminder.</p>	<p>7/18/2021</p>

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: Geronimo C. Tenorio

Date: July 29, 2021

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: Geronimo Tenorio

Date: September 23, 2021

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