

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tender Loving Care	CHAPTER 100.1
Address: 94-1227 Kahuanui Street, Waipahu, Hawaii, 96797	Inspection Date: November 23, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

2
DEC 21 10:53
OFFICE OF HEALTH CARE ASSURANCE
STATE OF HAWAII
LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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>FINDINGS Resident #2: No documented evidence of admission assessment.</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 style="text-align: center;"><i>admission assessment is completed. It is now on file.</i></p> <p style="text-align: right; font-size: small;">STATE OF MAHARASHTRA DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;"><i>12/15/21</i></p> <p style="text-align: center;">21 DEC 21 18:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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><u>FINDINGS</u> Resident #2: No documented evidence of admission assessment.</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><i>In the future, I will not forget to complete admission assessment. I will use calendar as a reminder.</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>	<p style="text-align: right;">12/15/21</p> <p style="text-align: right;">21 DEC 21 18:53</p>

RULES (CRITERIA)		PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p>FINDINGS Resident #1: Emergency information outdated.</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><i>Emergency Information updated it is now on file.</i></p>	<p>12/15/20</p> <p>21 DEC 21 18:53</p> <p>STATE OF MAINE DOH-300A STATE INSURANCE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a TYPICAL ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p><u>FINDINGS</u> Resident #1: Emergency information outdated.</p>	<p>PART 2</p> <p><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>In the future I will not forget to complete emergency information. I will use calendar as ^a reminder.</p> <p>STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>	<p>12/15/21</p> <p>21 DEC 21 18:53</p>

Licensee's/Administrator's Signature: _____

Joveta Gibson

Print Name: _____

Joveta Gibson

Date: _____

12/18/21

STATE OF TEXAS
COMPTROLLER
STATE LICENSING

21 DEC 21 18:53