



08/16/16, Rev 09/09/16, 03/06/18, 04/16/18

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Louzaille Cottage	CHAPTER 100.1
Address: 1118 Kaili Street, Honolulu, Hawaii 96817	Inspection Date: September 28, 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.

STATE OF HAWAII
DOMESTIC
STATE LICENSING

22 JAN 26 AM 0:19

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type 1 ARCH by the resident shall be maintained. <u>FINDINGS</u> Resident #1 - No inventory done upon admission.	<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;">Completed an inventory of the residents personal belongings.</p>	<p style="text-align: center;">9/21/21</p> <p style="text-align: center;">STATE OF HAWAII DOR-JRCS STATE LICENSING</p> <p style="text-align: center;">22 JAN 26 10:20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. <u>FINDINGS</u> Resident #1 – No inventory done upon admission.	<p style="text-align: center;">PART 2 <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>Compiled admission paperwork packages, including inventory checklists, to be completed by the supervisor with each new resident at time of check in. The inventory list is part of our admissions packet which will be completed upon admission. The PCG will update the inventory list in the last week of the month.</p>	<p style="text-align: center;">9/29/21</p>

STATE OF HAWAII
 004-0903
 STATE LICENSING

22 JAN 26 AM 10:20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS Refrigerator thermometer read 50 degrees.	<p style="text-align: center;">PART I</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;">Lowered the internal thermostat, and checked after two hours to ensure proper temperature.</p>	<p style="text-align: center;">9/28/21</p>

STATE OF HAWAII
 DCR-9002
 STATE LICENSING

22 JAN 26 AM 20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation. (c)</u> Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS Refrigerator thermometer read 50 degrees.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Added refrigeration temperature check to caregivers daily check lists. Verbally reminded all caregivers to be sure to check refrigerator temperature at the start of each shift.</p>	<p style="text-align: center;">9/29/21</p> <p style="text-align: right;">STATE OF IOWA DIVISION OF STATE LICENSING</p> <p style="text-align: right;">22 JAN 26 AM 20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>\$11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 - Blood pressure medication Amledipine has parameters for administration. No record for blood pressure taken daily.</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>Created a daily log sheet for the residents vital signs to be recorded before taking the medicine.</p>	<p style="text-align: center;">9/30/21</p>

STATE OF HAWAII
DONOR
STATE LICENSING

22 JAN 26 AM 20

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STATE OF MICHIGAN
LICENSING

JAN 26 22 10:20 AM

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>511-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs.</p> <p>FINDINGS Resident # 1 - No documentation for admission and for fall on 9/9/21 in progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Completed an incident report for the fall, progress notes, discharge and readmission forms and put copies into the resident's files.</p>	<p style="text-align: center;">9/30/21</p>

STATE OF MARYLAND
 DONOR
 STATE LICENSING

22 JAN 26 10:20 AM

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF MARYLAND
DEPARTMENT OF LICENSING

22 JAN 26 AM 20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-53 Personnel and staffing requirements. (f) All in service training and other educational experiences for employees and primary and substitute care givers shall be documented and kept current. FINDINGS SCG #2, #1, #5 - In service training incomplete for 2021. SCG#2 - 4.5 hours SCG#3 - none SCG#5 - 4.5 hours	<p style="text-align: center;">PART I</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;">All caregivers are scheduled to complete online training to ensure they are up to date within a month. Currently in the process of completing their training.</p>	<p style="text-align: center;">1/24/22</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">22 JAN 26 AM 20</p>

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STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

22 JAN 26 AM 2:00

Licensee's/Administrator's Signature:

Maile S. Drake

Print Name:

Maile T. Drake

Date:

Jan. 25, 2022

Licensee's/Administrator's Signature:

Maile S. Drake

Print Name:

Maile T. Drake

Date:

12/10/21

STATE OF MAINE
DEPT. OF
ENGINEERING

22 JAN 26 10:20