

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Care LLC	CHAPTER 100.1
Address: 381 Wanaao Road, Kailua, Hawaii 96734	Inspection Date: September 23, 2021 Initial

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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING SECTION

OCT -5 P 3:04

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (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.  <b>FINDINGS</b> Substitute care giver (SCG) #2 - No physical examination. <b>Submit a copy with the plan of correction (POC).</b>	<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 style="text-align: center;">Substitute caregiver # 2 is currently out of the country at this time for family emergency .            SCG # 2 has been reminded that she won't be able to go back to work without documented evidence that she have been examined by physician to certify that she is free of infectious disease</p>	<p style="text-align: center;">9/29/21</p> <p style="text-align: center;">21 OCT -5 P 3:04</p> <p style="text-align: center;">STATE OF HAWAII            DEPT. OF HEALTH            3770 LILUOUE ST.</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> Substitute care giver (SCG) #2 - No physical examination. Submit a copy with the plan of correction (POC).	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Pacific Care LLC, created a new hire checklist for all caregivers that is involve in the care of the residents of the care home. The checklist includes</p> <p>(a) Physical examination conducted by a physician or APRN documenting that the caregiver is free of infectious disease.</p> <p>(b) Two-step (TB) clearance.</p> <p>The checklist is added to the new hire packet and should be completed and reviewed by the primary care giver, before new hire will be allowed to work.</p>	<p style="text-align: right;">9/29/21</p> <p style="text-align: right;">21 OCT -5 P 3:05</p> <p style="text-align: right;">STATE OF HAWAII</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (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.  <b>FINDINGS</b> SCG #2 - No two-step tuberculosis (TB) clearance. Submit a copy of a TB skin test with the POC.	<p style="text-align: center;"><b>PART I</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>Substitute caregiver # 2 is currently out of the country at this time for family emergency. SCG # 2 has been reminded that she won't be able to go back to work without providing a Two-step (TB) clearance</p>	<p style="text-align: center;">9/29/21</p> <p style="text-align: center;">21 OCT -5 P 3:05</p> <p style="text-align: center;">STATE OF HAWAII            DONOR            STATE HEALTH</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION PART I	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  <b>FINDINGS</b> SCG #1 & SCG #2 - No documentation of training by the primary care giver (PCG) to make prescribed medication available to residents.	<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 style="text-align: center;">The primary care giver documented training provided to SCG#1 and training will also be provided to SCG#2 when she is cleared back to work after .</p>	<p style="text-align: center;">9/24/21</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING 21 OCT -5 P 3:05</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  <u>FINDINGS</u> SCG #1 & SCG #2 - No documentation of training by the primary care giver (PCG) to make prescribed medication available to residents.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;"><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 ensure that this does not happen again , the Primary Care Giver ( Ottilio Gimang Jr) , will conduct training of all employees at Pacific Care LLC. The substitute care giver training checklist will be utilized , completed and approved by the PCG before a SCG will be allowed to provide care to the residents of the home. As part of the training , SCG will be trained to make prescribed medication available to residents at all times. The training also includes the SCG able to locate all prescribed medication , correctly administer medication , document medication in the Medication Administration Record .            The training record will be documented and filed in the SCG employment documents.</p>	<p style="text-align: right;">10/20/21</p> <p style="text-align: right;">21 OCT 22 P 3:24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 - "Folic acid 1 mg take 1 tablet by mouth daily" ordered 8/20/21; however, "folic acid 800 mcg" taken by the resident. No physician order for "folic acid 800 mcg."	<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 style="text-align: center;">Folic acid dosage changed from 1 mg to 800 mcg            The primary physician was contacted and correct order was given. The 800 mcg folic acid is now the correct dose and documented.</p>	<p style="text-align: right;">9/24/21</p> <p style="text-align: right;">STATE OF HAWAII            DCH-ORCA            STATE LICENSING</p> <p style="text-align: right;">21 OCT -5 P 3:05</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.  <b>FINDINGS</b> Resident #1 - "Cyanocobalamin (Vitamin B-12) 1,000 mcg" expiration date on bottle was 2/21.  Medication removed from the current supply during the inspection.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">21 OCT -5 P 3:05</p> <p style="text-align: center;">STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.  <u>FINDINGS</u> Resident #1 - "Cyanocobalamin (Vitamin B-12) 1,000 mcg" expiration date on bottle was 2/21.  Medication removed from the current supply during the inspection.	<p style="text-align: center;">PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;"><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 ensure that all expired medications will be removed and replaced, Pacific Care LLC will utilize a medication checklist that reflects expiration dates of all medications the resident is taking. The checklist will be initiated by the PCG or SCG on admission and reviewed every month thereafter. This is to ensure in identifying medication that are expired or about to expire. Expired medication will be removed and replaced. The PCG and SCG will inform family members of expiring medications at least 30 days prior to the expiration dates. The medication list will be updated appropriately once new medications are brought in by family members.</p>	<p style="text-align: center;">10/20/21</p> <p style="text-align: center;">21 OCT 22 P 3:25</p>

STATE OF HAWAII  
COMMUNITY CARE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.  <b>FINDINGS</b> Resident #1 - Inventory of possessions was not maintained. Amplifier, two walkers, a wheelchair, and four pillows were not recorded on the list of possessions.	<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 style="text-align: center;">Updated the inventory of possessions to reflect the new items that was brought in by visiting family . The updated list is signed and accurately documented then placed in the resident's chart.</p>	<p style="text-align: center;">9/25/21</p>

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 STATE LICENSING

21 OCT -5 P 3:05

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.  <b>FINDINGS</b> Resident #1 - Inventory of possessions was not maintained. Amplifier, two walkers, a wheelchair, and four pillows were not recorded on the list of possessions.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Educate all caregivers on rules of inventory of possession.            Educate residents and family members to inform care givers for any new possessions brought in the care home after admission. The primary care giver will continue to conduct audits to ensure full compliance of this process.</p>	<p style="text-align: right;">9/25/21</p> <p style="text-align: right;">STATE OF HAWAII            DPH-8404            STATE LICENSING            21 OCT -5 P 3:05</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility; <b>FINDINGS</b> No documentation of a fire drill conducted when Resident #1 was admitted on 9/1/21.	<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>A fire drill was conducted by the primary care provider with Resident#1 on 9/24/2021 at 0815 and documented properly and filed in the ARCH Folder.</p> <p>Pacific Care LLC, the primary care giver or substitute care giver will conduct a fire drill on the day of admission of a resident: This process will be implemented and properly documented as such.</p>	<p style="text-align: right;">9/24/21</p> <p style="text-align: right;">21 OCT -5 P 3:05</p> <p style="text-align: right;">STATE OF HAWAII            DH-ONCA            STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (g)(3)(C) Fire prevention protection.  Type 1 ARCHs shall be in compliance with, but not limited to, the following provisions:  Each Type 1 ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;  <u>FINDINGS</u> No documentation of a fire drill conducted when Resident #1 was admitted on 9/1/21.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>On admission, the PCG or the SCG will conduct a fire drill with the newly admitted resident. The fire evacuation plan will be explained and showed to the resident. The process will be termed Admission fire drill and safety.</p> <p>This includes:</p> <p>(1) Conducting an actual fire drill with resident</p> <p>(2) Explaining the fire evacuation emergency plan and showing to the newly admitted residents the diagram that illustrates all fire exits</p> <p>(3) Documenting this action in Care Home Binder .</p> <p>To ensure this process is followed and prevent recurrence of the previous discrepancy , a " day of admission checklist " will be utilized and completed on admission of a new resident. The checklist includes a fire drill with the newly admitted resident . The checklist will be reviewed and signed by the PCG to ensure full compliance of the process.</p> <p>However, if a significant change in physical and mental condition is observed the fire evacuation plan will be reviewed and updated by the PCG or SCG as necessary.</p> <p>All Pacific Care LLC employees will be trained by the PCG in implementing this action plan to ensure safety of all residents and staff in the event of an actual fire.</p> <p>A fire drill will be conducted on the last day of each month in order to establish a reliable routine for the safety of all residents and staff in the care home .</p>	<p style="text-align: right;">10/20/21</p> <p style="text-align: right;">21 OCT 22 P 3 :25</p>

Licensee's/Administrator's Signature:

*OTLID M. GYMANIS D.*

Print Name:

OTLID GYMANIS

Date:

9/29/21

Licensee's/Administrator's Signature:

*OTLID M. GYMANIS D.*

Print Name:

OTLID GYMANIS JR.

Date:

10/20/21

STATE OF HAWAII  
BOH-GIDA  
STATE LICENSING  
21 OCT -5 P 3:06