

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ronidel Care Home	CHAPTER 100.1
Address: 94-407 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: May 4, 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 JUL 15 P1 52

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. <u>FINDINGS</u> Substitute care giver (SCG) #2, household member (HM) #1 and HM #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	<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 obtained the Physical Examination for HM #1 and HM #2 and placed in the binder.</p> <p>For SCG #2, I'll asked her to submit her physical exam but she said her doctor cannot give her yet a physical exam record due to problem on her throat and she's under medication right now.</p>	<p style="text-align: right;">5/6/21</p>

STATE OF HAWAII
 DON-OMCA
 STATE LICENSING

21 JUL 15 P1 52

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. <u>FINDINGS</u> Substitute care giver (SCG) #2, household member (HM) #1 and HM #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;">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 style="text-align: center;">Substitute # 2 is no longer working for me.</p>	<p style="text-align: center;">§</p> <p style="text-align: center;">8/23/21</p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 23 P3:16</p>

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. <u>FINDINGS</u> Substitute care giver (SCG) #2, household member (HM) #1 and HM #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	<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>I will use a spread sheet to keep track of expiration dates for PE, TB clearance. Every month I will review the spread sheet for expiration dates two months before expiration. I will inform the SCG or household member to update the PE, TB clearance. I will get a copy for my file.</p>	<p style="text-align: right;">6/23/21</p> <p style="text-align: right;">21 AUG 23 P 3:16</p> <p style="text-align: right;">STATE OF HAWAII DHQ-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS SCG #2 - No current screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the POC.	<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 obtained my SCG# 2 her TB test and placed in the binder.</p>	<p style="text-align: center;">4/10/21 me</p>

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

JUL 15 2021 1:52 PM

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. <u>FINDINGS</u> SCG #2 - No current screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the POC.	<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>I will use a spread sheet to keep track of expiration dates for PT, TB clearance. Every month I will review the spreadsheet for expiration dates and write before expiration I will inform the SCIs and make hold member to update the PT, TB clearance. I will get a copy for my file.</p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P 3:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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. <u>FINDINGS</u> HM#1 and HM #2 - No current TB clearance. Submit a copy for each with the POC.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p> I obtained the TB clearance for my HM #2 and placed in the binder. But HM #1 cannot get a TB clearance yet because his taking the covid vaccine. He did the 1st dose last 7/7/21 - and dose on 7/28/21. Supposed to be last dose the vaccine but they moved it to July. So to follow the TB test. TB test will be completed after the covid vaccine log until Sept. </p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P3:16</p>

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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 and SCG #3 - No documentation that the primary care giver (PCG) trained SCGs to make prescribed medication available to residents and properly record such action. Submit a copy for each with the POC.	<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 obtained the training for SCG #1, SCG #2, and SCG #3 regarding the prescribed medication to residents:</p>	<p style="text-align: center;">5/6/21</p>

21 JUL 15 P1:53

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21 AUG 23 P3:16

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. FINDINGS No regular pureed consistency menus.	<p style="text-align: center;">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 obtained the pureed menus and placed to kitchen and dining area for residents.</p>	6/11/21

21 JUL 15 P1 53
STATE OF HAWAII
DOH-DHCA
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. <u>FINDINGS</u> No regular pureed consistency menus.	<p style="text-align: center;">PART 2 <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>prior to or at the time of admission I will look at the diet order. If diet order is special diet need to make a special diet menu. I will contact the DHCA Nutritionist if I need help.</p> <p style="text-align: right;">STATE OF HAWAII DHCA STATE LICENSING</p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P 3:16</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Pine-Sol was unsecured under the bathroom sink. Raid Ant & Roach spray was unsecured under the wet bar sink.	<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 removed right away the inspection of Raid ant & roach spray.</p>	<p style="text-align: center;">5/3/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> The medication cabinet was unlocked during the inspection.	<p style="text-align: center;">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 put a label to medication cabinet after inspection.</p>	<p style="text-align: center;">5/3/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: Documentation of primary care giver's assessment of resident upon admission; FINDINGS Resident #1 - Admission assessment completed on 4/19/21 was not consistent with observations in the progress notes for April 2021.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div style="text-align: right;"> 21 JUL 15 P1:53 STATE OF HAWAII DOH-ONCA STATE LICENSING </div>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (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: 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; <u>FINDINGS</u> Resident #1 - No report of recent hospitalization prior to readmission on 4/19/21.	<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 obtained the hospitalization record of resident #1 and placed it in resident binder.</p>	<p style="text-align: center;">7/12/21</p>

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21 JUL 15 P1:53

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<input checked="" type="checkbox"/> §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: 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; <u>FINDINGS</u> Resident #1 - No report of recent hospitalization prior to readmission on 4/19/21.	<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><i>prior to admission or readmission I will use the admission checklist to make sure I have all the admission documents.</i></p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P 3:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 - No physician order to crush medication.	<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 obtained the physician order to crush medication for Resident #1 and placed to resident binder.</p>	<p style="text-align: center;">5/12/21</p>

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUL 15 P1:53

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; FINDINGS Resident #1 - No physician order to crush medication.	<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 style="text-align: center;">I will make sure to have a physician order to crush medication upon admission, readmission or transfer of resident.</p>	<p style="text-align: center;">5/12/24</p>

STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(7) 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: Height and weight measurements taken; <u>FINDINGS</u> Resident #1 - No admission weight taken and recorded.	<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 received training from the RNCM to measure arm circumference as an alternative to monthly weight.</p>	<p style="text-align: center;">8/23/21</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSE#46</p> <p style="text-align: right;">21 AUG 23 P3:16</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. <u>FINDINGS</u> No smoke detector check for April 2021.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">21 JUL 15 P 1:53</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. <u>FINDINGS</u> No smoke detector check for April 2021.	<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>I will use a monthly checklist for remind myself to do the monthly smoke detectors check, fire drills.</p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P3:16</p> <p style="text-align: right;">STATE OF HAWAII BOH-BOH STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; FINDINGS Resident #1 - No PCG and SCG training for aspiration precautions.	<p style="text-align: center;">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>RN delegation was done for PCG and SCG for aspiration precautions.</i></p>	<p style="text-align: center;"><i>5/12/21</i></p>

STATE OF HAWAII
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<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 - No PCG and SCG training for aspiration precautions.	<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>I will read the care plan if there's special care or services to do then I will ask the RN CM for training for the PCG/SCG. I will have her document the training.</p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P3:16 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1 - No documentation of pneumococcal immunization.	<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 asked the RN of Islands Hospice about pneumococcal immunization and she said it's not recommended for resident #1 due to decrease immune system and his under hospice services.</p>	<p style="text-align: center;">7/14/21</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

21 JUL 15 P1 54

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements: (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1 - No documentation of pneumococcal immunization.	<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>I will use the admission checklist to make ^{sure} I have all the admission documents especially the pneumococcal vaccination.</p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P 3:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> Fire drill was not conducted for April 2021.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div style="text-align: right;"> STATE OF HAWAII BOH-CHCA STATE LICENSING </div> <div style="text-align: right;"> 21 JUL 15 P 1:54 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> Fire drill was not conducted for April 2021.	<p style="text-align: center;">PART 2 <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>I will use a monthly checklist for remind myself to do the monthly fire drills, smoke detectors checks.</p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P 3:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; <u>FINDINGS</u> Resident #1 - No comprehensive assessment by the RN case manager of the resident prior to readmission on 4/19/21.	<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 obtained the comprehensive assessment to RN case manager for resident readmission.</p>	<p style="text-align: right;">5/23/21</p> <p style="text-align: right;">21 JUL 15 P1 54</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services, (c)(1)</u> Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; <u>FINDINGS</u> Resident #1 - No comprehensive assessment by the RN case manager of the resident prior to readmission on 4/19/21.	<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><i>prior to admission or re admission I will use a case manager checklist to make sure I have all the admission documents and if training is necessary. Remind the case manager if she doesn't give her^{me} the comprehensive assessment.</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div>	<p style="text-align: center;">8/23/21</p> <p style="text-align: right;">21 AUG 23 P 3:16</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div> <div style="text-align: right;"> JUL 15 21 P 1 54 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;	<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><i>Prior to admission or readmission I will use a case manager decided to make sure I have all the admission documents and if training is necessary. I will remind the case manager to give me a interim care plan within forty eight hours.</i></p>	<p style="text-align: right;">8/23/21</p>

STATE OF HAWAII
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STATE LICENSING

21 AUG 23 P 3:16

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;	<p style="text-align: center;">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 style="text-align: center;">I obtained the care plan for seven days of readmission off resident # 1.</p>	<p style="text-align: right;">5/6/21</p>

STATE OF HAWAII
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STATE LICENSING

21 JUL 15 P 1:54

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; FINDINGS Resident #1 - No care plan within seven days of readmission on 4/19/21.	<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><i>Prior to admission or readmission I will use a case manager checklist to make sure I have all the admission documents and if missing is necessary. I will remind the case manager to give me the care plan within seven days of admission, readmission</i></p>	<p style="text-align: right;">8/23/21</p> <p style="text-align: right;">21 AUG 23 PM 3:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

Licensee's/Administrator's Signature: MM Arnold

Print Name: MILAGROS RONDEL

Date: 7/14/21

Licensee's/Administrator's Signature: M. A. I. I. I.

Print Name: MLA Garcia

Date: 8/23/21

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21 JUL 15 P 1:54