

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Hawaii Carehome LLC	CHAPTER 100.1
Address: 94-559 Apii Place, Waipahu, Hawaii 96787	Inspection Date: January 25, 2022 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.

22 JAN 25 AM 8:17
STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

	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><u>FINDINGS</u> Resident #1 - Physician's order for Vitamin B complex on 8/31/21, however, medication administration record (MAR) does not list the medication until 9/13/21. - Physician's order for Quetiapine 25mg ½ tab in AM and one tab in PM dated 9/13/21, however, MAR lists medication as starting on 9/16/21. - Mirtazapine 15mg listed on MAR starting 9/1/21, however, order is dated 9/13/21.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by having the Doctor Review and sign med orders and phone orders. The signed orders are put in the Residents Charts.</i></p>	<p style="text-align: right;">22 APR 25 18:17</p>

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

	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><u>FINDINGS</u> Resident #1 - Physician's order for Vitamin B complex on 8/31/21, however, medication administration record (MAR) does not list the medication until 9/13/21. - Physician's order for Quetiapine 25mg ½ tab in AM and one tab in PM dated 9/13/21, however, MAR lists medication as starting on 9/16/21. - Mirtazapine 15mg listed on MAR starting 9/1/21, however, order is dated 9/13/21.</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><i>To prevent this deficiency from happening in the future, I got a fax so that all order from there will be faxed Dr. on.</i></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>22 APR 25 AS:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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><u>FINDINGS</u> Resident #1 – - Physician's order is for Sennosides Docusate 8.6 – 50mg, however MAR only indicated Docusate 8.6mg. - Physician's order for Vitamin B complex on 8/31/21, however, MAR does not list the medication until 9/13/21. - Physician's order for Quetiapine 25mg ½ tab in AM and one tab in PM dated 9/13/21, however, MAR lists medication as starting on 9/16/21. - Resident #1 – Acetaminophen 500mg take 1 tab by mouth every 4 hours PRN for fever, pain ordered 8/31/21, however, it is not listed on the MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this Deficiency by having the Doctor Review the med list.</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div>	<div style="text-align: right;"> 22 APR 25 AS:17 </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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><u>FINDINGS</u> Resident #1 – - Physician's order is for Sennosides Docusate 8.6 – 50mg, however MAR only indicated Docusate 8.6mg. - Physician's order for Vitamin B complex on 8/31/21, however, MAR does not list the medication until 9/13/21. - Physician's order for Quetiapine 25mg ½ tab in AM and one tab in PM dated 9/13/21, however, MAR lists medication as starting on 9/16/21. - Resident #1 – Acetaminophen 500mg take 1 tab by mouth every 4 hours PRN for fever, pain ordered 8/31/21, however, it is not listed on the MAR.</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><i>In order to ensure this deficiency from happening again in the future, all new med orders or order changes will be entered into MAR by PCG and double checked by a substitute care giver.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 APR 25 AM 8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – Verbal orders have not yet been signed by physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected this deficiency by having the Doctor Review and sign All Verbal orders.</p>	<p>4/30/22</p> <p>22 APR 25 4:17</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – Verbal orders have not yet been signed by physician.</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><i>IN the future to prevent this from happening. I now have a fax machine to fax all verbal orders to the physician for signature. I have put a label/note on the fax machine that says remember to fax all verbal physician's orders for signature as a tool to help me remember.</i></p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>22 APR 25 AM 8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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><u>FINDINGS</u> Resident #1 – Progress notes need to provide more details regarding observation of 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.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>YES</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by charting in more details.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p><i>1/30/22</i></p> <p style="text-align: right;">'22 APR 25 AM 8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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><u>FINDINGS</u> Resident #1 – Progress notes need to provide more details regarding observation of 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.</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>IN order to ensure this deficiency from happening again in the future, I will make a note on the admission sheet that that was given to me by DCH. To document in more detail regarding observation of resident's response. This will be done monthly or as often as needed. I will use this to remind me on documentation documenting in more detail.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>Foot to Room to Room</p> <p style="text-align: right;">22 APR 25 A8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 -Emergency information is incomplete.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected this deficiency by filling out all of the Emergency information.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>4/30/12</p> <p>22 APR 25 AM 8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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><u>FINDINGS</u> Resident #1 -Emergency information is incomplete.</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>TO Prevent this Deficiency From happening Again in the future.</p> <p>we will Refer to the Admission Check List that was given to me by DH. I will Also post a NOTE on Fat machine to Remind me.</p> <p>STATE OF HAWAII DH-010A STATE LICENSING</p>	<p>1/30/22</p> <p>22 APR 25 AM 17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-19 <u>Resident accounts</u>, (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a signed financial agreement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected this deficiency by having the wife who is the POA sign the financial agreement on 4/30/22</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>1/30/22</p> <p style="text-align: right;">22 APR 25 AM 8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a signed financial agreement.</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>To prevent this deficiency from happening in the future. I will refer to the Admission Check list that was provided to me by DOH. This will be done on all admissions. I will also place a note on the FAX machine to remind me.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">22 APR 25 AM 8:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-86 <u>Fire safety.</u> (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:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> There is no December Fire Drill documented in the fire drill log.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency by completing the December Fire drill and documenting.</i></p>	<p><i>1/30/22</i></p> <p>22 APR 25 A8:17</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-86 <u>Fire safety.</u> (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:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> There is no December Fire Drill documented in the fire drill log.</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>To Prevent this deficiency From happening in the future.</p> <p>I will use my calendar as a Reminder to do monthly Fire drills and document monthly. There will be a note At the end of each month for this.</p> <p>STATE OF HAWAII DCH-0HCA STATE LICENSING</p>	<p>4/30/22</p> <p>22 APR 25 A8:17</p>

Licensee's/Administrator's Signature: Lawrence Evans

Print Name: LAWRENCE EVANS

Date: 4/18/2022

22 APR 25 A 8:18
STATE OF HAWAII
DOI-CHCA
STATE LICENSING