

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Birds of Paradise Home Corporation	CHAPTER 100.1
Address: 50 Hialoa Street, Honolulu, Hawaii 96817	Inspection Date: June 4, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

HAWAIIAN STATE
 DEPARTMENT OF
 HEALTH
 1125 KALANOAUA DRIVE
 HONOLULU, HI 96813

00:212 00 21 AUG 12.

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. FINDINGS Substitute care giver (SCG) #1 - No annual TB clearance. Submit a copy 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 style="text-align: center;"><i>-I have corrected this by necessary an updated copy TB clearance for SCG #1 See Attachment</i></p>	<p style="text-align: center;"><i>9/26/21</i></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. FINDINGS Substitute care giver (SCG) #1 - No annual TB clearance. Submit a copy with the plan of correction (POC).	<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>I will have a checklist for clearance TB approval dates will be recorded on the checklist.</i></p> <p><i>I will review my monthly TB checklist to get clearance I will let the sub. caregiver to update desk, let the supervisor once I receive the update TB clearance list will be placed in my mailbox for OCHT and be available for parent I will not the parent in desk on the checklist</i></p>	<p style="text-align: right;"><i>09/27/21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>See Attached</i>	8/12/21 mvo

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

AUG 12 12 03 PM '21

11-100.1-9

Page 4

PART 1

HOW I CORRECTED THE DEFICIENCY:

I received a current copy of the first aid certification. See attachment.

8/9/21
mko

STATE OF HAWAII
POLICE
STATION 1100

21 AUG 12 P12:03

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.	<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>- I have a checklist to verify me of when the first aid expires, monthly. On next prior to the expiration date I will let the SCG know to update the list and to update the first aid certification. When I receive the updated first aid certification I will place a copy in my ARCH binder.</p>	<p style="text-align: right;">9/27/21 med</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. FINDINGS Resident #2 - Resident is able to ambulate; however, was in a wheelchair during the inspection. Observed resident propelling the wheelchair using her feet. The home is not licensed for wheelchair use.	<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>See attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p> <p style="text-align: center;"><i>ms</i></p>
AUG 12 12:03 PM '21 STATE OF HAWAII ARCHIVE		

11.100.1-10

Page 6

PART 1

HOW I CORRECTED THIS DEFICIENCY:

Resident #2 no longer uses a wheelchair. She is ~~independent~~ ^{minimal ass. w} independent with a walker.

*minimal ass. w
mco
enion*

STATE OF HAWAII
DEPARTMENT OF
STATE LIAISON

21 AUG 12 PM 2:03

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. FINDINGS Resident #2 - Resident is able to ambulate; however, was in a wheelchair during the inspection. Observed resident propelling the wheelchair using her feet. The home is not licensed for wheelchair use.	<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>-I will work with the resident to ambulate with her walker. wheel chair use will not be an option. If she requires a wheel chair for mobility she will need to transfer.</i></p>	<p style="text-align: right;"><i>9/27/21</i></p> <p style="text-align: center;"><i>ms</i></p>

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. FINDINGS The posted menu is not followed and the substitution list is not maintained. According to the posted menu, lunch was to be salmon on 6/3/21; however, the primary care giver (PCG) stated salmon was served yesterday. Salmon was not recorded on the substitution list for 6/2/21. Lunch substitution for 6/3/21 was not recorded on the substitution list.	<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><i>I am following my posted menu. I have a subs list on hand.</i></p> <p><i>I trained my Secg to record menu substitutions on the substitution list.</i></p>	<p style="text-align: right;"><i>9/27/21</i></p> <p style="text-align: right;"><i>me</i></p>

RECEIVED

SEP 27 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. FINDINGS Resident #1 - No physician order for thickening agent (nectar thick liquids).	<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>There is a MD order for thickening agent (Keefer thick. liquid). The resident has been taking this thickening agent (Keefer). Observed a Physician order for thickening agent.</p>	<p style="text-align: right;">9/27/21</p> <p style="text-align: right;">ms</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (K) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. FINDINGS Resident #1 - No physician order for thickening agent (nectar thick liquids).	<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>I am now aware that the ^{resident} thickening agent in beats ^{beats} - when thickened liquids are ordered I will bear the thickening agent to be specified.</p>	<p style="text-align: right;">9/27/21 MD</p>

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Regular minced nectar thick liquid" ordered 4/29/21; however, PCG stated she is also providing "pureed consistency" (previous diet order). PCG stated they alternate pureed with minced.	<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 a regular puree diet order for Resident #1 Resident #1 expired</p>	<p style="text-align: center;">9/27/21</p> <p style="text-align: center;">ms</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 - "Regular minced nectar thick liquid" ordered 4/29/21; however, PCG stated she is also providing "pureed consistency" (previous diet order). PCG stated they alternate pureed with minced.	<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>- I will provide dietary orders as noted on the MD order. - I will not attend any other residents dietary orders - This residents has been Expired</p>	<p style="text-align: center;">9/27/21 WJ</p>

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SEP 27 2021

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. FINDINGS Closet containing cleaning agents & toxic chemicals was unlocked. The padlock was not engaged.	<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>See Attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p> <p style="text-align: center;"><i>msc</i></p>
DEPARTMENT OF HEALTH DIVISION OF FOOD SAFETY AND INSPECTION STATE OF HAWAII		
AUG 21 2021 12:03 PM		

11-100.1-14

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PART 1

HOW I CORRECTED THIS DEFICIENCY:

The closet containing cleaning agents is now locked at all times.

8/2/21
mco

STATE OF HAWAII
REGISTRY
STATE EMPLOYERS

21 AUG 12 PM 2:03

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. FINDINGS Closet containing cleaning agents & toxic chemicals was unlocked. The padlock was not engaged.	<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 style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>8/21/21</i></p>

STATE ENGINEERING
 BOARD
 HAWAII

AUG 21 2021 12:03

FUTURE PLAN:

- I will always ensure the padlock to the closet containing cleaning agents and toxic chemicals is locked at all times.
- I will check the padlock daily to ensure it is locked.

- I will train my sub's. caregiver to always lock the closet containing cleaning chemicals.

8/9/21

mcw

STATE OF HAWAII
DEPARTMENT OF
STATE EMPLOYMENT

21 AUG 12 P12:03

mcw

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. <u>FINDINGS</u> Resident #1 - "Amoxicillin-pot clavulanate 500-125 mg 1 tab two times a day breakfast and dinner x 10 days crush and take with food/milk for pneumonia" ordered 4/18/21. The medication record was initiated for 22 doses.	PART 1 <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;"><i>See Attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p> <p style="text-align: center;"><i>me</i></p>
STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSURE	AUG 21 9AM 12	

11-100.1-15

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PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

8/9/21

MS

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 AUG 12 PM 2:03

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Amoxicillin-pot clavulanate 500-125 mg 1 tab two times a day breakfast and dinner x 10 days crush and take with food/milk for pneumonia" ordered 4/18/21. The medication record was initiated for 22 doses.	<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 style="text-align: center;"><i>See Attached.</i></p>	<p style="text-align: center;"><i>8/19/21</i></p> <p style="text-align: center;"><i>mts</i></p>

RECEIVED
 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

AUG 21 12:03 PM '21

11-100.1-15

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PART 2

FUTURE PLAN:

- I will follow the resident's physician orders.
- I will correctly add the physicians order to the medication record with the correct tabs and number of days as instructed by the primary physicians orders.
- I will add start date and end date to the medication record.
- I will do a progress note of any new medications with start and end dates, and dosage required.

8/9/21

mco

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 AUG 12 PM 2:03

6/17

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. <u>FINDINGS</u> Resident #1 - "Furosemide 20 mg 1 tablet every other day" ordered 5/4/21; the June 2021 medication record was not initialed 6/2/21 when it was supposed to be taken. The PCCG stated she instructed the SCG to give the medication this morning. No physician order for the change in frequency.	<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>I am unable to correct the deficiency. Resident #1 Expires</i></p>	<p style="text-align: center;"><i>9/27/21</i></p> <p style="text-align: center;"><i>ms</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF MICHIGAN
 DEPARTMENT OF HEALTH
 STATE OF MICHIGAN

AUG 12 12:04

11-100.1-15

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PART 2

FUTURE PLAN:

- I will follow the medication order to administer medications as directed by the physician.
- I will check my medication record daily to ensure the medication was given as ordered.
- If there are any changes to medications, I will contact the physician.

8/9/21
mc

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 AUG 12 P12:04

du

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <u>FINDINGS</u> Resident #1 - "Purosenede 20 mg" was not initiated as taken by the resident on 6/3/21.	PART 1 <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;"><i>See Attached</i></p>	<p style="text-align: center;"><i>8/19/21</i></p>

DEPARTMENT OF HEALTH
 COMMUNITY CARE LICENSING
 HAWAII STATE
 400 214 2190 12.

11-100.1-15

Page 20

PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

8/9/21
mcd

STATE OF HAWAII
DEPARTMENT OF
STATE LANDS

21 AUG 12 PM 2:04

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Furosemide 20 mg" was not initiated as taken by the resident on 6/3/21.	<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>See Attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p>

UNRESOLVED
 STATE
 HEALTH
 DEPARTMENT

AUG 21 2021 12:00

11-100.1-15

Page 21

PART 2

FUTURE PLAN:

- I will ensure when a medication is given that it is initialed as taken in the medication record.
- I will check the medication record on a daily basis to ensure there are no errors.

8/9/21
mco

STATE OF HAWAII
DHHS
STATE LICENSES

21 AUG 12 P12:04

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> \$11-100.1-15 Medications: (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Amoxicillin-pot clavulanate 500-125 mg 1 tab two times a day breakfast and dinner x 10 days crush and take with food/milk for pneumonia" ordered 4/18/21. PCG stated the medication was crushed; however, there was no documentation that the medication was crushed prior to giving the medication.	PART 1 <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;"><i>See Attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p>
STATE LICENSING DIVISION HEALTH CARE PROFESSIONALS AUG 21 2021 12:05 PM		

11-100.1-15

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PART 1

Correcting this deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

8/9/21
med

STATE OF HAWAII
DEPARTMENT OF
STATE LIBRARIANSHIP

21 AUG 12 PM 2:04

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 - "Amoxicillin-pot clavulanate 500-125 mg 1 tab two times a day breakfast and dinner x 10 days crush and take with food/milk for pneumonia" ordered 4/18/21. PCG stated the medication was crushed; however, there was no documentation that the medication was crushed prior to giving the 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>See attached</i></p>	<p style="text-align: center;"><i>8/19/21</i></p>
<p style="text-align: center;">DEPARTMENT OF HEALTH DIVISION OF LICENSING STATE OF HAWAII</p> <p style="text-align: center;">707 ZIA 21 5TH 12.</p>		

11-100.1-15

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PART 2

FUTURE PLAN:

- I will follow the physicians order for this medication.
- I will transcribe the order to the medication record to add "crush" before administration.

8/9/21
mco

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSES

21 AUG 12 PM 2:04

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 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; FINDINGS Resident #1 - Progress notes did not include the following: <ul style="list-style-type: none"> • Resident's tolerance to "Glucerna 1 bottle BID" ordered. • Reason why care givers are alternating minced and pureed consistency diet. Current diet order is for "minced." There is no physician order to alternate minced and pureed consistency diet. • Resident's tolerance to minced/pureed consistency diet, nectar thick liquids. • Reason why "polyethylene glycol is withheld. There was no reference to bowel movements. 	<p style="text-align: center;">PART I</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;"><i>See attached</i></p>	<p style="text-align: right;"><i>8/9/21</i></p>

STATE LICENSING
 BOARD FOR
 HEALTH CARE SERVICES
 STATE OF MISSISSIPPI

PO BOX 21919 JACKSON MS 39212

11-100.1-17

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PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

8/9/21

mco

STATE OF HAWAII
REG-SPOA
STATE LEADERSHIP

21 AUG 12 PM 2:04

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 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; FINDINGS Resident #1 - Progress notes did not include the following: <ul style="list-style-type: none"> • Resident's tolerance to "Glucerna 1 bottle BID" ordered. • Reason why care givers are alternating minced and pureed consistency diet. Current diet order is for "minced." There is no physician order to alternate minced and pureed consistency diet. • Resident's tolerance to minced/pureed consistency diet, nectar thick liquids. • Reason why "polyethylene glycol is withheld. There was no reference to bowel movements. 	<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>See Attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p>

GOVERNMENT
 DEPARTMENT OF
 HEALTH SERVICES
 STATE OF HAWAII

AUG 21 2021

11-100.1-17

Page 25

PART 2

FUTURE PLAN:

- I will do a progress note on a monthly basis or as often as appropriate.
- I will include observations and response to medication or diet orders.
- I will follow the physicians orders as directed.
- I will ensure any time a medication is withheld there is a progress note to reflect the reason it was withheld.
- I will not alternate diets and will follow the physician orders.

8/9/21
mcw

STATE OF HAWAII
DON-2100A
STATE LICENSING

21 AUG 12 PM 2:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 Records and reports. (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>FINDINGS Resident #1 - On 5/16/21, progress notes noted "nickle (sic) sized sore, stage 1, noted to the buttock area. Resident refusing to sleep side to side due to SOB. Allevin applied. Calmoseptine ointment applied.</p> <p>Progress notes did not include the following:</p> <ul style="list-style-type: none"> • Documentation that the hospice nurse was made aware of the bed sore as reported by the PCG. • Documentation that the hospice nurse provided the Allevin as reported by the PCG. • Documentation that the Allevin was applied for one (1) day only as reported by PCG. • Documentation when the bed sore was resolved. 	<p>PLAN OF CORRECTION</p> <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>See attached</i></p>	<p>8/9/21</p>

STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 100 STATE STREET
 HARTFORD, CT 06103

50-214 21 JUN 12.

11-100.1-17

Page 26

PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

8/9/21
mao

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'21 AUG 12 PM 2:05

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 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; FINDINGS Resident #1 - On 5/16/21, progress notes noted "nickle (sic) sized sore, stage 1, noted to the buttock area. Resident refusing to sleep side to side due to SOB. Allevin applied. Calmoseptine ointment applied. Progress notes did not include the following: <ul style="list-style-type: none"> • Documentation that the hospice nurse was made aware of the bedsores as reported by the PCG. • Documentation that the hospice nurse provided the Allevin as reported by the PCG. • Documentation that the Allevin was applied for one (1) day only as reported by PCG. • Documentation when the bedsores was resolved. 	<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>See attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p>

CORRECTIONAL INSTITUTES
CORRECTIONAL INSTITUTES
CORRECTIONAL INSTITUTES

50 21d 21 9W 12.

FUTURE PLAN:

- I will ensure the hospice nurse is aware anytime there is change of condition to the resident.
- I will ensure the hospice nurse documents any treatment or medication given in the medication record.
- I will follow any orders that the hospice nurse requires followed by a physician's order.
- I will monitor and document observations and progress in the resident's progress notes.

8/9/21
mw

STATE OF HAWAII
DEPARTMENT OF
STATE LIBRARIANSHIP

21 AUG 12 P12:05

bl

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 - Two (2) incident reports were in the resident record. Removed by the PCG during the inspection.	PART 1 <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;"><i>See attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p>

OHIO STATE
 LICENSING BOARD
 600 HOHENS
 COLUMBUS, OHIO 43260-1500

507 214 21 90V 1Z.

11-100.1-17

Page 28

PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

8/9/21
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STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 AUG 12 PM 2:05

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 - Two (2) incident reports were in the resident record. Removed by the PCCG during the inspection.	<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 style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>8/9/21</i></p>
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STATE LICENSING
 DIVISION
 100-100-100
 HAWAII STATE

11-100.1-17

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PART 2

FUTURE PLAN:

- When there is an incident report made, I will not leave it in the resident binder.
- I will place the incident report in the master binder.
- I will call the physician if medical care is needed.

8/9/21
MTO

MTO

STATE OF HAWAII
DEPARTMENT OF
STATE LIAISON

21 AUG 12 PM 12:05

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (f)(3) General rules regarding records: An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law; <u>FINDINGS</u> POC stated that the records for two (2) discharged residents were shredded or returned to the family.	PART 1 <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><i>mse</i> <i>Stafurman</i> <i>See attached</i></p>	<p style="text-align: right;"><i>8/21/21</i></p>

STATE OF MARYLAND
 DEPARTMENT OF
 STATE RECORDS

507 ZID 21 AUG 12 12.05

11-100.1-17

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PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

mco
8/9/21

STATE OF HAWAII
DEPARTMENT OF
STATE LIVERIES

'21 AUG 12 P12:05

11-100.1-17

Page 31

PART 2

FUTURE PLAN:

- I will keep the residents records (discharged) in a safe locked storage area for 7 years.
- I will not shred or return residents records to the family.

8/9/21
mca

STATE OF HAWAII
DEPARTMENT OF
STATE EMPLOYMENT

21 AUG 12 PM 2:05

bl

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHS shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; <u>FINDINGS</u> No description of fire drills conducted.	PART 1 <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;"><i>See attached</i></p>	<p style="text-align: center;"><i>8/9/24</i></p>

STATE FIRE MARSHAL
STATE FIRE MARSHAL
STATE FIRE MARSHAL

11-100.1-23

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PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

8/21/21
mco

STATE OF HAWAII
807-890-0000
STATE LIPSHUTZ

21 AUG 12 P12:05

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

507 21d 12 21 21 12

11.100.1-23

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PART 2

FUTURE PLAN:

- I will ensure fire drills are conducted at least 4 times per year and at least 3 months from the previous drill.
- I will ensure the fire drill record is complete with the date, hour, who participated and the description of the drill and the time it took the residents to safely evacuate the home

8/9/21
mcw

STATE OF MASSACHUSETTS
DOR-ORCSA
STATE LICENSING

21 AUG 12 P12:05

plc

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; FINDINGS Resident #1 - Observed resident ambulating with a walker; however, her knees were bent. She required physical assistance by the SCG. Resident #2 - Able to ambulate with a walker; however, the resident was in a wheelchair during the inspection. She propelled herself in the wheelchair using her legs. The residents require assistance in taking appropriate action for self-preservation. The PCG and SCG work outside the home. Both work 12 hour shifts two times a week. There is one care giver when the other is at work.	<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>Resident #1 was able to walk independently in walker, however the walker was not always expired.</p> <p>Resident #2 was not using walker and is getting walking in independently.</p>	<p style="text-align: right;">9/26/21</p>

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SEP 27 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; FINDINGS Resident #1 - Observed resident ambulating with a walker; however, her knees were bent. She required physical assistance by the SCG. Resident #2 - Able to ambulate with a walker; however, the resident was in a wheelchair during the inspection. She propelled herself in the wheelchair using her legs. The residents require assistance in taking appropriate action for self-preservation. The PCG and SCG work outside the home. Both work 12 hour shifts two times a week. There is one care giver when the other is at work.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent a similar deficieny I will provide a 1-1 steping for each non self preserving Reliant Resident #1 - RPIV - - I kind a wuSCG	9/27/21 md

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; FINDINGS No pliable plastic pillow protectors for the following: Bedroom #1 - One (1) of two (2) pillows Bedroom #2 - One (1) of three (3) pillows Bedroom #3 - One (1) pillow STATE LICENSING DEPARTMENT STATE OF HAWAII 9:21 AM 21 AUG 12	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>See attached</i>	<i>8/21/12</i>

11-100.1-23

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PART 1

HOW I CORRECTED THIS DEFICIENCY:

All beds now have a pliable pillow protectors.

8/9/21
mcd

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 AUG 12 PM 2:06

or

Licensee's/Administrator's Signature:

W
W
W

Print Name:

W
W
W

Date:

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Licensee's/Administrator's Signature:

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Print Name:

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RECEIVED

SEP 27 2021