

Office of Health Care Assurance

State Licensing Section

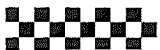
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Adult Res Care Home <i>Debra Lowman</i>	CHAPTER 100.1
Address: 1654 Hauiki Street, Honolulu, Hawaii 96819	Inspection Date: March 23, 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.**

RECEIVED  
STATE LICENSING SECTION  
JUL 11 10 48:16



	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><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Mucinex 20mL every 4 hours by mouth as need for cough,” and Albuterol HFA inhaler, inhale 2 puffs by mouth every 4-6 hours PRN wheezing.” Both aforementioned medications not available for resident use.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The order was received and medicines obtained or meds available on 3/25/22</p>	<p>3/25/2022</p>

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
SPECIAL SERVICES

72 JUN 27 12:30

	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><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Mucinex 20mL every 4 hours by mouth as need for cough,” and Albuterol HFA inhaler, inhale 2 puffs by mouth every 4-6 hours PRN wheezing.” Both aforementioned medications not available for resident use.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>- Yes I have a substitute caregiver to help me to check. If my residents meds always available.</i></p>	<p style="text-align: center;"><i>6/28/22</i></p> <p style="text-align: center;">22 JUN 27 PM 30</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH 500 EAST MAIN SPRINGFIELD, ILLINOIS</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><b>FINDINGS</b>  Resident #1 – Physician ordered “Geri-Kot 8.6mg, give 2 tablets by mouth every evening as needed daily. No as needed (PRN) indication on physician order sheet, medication administration record, and medication label.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><del>Yes, I will train my substitute caregiver</del>  yes deficiency corrected, by calling PMD for a new prescription of Geri-Kot 8.6mg give 2 tabs at bedtime as needed for constipation... PMD sent to pharmacy → the label &amp; indication. A copy is on the chart. (filed)</p> <p style="text-align: right;">ce/16/22</p> <p style="text-align: right;">a new prescription on file</p>	<p style="text-align: center;">22 JUN 27 17:30</p> <p style="text-align: center;">STATE OF NEW YORK  DEPARTMENT OF HEALTH  STATE HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #4 – Observed white correction liquid used on resident face sheet and “Resident’s Clothing” form.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>face sheet and resident's clothing form was change ... New face sheet was made + clothing form .</i></p>	<p style="text-align: center;"><i>3/25/22</i></p> <p style="text-align: right;"> <small>STATE OF ILLINOIS  JOHN-STEPHEN  STATE LICENSING</small>  22 JUN 27 P12:30 </p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g)  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #4 - Observed white correction liquid used on resident face sheet and "Resident's Clothing" form.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>- yes my husband (SC) will help me <sup>to check</sup> make sure that there is no white correction tape/liquid used on the resident / facility charts.</li> <li>- just to draw a line on the error and initial it / date it.</li> <li>- to make <del>at</del> a new face sheet / resident clothing form.</li> </ul>	<p style="text-align: right;">3/25/22</p> <p style="text-align: right;">22 JUN 27 PM 2:30</p> <p style="text-align: right; font-size: small;">STATE OF OHIO  DEPT. OF CORRECTIONS  STATE PRISONING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Monthly fire drills not held at various times of the day or night.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency corrected by first I informed my substitutes, family and residents that fire drill will be done in various time of the day/night. We did the fire drill last April @ 6:40pm and also May and June we did it at various time.</p>	<p style="text-align: right;">7/6/22</p> <p style="text-align: right;">22 JUL 11 AM 1:16</p> <p style="text-align: right;">STATE OF MICHIGAN DEPT. OF LICENSING STATE FIRE MARSHAL</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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.</p> <p><b><u>FINDINGS</u></b> Monthly fire drills not held at various times of the day or night.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- I will tell my (S C) husband to remind me to do a fire drills at various times of the day or night . . . or make / post a reminder in front of the fridge.</p>	<p style="text-align: right;">3/25/22</p> <p style="text-align: right;">'22 JUN 27 P12:30</p> <p style="text-align: right; font-size: small;">STATE OF CALIFORNIA DEPARTMENT OF STATE FIRE MARSHAL</p>

Licensee's/Administrator's Signature: Debra G. Rowena

Print Name: DEBRA G. LAURENT

Date: 6/22/2022

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

22 JUN 27 112:30

Licensee's/Administrator's Signature: Delia G. Launeta

Print Name: DELIA G. LAUNETTA

Date: 7/6/22

22 JUL 11 AM 16  
STATE OF IOWA  
BUI CHA  
STATE LHOASING