

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Eldercare Inc.	CHAPTER 100.1
Address: 429 B1 Ulupaina Street, Kailua, Hawaii 96734	Inspection Date: May 24, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 JUN 28 P 1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #2 -- Diet order dated 4/8/22 states, "pureed honey thick liquid"; however, special diet menu unavailable for review</p>	<p>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>Deficiency was corrected. Special diet menu for pureed honey thick liquid was created by RD and placed in the kitchen to follow.</p>	<p>5/28/22</p>

STATE OF HAWAII
204-0000
STATE LICENSING

22 JUN 28 P1:06

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> , (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> Resident #2 – Diet order dated 4/8/22 states, “pureed honey thick liquid”; however, special diet menu unavailable for review	<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>To prevent similar deficiency in the future I have marked on my calendar reminder about notifying RD of any special diet order by physician. I have also advised my SCG to double check the calendar reminder on a daily basis.</p>	5/28/2022

STATE OF RHODE ISLAND
 DEPARTMENT OF HEALTH
 STATE LICENSING

22 JUN 28 P 1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p>FINDINGS Three day food supply unavailable</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-Deficiency was corrected. Three day food supply was stored in the pantry available for use.</p>	<p>5/24//2022</p>

STATE OF HAWAII
OFFICE OF
CARE SERVICES

22 JUN 28 P1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (g). There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Three day food supply unavailable</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>- Memo reminder was placed in the kitchen to stock three day supply of food .</p>	5/24/2022

STATE OF NEW YORK
DEPARTMENT OF
SOCIAL SERVICES
STATE RECORDING

22 JUN 28 P1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Bottle of bleach stored unsecured in kitchen cabinet</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-Deficiency was corrected. Bottle of bleach was removed from the kitchen cabinet and secured in the storage room.</p>	<p>5/24/2022</p>

STATE OF HAWAII
JUN 28 2022
STATE DEPARTMENT

22 JUN 28 P 1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (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.</p> <p><u>FINDINGS</u> Bottle of bleach stored unsecured in kitchen cabinet</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>-Memo reminder was placed in the kitchen to remind PCG and SCG to put bleach and other toxic substance in a secured place.</p>	5/24/2022

STATE OF HAWAII
DOH-SCG
STATE INSPECTION

22 JUN 28 P 1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 4/14/22 states, "Na+ Docusate 2 tabs P.O. Q Daily"; however, docusate bottle label states, "stool softener (Na+ Docusate) 1-2 tabs P.O. Q Daily". Bottle label does not match physician's order.</p>	<p>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>Deficiency was corrected. Medication label was changed to match physician's order for Resident #1 and placed it in the medication cabinet.</p>	5/24/2022

STATE OF NEW YORK
DOH-0427
STATE LICENSE NO.

22 JUN 28 P1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 4/14/22 states, "Na+ Docusate 2 tabs P.O. Q Daily"; however, docusate bottle label states, "stool softener (Na+ Docusate) 1-2 tabs P.O. Q Daily". Bottle label does not match physician's order.</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 similar deficiency in the future, I have placed a memo reminder on the medication cabinet door to double check physician's order and medication label should match together and it should be checked by PCG and SCG on a daily basis.</p>	5/24/22

STATE OF ILLINOIS
DEPARTMENT OF
STATE LICENSING

22 JUN 28 P1:06

	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>FINDINGS Resident #1 – Medication administration record (MAR) does not include corresponding names for initials of those administering medications</p>	<p>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>Deficiency was corrected. Legend was corrected by putting names and initials of PCG and SCG on resident #1 MAR.</p>	5/24/22

STATE OF HAWAII
DOH-CRCA
STATELICENSING

22 JUN 28 P 1:06

	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>FINDINGS Resident #1 – Medication administration record (MAR) does not include corresponding names for initials of those administering medications</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 similar deficiency in the future, I have placed a memo reminder at the medication door to complete the legend on each MAR.</p>	5/24/2022

STATE OF HAWAII
DOH-CHOC
STATE LIAISONING

22 JUN 28 P 1:06

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Medication order dated 4/14/22 states, "Na+ Docusate 2 tab P.O. Q Daily"; however, the 5/2022 MAR states, "Na Docusate 1-2 tabs P.O. QD". MAR order does not match physician's order.	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected on resident #1. MAR was corrected to match physician's order to read Sodium Docusate 2 tab PO . Corrected MAR was placed on resident #1 folder available for review.</p>	5/24/2022

STATE OF HAWAII
DOH-CIO-1
STATE LICENSING

22 JUN 28 P1:06

	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 – Medication order dated 4/14/22 states, "Na+ Docusate 2 tab P.O. Q Daily"; however, the 5/2022 MAR states, "Na Docusate 1-2 tabs P.O. QID". MAR order does not match physician's order.</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 similar deficiency in the future, I have placed a memo reminder by the medication door cabinet to double check MAR and physician's order for it's accuracy.</p>	<p>5/24/2022</p>

STATE OF MARYLAND
DOH-ORCA
STATE-LICENSING

22 JUN 28 P 1:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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 initialed by the care giver.</p> <p>FINDINGS Resident #1 – 6/2021 MAR states, “Tylenol 325mg 1-2 tabs Q6- PRN pain/fever”; however, no documentation of dosage administered on 7/2/21, 7/4/21, 7/5/21, 7/13/21-7/19/21, 7/22/21-7/31/21.</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>	

STATE OF ILLINOIS
DOH-IRCA
STATE LICENSING

22 JUN 28 P 1:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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 initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 -- 6/2021 MAR states, "Tylenol 325mg 1-2 tabs Q6- PRN pain/fever"; however, no documentation of dosage administered on 7/2/21, 7/4/21, 7/5/21, 7/13/21-7/19/21, 7/22/21-7/31/21.</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>-To prevent similar deficiency in the future . I have placed a memo reminder by the medication cabinet door to document correct dosage of medication on MAR .</p>	5/24/2022

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 JUN 28 P 1:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 – Resident Emergency Information Sheet does not reflect the resident's current allergies or diagnoses. Submit an updated copy.</p>	<p>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>Deficiency was corrected. Resident Emergency Information Sheet was updated to include current allergies or diagnoses of Resident #1.</p> <p>See attachment</p>	5/24/2022

STATE OF HAWAII
DOR-CHCA
STATE LICENSING

22 JUN 28 P1:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100,1-17 <u>Records and reports, (f)(4)</u> 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 -- Resident Emergency Information Sheet does not reflect the resident's current allergies or diagnoses. Submit an updated copy.</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 similar deficiency in the future, I have placed a memo reminder by the folder cabinet door to complete resident emergency information sheet with current resident's allergies and diagnoses.</p>	5/24/2022

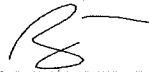
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment: (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p>FINDINGS Security screen door installed at front entry of care home was slamming shut throughout inspection, posing a danger to residents who may enter and exit through the doorway. Primary caregiver stated it is the wind that causes the door to slam shut. Noise of door slamming shut is also excessive startling for residents in the home.</p>	<p>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>-Deficiency was corrected. A rubber tape was placed by the door to prevent security door from slamming and to prevent noise.</p>	5/24/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Security screen door installed at front entry of care home was slamming shut throughout inspection, posing a danger to residents who may enter and exit through the doorway. Primary caregiver stated it is the wind that causes the door to slam shut. Noise of door slamming shut is also excessive startling for residents in the home.</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 similar deficiency in the future, I put on my calendar reminder to check the security door on a daily basis.</p>	<p>5/24/2022</p>

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JUN 28 P 1:07

Licensee's/Administrator's Signature: _____



Print Name: Geronimo Tenorio

Date: 6/16/2022

JUN 16 2022 9:54 AM
888-691-7414

STATE OF HAWAII
DOH-SHCA
STATE LICENSING 2

22 JUN 28 P1:07