Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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Facility's Name: Ohana Hale, L.L.C.	**CHAPTER 100.1**
Address: **94-1063 Halelehua Street, Waipahu, Hawaii 96797**	**Inspection Date: May 27, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** No documented evidence of Fieldprint background clearance for primary care giver, substitute care givers and house hold member.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** My Evidence of Fieldprint 4/08/22 already on my file. I already asked my substitute caregivers to make appointment.	5/4/27/22

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☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** No documented evidence of Fieldprint background clearance for primary care giver, substitute care givers and house hold member.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure to have the "Evidence of Fieldprint" on my file for myself and my caregivers. I will put a note on my bulletin board to when is the next to obtain the said Fieldprint again.	5/27/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** House hold member #1: No documented evidence of annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Household member #1 Physical Exam already on my file. Now available for review by the department.	5/26/22

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☒	§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. **FINDINGS** House hold member #1: No documented evidence of annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure that all caregivers that provide care to the residents will have their physical Exam annually. I will put a note on my calendar to remind me to have the evidence of Annual Physical Exam "Time to visit your MD for PE"	5/28/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #1: No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Care giver #1 Evidence of his TB clearance already on his file. Now available to review by the department.	5/18/22

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☒	§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 #1: No documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure that all caregivers that provide care of the patients will have their TB clearance before they come/work on the care home. I will put a note on my calendar to remind me of "TIME For TB Clearance"	5/28/22

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☒	§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** House hold member #1: no documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** House hold member #1 PPD records already on file and now ready for the department for review.	08/18/22

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☒	§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** House hold member #1: no documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure to have all PPD's to be renewed annually. I will put a note on my calendar to remind me.	08/18/22

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☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #1: No documented evidence of current level of care.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 Level of care advocacy on file. Now available for the department to review	5/28/22

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☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #1: No documented evidence of current level of care.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure that upon admitting the patient, I will make a point that all the forms are on my hand, signed filled up by the family, patient or guardian. I will put a note on my checklist that I am missing one.	5/26/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) 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 #2: Diet order of "Low sodium diet". No documented evidence that special diet is being provided as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have provided the low sodium diet to the patient. I will record on my medication administration Record & progress notes.	5/28/22

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☒	§11-100.1-13 Nutrition. (l) 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 #2: Diet order of "Low sodium diet". No documented evidence that special diet is being provided as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I am check all order Diet and provide special diet menu, having the special menu ordered and documenting on my progress note that I am providing special diet on my Medications Record and progress notes. I am put a note on my bulletin board that the patient is a low sodium diet patient.	6/28/22

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☒	§11-100.1-17 Records and reports. (h)(3)(C) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Emergency information; **FINDINGS** Resident #2: No documented evidence of emergency information sheet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Patients emergency contacts information already on file ready for the department to review.	5/28/22

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☒	§11-100.1-17 Records and reports. (h)(3)(C) Miscellaneous records: When day care clients are permitted in a Type I ARCH, records shall be maintained and include: Emergency information; **FINDINGS** Resident #2: No documented evidence of emergency information sheet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Upon admission I will make sure that patients' emergency information sheet must be completed. I will put a note on my care home folder checklist that reminds me that I am missing some forms to be ~~courtesy~~ completed	5/18/22

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☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(N) Residents' rights and responsibilities: Each resident shall: Manage his or her financial affairs, or be given at least a quarterly accounting of financial transactions made on his or her behalf by the Type I ARCH should the Type I ARCH accept his or her written delegation of this responsibility to the Type I ARCH for any period of time in conformance with state law; **FINDINGS** Resident #2: No documented evidence of resident financial statement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Financial statement Form of the patient already on file and signed. Now available for the department to review	5/28/22

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☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(N) Residents' rights and responsibilities: Each resident shall: Manage his or her financial affairs, or be given at least a quarterly accounting of financial transactions made on his or her behalf by the Type I ARCH should the Type I ARCH accept his or her written delegation of this responsibility to the Type I ARCH for any period of time in conformance with state law; **FINDINGS** Resident #2: No documented evidence of resident financial statement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Upon admission of the patient I will make sure to know who will take care of his financial affairs. I will put a note on my checklist on bulletin ~~board~~ board reminding me that some patients need more to follow up.	5/26/22

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☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(N) Residents' rights and responsibilities: Each resident shall: Manage his or her financial affairs, or be given at least a quarterly accounting of financial transactions made on his or her behalf by the Type I ARCH should the Type I ARCH accept his or her written delegation of this responsibility to the Type I ARCH for any period of time in conformance with state law; **FINDINGS** Resident #5: No documented evidence of resident financial statement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #5 Financial statement already on file and signed by the patient. And is now available on file and ready for review by the department.	5/28/22

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☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(N) Residents' rights and responsibilities: Each resident shall: Manage his or her financial affairs, or be given at least a quarterly accounting of financial transactions made on his or her behalf by the Type I ARCH should the Type I ARCH accept his or her written delegation of this responsibility to the Type I ARCH for any period of time in conformance with state law; **FINDINGS** Resident #5: No documented evidence of resident financial statement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure that all forms will be properly filled up and signed by the patient or guardian. I will put a note on my Re-Admission Checklist to remind me.	5/28/22

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☒	§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 #2: Resident certified as non-self preserving. Only one care giver present in care home.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.** ~~It~~ Another caregiver already hired on the caregiver to assist the patient. 5/28/22	

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☒	§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 #2: Resident certified as non-self preserving. Only one care giver present in care home.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure to have another caregiver or responsible ~~to~~ adult to help the patient. I will put a note on any Re-admission checklist remind me that the said patient is a non-self preserving.	5/28/22

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☒	§11-100.1-23 Physical environment. (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. Windows shall have screens having no less than sixteen meshes per inch. **FINDINGS** Ripped window screen in bedroom #1.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I already fixed the ripped window screen.	5/28/22

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Licensee's/Administrator's Signature: _____

Print Name: JENNY FELICIANO

Date: 6/24/22

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