

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abad, Edna	CHAPTER 100.1
Address: 98-312 Kaluamoi Drive, Pearl City, Hawaii 96782	Inspection Date: April 19, 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
DIVISION
HAWAII

22 AUG -8 P3:28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS SCG #3 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).</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>- AS A PRIMARY CARE GIVER, I REQUESTED THE SOG TO PROVIDE A CURRENT PHYSICAL EXAMINATION CLEARANCE (SIGNED BY A PHYSICIAN).</p> <p>- SEE ATTACHED CURRENT PHYSICAL EXAMINATION CLEARANCE. SIGNED BY A PHYSICIAN.</p>	4/25/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #3 – No documented evidence of a current physical examination clearance by a physician or APRN.</p> <p>DESIGNATED BY DATE SIGNATURE</p> <p>22 AUG-8 P3:28</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>MAKE CHECKLIST NOTING THE CURRENT PHYSICAL EXAM AND WHEN IS DUE FOR THE NEXT COMING PHYSICAL EXAM.</p>	7/20/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #3 – No documented evidence of a current tuberculosis clearance by a physician or APRN.</p>	<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>- AS A PRIMARY CARE GIVER, I REQUESTED THE SCG TO PROVIDE A CURRENT TUBERCULOSIS CLEARANCE SIGNED BY A PHYSICIAN.</p> <p>- SEE ATTACHED CURRENT TUBERCULOSIS CLEARANCE SIGNED BY A PHYSICIAN.</p>	<p align="right">4/25/2022</p>

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	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 ordered “Acetaminophen 500mg, 1 tab by mouth three times a day as needed for fever and pain,” in May 2021. Medication not on June 2021 medication administration record (MAR) and MARs from August 2021 to April 2022.</p> <p>CHICAGO CIVIL STATS JULY 20 2021</p> <p>22 AUG -8 P3:29</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>	

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☒	<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 ordered “Acetaminophen 500mg, 1 tab by mouth three times a day as needed for fever and pain,” in May 2021. Medication not on June 2021 medication administration record (MAR) and MARs from August 2021 to April 2022.</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>REVIEW PREVIOUS MONTHS TO ENSURE CURRENT MEDICATIONS ORDERS ARE TRANSCRIBED OR ENTERED ONTO THE MAR. REVIEW WITH THE SCC TO ENSURE ALL CURRENT MEDICATIONS ENTERED TO MAR.</p>	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 – Resident was given as needed (PRN) pain medication in the month of May 2021 and July 2021. No documented evidence of resident's response to the PRN medication given.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH 22 AUG -8 PM 3:29</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #2 – Observed entries in “Resident’s Clothing” form in blue ink. In addition, observed red ink used on facility’s “Height & Weight Record” form.</p> <p>STATE LICENSING JUL-11-13 STATE LICENSING</p> <p>22 AUG -8 P3:29</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>	

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<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><u>FINDINGS</u> Resident #1 – Observed usage of white correction liquid/tape used on June 2021 MAR, July 2021 MAR, November 2021 MAR, and “Resident’s Clothing” form. Additionally, observed white correction tape used on entries on the facility’s “Height & Monthly Weight Record” form.</p> <p>STATE OF ALABAMA DEPARTMENT OF CORRECTIONS INVESTIGATIVE SERVICES AUG - 8 - 2022</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>	

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	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><u>FINDINGS</u> Quarterly fire drills not held at various times of the day or night in past twelve (12) months.</p> <p>UN CHIEF ELYS STATE FIRE MAR 22 AUG -8 P3:29</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>	

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Licensee's/Administrator's Signature: Edna S. Abbott

Print Name: EDNA S. ABBOTT

Date: 8/4/22

STATE OF ILLINOIS
DEPARTMENT OF REVENUE
DIVISION OF TAX SERVICES

22 AUG -8 P3:29

Licensee's/Administrator's Signature: Edna S. Adams

Print Name: EDNA S. ADAMS

Date: 8/30/2022

STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE

22 SEP -6 P 2:08