

OK

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Elderly Care LLC	CHAPTER 100.1
Address: 1193 Ala Napunani Street, Honolulu, Hawaii 96818	Inspection Date: July 22, 2022 Initial

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
LICENSING
000-0000

22 AUG -5 P3:59

	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> Household member #1 – No current annual physical exam.</p> <p>Please submit a copy of physician exam with your plan of correction (POC).</p>	<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>Household member #1 completed an annual physical exam with the PCP on 8/3/22. Please see the attachment.</p>	<p>8/3/2022</p>

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 DIVISION OF HEALTH SERVICES
 22 AUG -5 P3:59

	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> Household member #1 – No current annual physical exam.</p> <p>Please submit a copy of physician exam with your plan of correction (POC).</p> <p>STATE OF HAWAII DOM-CHD STATE LICENSING 22 AUG -5 P3:59</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>PCG will create a list of all staff and household required paperwork such PE, Vaccination, CPR, and fingerprint to prevent missing the renewal date. In addition, we will ensure all household members complete an annual physical examination.</p>	8/3/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Two (2) bottles of wine stored in refrigerator in residents' dining area. PCG removed and secured them during inspection.</p> <p style="text-align: right;">STATE OF HAWAII DON CHAN STATE LICENSING 22 AUG -5 P3:59</p>	<p style="text-align: center;">PART 1</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Two (2) bottles of wine stored in refrigerator in residents' dining area. PCG removed and secured them during inspection.</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING AUG -5 22 3:59 PM</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>All alcohol beverages such as wine will be stored and secured in family's refrigerator which is located in the garage parking area. SCGs will be reminded as well.</p>	8/3/2022

	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> Cabinet under the kitchen sink was unlocked during inspection and not locked until it was brought to PCG's attention.</p> <p>STATE OF HAWAII DEPT. OF HEALTH DIVISION OF FOOD SAFETY 22 AUG -5 P4:00</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>	

	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> Cabinet under the kitchen sink was unlocked during inspection and not locked until it was brought to PCG's attention.</p> <p>STATE OF HAWAII GOV. J. A. AYO STATE LICENSING 22 AUG -5 P4:00</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>PCG and SCGs will be checking to ensure that the cabinet underneath the kitchen sink is secured and locked at least twice a day which is after lunch and dinner.</p>	8/3/2022

	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> Hydrogen peroxide bottle left in unlocked cabinet in residents' bathroom #4. PCG removed and secured it during inspection.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING 22 AUG -5 P4:00</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>§11-100.1-15 <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> Hydrogen peroxide bottle left in unlocked cabinet in residents' bathroom #4. PCG removed and secured it during inspection.</p> <p>STATE OF HAWAII DOH-0100 STATE LICENSING</p> <p>22 AUG -5 P 4:00</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>PCG to remind and re-train SCGs not to leave any medications in the resident's bedroom/bathroom cabinet or at the bedside. In addition, all the medications will be put back in their place after use. PCG and SCGs will check the bathroom/bedrooms every morning and at bedtime to make sure all medications are locked in the cabinet located in the living area where the medications are stored.</p>	<p>8/3/2022</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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 – One (1) SCG's initial not listed in May 2022 and June 2022 medication administration record (MAR).</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 22 AUG -5 P 4:00</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>§11-100.1-15 <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 – One (1) SCG's initial not listed in May 2022 and June 2022 medication administration record (MAR).</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING 22 AUG -5 P4:00</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>PCG to remind and re-train SCGs to write their name, position and initial at the bottom of MAR after giving medication to residents. PCG and SCGs to review and check MAR at least every two weeks for completeness of documents.</p>	8/3/2022

	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 – 6/30/22 progress notes say, “Tamsulosin 0.4mg QD for prostate and HTN to hold if SBP<110.” In MAR, “Tamsulosin HCL (Flomax) 0.4mg PO cap take 1 cap PO daily. Hold for SBP<110 for prostate and HTN” was listed for entire June 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>	

STATE OF MARYLAND
JUL-2022
STATE ARCHIVES
22 AUG -5 P4:00

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<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 – 6/30/22 progress notes say, “Tamsulosin 0.4mg QD for prostate and HTN to hold if SBP<110.” In MAR, “Tamsulosin HCL (Flomax) 0.4mg PO cap take 1 cap PO daily. Hold for SBP<110 for prostate and HTN” was listed for entire June 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>PCG and SCGs to double-check the MAR and physician order. Re-read the progress note to see if the information is written correctly. PCG and SCGs review MAR every two weeks, the 15th and 30th of each month for completeness.</p>	8/3/2022

	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 – Weight gained from 148.5 lbs. (May 2022) to 157.1 lbs. (July 2022). No documentation that physician was notified.</p> <p style="text-align: right;">STATE OF HAWAII DEPT OF HHS STATE LICENSING AUG -5 22 P4:00</p>	<p style="text-align: center;">PART 1</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>	

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<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 – Weight gained from 148.5 lbs. (May 2022) to 157.1 lbs. (July 2022). No documentation that physician was notified.</p> <p>STATE OF HAWAII DOH-CHS STATE LICENSING 22 AUG -5 P4:00</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>PCG or SCG will update MD immediately for weight changes regarding the resident. PCG and SCGs will review all documents such as progress notes at the end of each month.</p>	8/3/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Two (2) admitted and one (1) discharged residents not reflected in permanent resident register.</p> <p>STATE OF MAINE DOH - HQ STATE LICENSING 22 AUG -5 P4:00</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>Resident Register updated re: 2 admission and 1 discharged</p>	8/3/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Two (2) admitted and one (1) discharged residents not reflected in permanent resident register.</p> <p>STATE ATTORNEY DONALD STATE ATTORNEY</p> <p>22 AUG -5 P4:00</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>PCG and SCG to update all the paperwork on the day of admission and discharge of the resident. PCG will have an admission checklist to complete all documentation on the resident's admission. PCG to train and remind SCGs to have the admission checklist verified for completeness of documents during the resident's admission.</p>	8/3/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> No signaling device available in resident's bedroom #2. PCG placed it during inspection.</p> <p>STATE OF ALABAMA DEPARTMENT OF SENIORS STATE LICENSING AUG -5 22 P 4:00</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>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> No signaling device available in resident's bedroom #2. PCG placed it during inspection.</p> <p>STATE OF HAWAII DOH-CDPH STATE LICENSING</p> <p>22 AUG -5 P4:00</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>PCG and SCGs will check the resident's room for a signaling device daily to ensure that there is a signaling device present and is working properly.</p>	<p>8/3/2022</p>

Licensee's/Administrator's Signature: _____



Print Name: Annabelle Chang

Date: 8/05/2022

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

22 AUG -5 P4:00