

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Apostol Care Home	CHAPTER 100.1
Address: 94-1244 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: July 7, 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.

STATE LICENSING SECTION
1001 KALANIANA'OLA BLVD
HONOLULU, HI 96813

2022 JUL 20 P1:57

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, SCG #3, House Hold Member (HHM) #1 – No documented evidence of no current or prior felony or abuse convictions in a court of law.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes.</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Finger printing was completed in June 2022. PCG instructed SCG #1, SCG #2, SCG #3, and (HHM) #1 that as soon as the documented evidence made available, PCG will provide OCTA or my Nurse Surveyor all documented evidence of current or prior felony or abuse convictions in a court of law. And would be submitted and be reviewed.</p>	<p>07/12/2022</p> <p style="text-align: right;">72 JUL 20 P 1 57</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><u>FINDINGS</u> PCG, SCG #1, SCG #2, SCG #3, HHM #1 – No documented evidence of no current or prior felony or abuse convictions in a court of law.</p>	<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><i>In the future, as the PCG, I will allow a month to have my SCG#1, SCG#2, SCG#3, (HHM)#1 to complete the documented evidence of no current or prior felony or abuse convictions in a court of law.</i></p> <p><i>I will also have my SCG#1 and SCG#2 remind PCG that the documents must be completed after 10 days upon completion of the finger printing. And will have documents ready to be viewed by surveyor.</i></p>	<p><i>07/12/22</i></p> <p style="text-align: right;">72 JUL 20 P1 57</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><u>FINDINGS</u> Resident #1 – Physician ordered “Ondansetron HCl 4mg tablet, take 1 tablet orally every 8 hours as needed for nausea/vomiting” on 5/11/2022. Aforementioned medication not listed on resident’s medication administration record (MAR).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I checked the medication Ondansetron HCl 4mg tablet po. made available to the resident on 5/11/2022 and made the correction. I recorded on the flow sheet with the residents name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p>	<p>07/07/2022</p> <p style="text-align: right;">STATE OF HAWAII BOB-0003 STATE ENGINEER'S</p> <p style="text-align: right;">22 JUL 20 P1 57</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> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> The level of care indicated on Resident #3's physical examination dated 9/11/2021 was "Independent." Similarly, the level of care indicated on Resident #5's physical examination dated on 9/11/2021 was also "Independent." The facility is licensed as an adult residential care home/expanded care home. According to their respective level of care evaluations, both residents do not meet the criteria for residency at the facility.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Primary Care Doctor (PCP) Resident #3 and Resident #5 examination dated 9/11/2021 was Independent.</i></p> <p><i>PCP confirms Level of Care are both ARCH Level of Care not "Independent"</i></p>	<p><i>07/13/2022</i></p> <p style="text-align: right;">22 JUL 20 P 1:57</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> (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><u>FINDINGS</u> Resident #1 – Observed usage of white correction tape on “Level of Care Evaluation for Adult Residential Care Home Residents” form dated 4/1/2022. In addition, observed usage of white correction liquid on facility’s “Fire Drill Log” on the July 2021 entry.</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>	<p style="text-align: right;">07/09/2022</p> <p style="text-align: right;">22 JUL 20 P 1:57</p> <p style="text-align: right; font-size: small;">STATE OF ALABAMA DEPT. OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Edwin C. Apostol

Print Name: Edwin C. Apostol

Date: 08/24/2022

Licensee's/Administrator's Signature: Edwin C. Apostol

Print Name: Edwin C. Apostol

Date: July, 15, 2022

22 AUG 26 AM 104
STATE OF MA
OFFICE OF
STUDENT AFFAIRS