

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aumoa Care Home LLC	CHAPTER 100.1
Address: 98-562 Kaimu Loop, Aiea, Hawaii 96701	Inspection Date: September 2, 2021 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.

22 JUN 21 P4:13
STATE OF HAWAII
DEPARTMENT OF
STATE RECORDS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG) - No documentation of training sessions. Submit copies of six (6) hours of training session with the 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 style="text-align: center;">PCG successfully completed 6 hrs of training sessions</p> <p style="text-align: center;">Copies attached</p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DOH-DONA STATE LICENSING </div>	<p style="text-align: center;">10/20/21</p> <p style="text-align: right;">22 JAN 21 PM 4:13</p>

11-100.1-8, page 2:
Primary Care Giver (PCG) qualification

FINDINGS

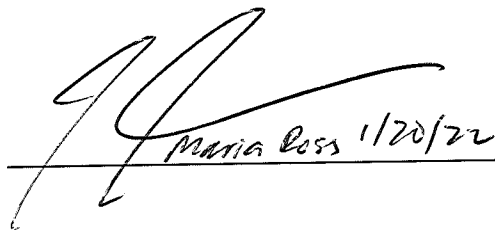
PCG – No documentation of training sessions

PART I – CORRECTION

PCG successfully completed 6 hours of training sessions.

Date of completion 10/20/21

PCG Signature


Maria Ross 1/20/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JAN 21 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG) - No documentation of training sessions. Submit copies of six (6) hours of training session with the plan of correction (POC).</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:13</p> <p>STATE OF HAWAII JULY 2024 STATE LICENSING</p>

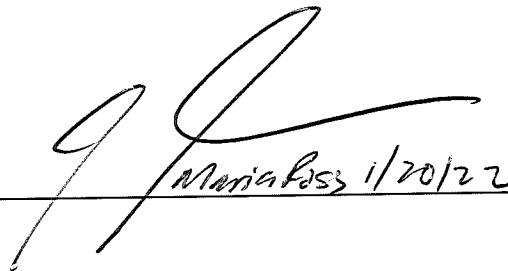
11-100.1-8, page 3:
Primary Care Giver (PCG) qualification

PART II – FUTURE PLAN

1. PCG will: Complete 6 hours of training sessions per year.
2. PCG will ensure that the copy of the 6-hour session will be in PCG record available for review.
3. PCG 6 hour training session will be included in the employee record review audit tool. Audit tool will be check to ensure completion monthly by the PCG.

Date of completion 10/20/2021

PCG Signature

 Maria Pos 1/20/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JAN 21 P4:13

	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> Substitute care giver (SCG) #1 - No physical examination (PE). Submit a copy with the POC.</p> <p>Household member (HM) #1, #2 and #3 - No current PE. Submit a copy with the POC.</p> <p>Cook - No current PE. Submit a copy with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P 4:13</p> <p>STATE OF HAWAII DOH-DOHA STATE LICENSING</p>

11-100.1-9, page 4:

Personnel, staffing and family requirement

FINDINGS

Substitute Care Giver (SCG) #1 – No physical examination (PE).

Household member (HM) #1, #2 and #3 – No current PE.

Cook – No current PE.

PART I – CORRECTION

SCG #1 PE completed on 11/16/2020.


HM #1 PE completed on 9/22/21.

HM #2 PE completed on 10/20/21.

HM #3 PE completed on 10/20/21.

Cook PE completed on 9/9/21

PCG Signature

 Kiana Lee 11/20/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JAN 21 P4:13

	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> Substitute care giver (SCG) #1 - No physical examination (PE). Submit a copy with the POC.</p> <p>Household member (HM) #1, #2 and #3 - No current PE. Submit a copy with the POC.</p> <p>Cook - No current PE. Submit a copy with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION JAN 21 4:14 PM</p>

11-100.1-9, page 5:

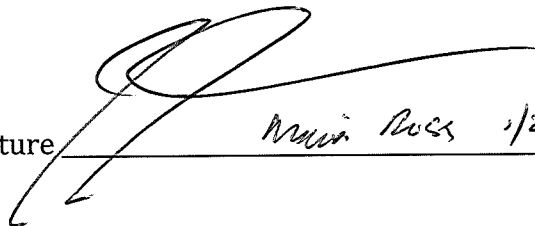
Personnel, staffing and family requirement

PART II – FUTURE PLAN

1. All Substitute Care Giver (PCG), Household Member (HM) and cook shall have documented evidence that they have been examined by a physician prior to their first contact with Aumoa Care Home residents and annually.
2. Primary Care Giver provided education to SCG of the annual PE requirement and will ensure that all documents will be available in the SCG, HM and cooks record for review.
3. PCG will complete monthly review of required personnel, staffing and family requirements.

Date of completion 10/23/2021

PCG Signature


Nuvia Ross 1/20/22

STATE OF HAWAII
OFFICE OF THE ATTORNEY GENERAL
JAN 21 2022

22 JAN 21 PM 4:14

	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 #2 - No current tuberculosis (TB) clearance. Submit a copy with the POC.</p> <p>HM #1, #2, and #3 - No current TB clearance. Submit a copy with the POC.</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><i>See attached</i></p>	<p>1/20/22</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION JAN 21 PM 4:14</p>

11-100.1-9, page 6:
Personnel, staffing and family requirement

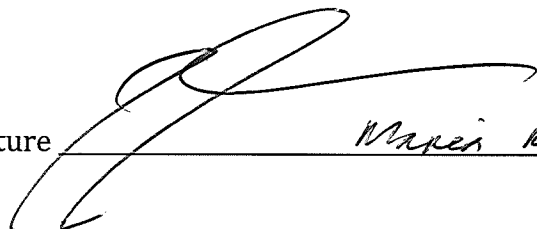
FINDINGS

SCG #2 - No current tuberculosis (TB) clearance.
HM #1, #2 and #3 - No current TB clearance.

PART 1 CORRECTION

SCG #2 has resigned position in July 2021
HM #1 TB clearance completed 9/25/21.
HM #2 TB clearance completed 10/23/21.
HM #3 TB clearance completed 10/23/21.

PCG Signature

 Waverly Ran 1/20/22

STATE OF HAWAII
JAN 21 2022
STRELLER

22 JAN 21 P4:14

	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 #2 - No current tuberculosis (TB) clearance. Submit a copy with the POC.</p> <p>HM #1, #2, and #3 - No current TB clearance. Submit a copy with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION JAN 21 4:14 PM</p>

11-100.1-9, page 7:


Personnel, staffing and family requirement

PART II – FUTURE PLAN

1. All Substitute Care Giver (PCG) and Household Member (HM) shall have documented evidence of an initial and annually TB clearance.
2. Primary Care Giver provided education to SCG and HM of the initial and annual TB clearance requirement and will ensure that all documents will be available in the SCG and HM record for review.
3. PCG will complete monthly review of required personnel, staffing and family requirements.

Date of completion 10/23/2021

PCG Signature

 Maria Ross 1/20/22

STATE OF HAWAII
DEPARTMENT OF
STATE RECORDS

22 JAN 21 PM 4:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.</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><i>see attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH JAN 21 4:14 PM</p>

11-100.1-9, page 8:
Personnel, staffing and family requirements.

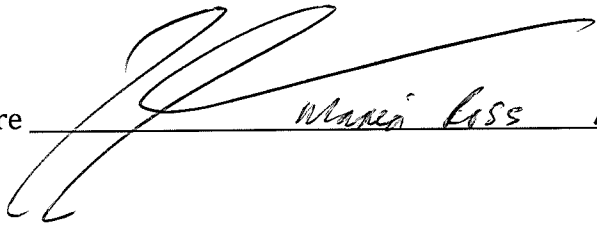
FINDINGS

The Substitute Care Giver (SCG) #2 – No first aid certification.

PART I – CORRECTION

SCG #2 has resigned in July 2021.

PCG Signature

 Maria Lass 1/20/22

STATE OF HAWAII
DOH-ODCA
STATE DIVISION

22 JAN 21 PM 4:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:14</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH CERTIFICATION</p>

11-100.1-9, page 9:

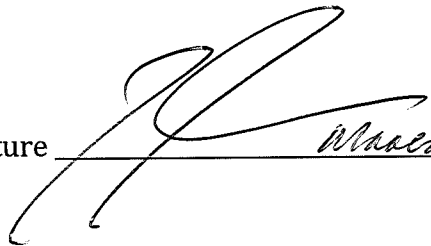
Personnel, staffing and family requirements

PART II – FUTURE PLAN

1. All Substitute Care Giver (SCG) who provides a coverage of a period less than 4 hours has a first aid certification filled in employee record.
2. All Aumoa Care Home SCG were educated on the timely completion of the first aid certification annually.
3. PCG will complete monthly review of required personnel, staffing and family requirements.

Completion date: 9/3/2021

PCG Signature

 Maana Hess 1/20/22

STATE OF HAWAII
DOH-GRCA
STATE LICENSING

22 JAN 21 P 4:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> All SCGs - No documentation of training to make prescribe medication available to residents. Submit a copy of the training for each with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DOH-082A STATE LENSING</p> <p>22 JAN 21 P4:15</p>

11-100.1-9, page 10:

Personnel, staffing and family requirements

FINDINGS

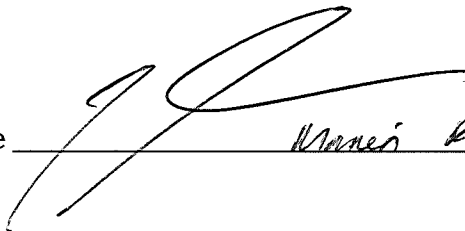
All Substitute Care Giver (SCG) – No documentation of training to make prescribe medication available to residents.

PART I – CORRECTION

All SCG has a documentation of training to make prescribe medication available to residents.

Date of Completion 9/3/2021

PCG Signature

 Mani Ross 1/28/22

STATE OF HAWAII
DOH-0162A
STATE LICENSING

22 JAN 21 P4:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> All SCGs - No documentation of training to make prescribe medication available to residents. Submit a copy of the training for each with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:15</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

11-100.1-9, page 11:

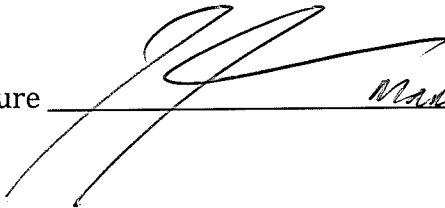
Personnel, staffing and family requirements

PART II – FUTURE PLAN

1. All Substitute Care Giver (SCG) will have a documented training re: all prescribe medication available to residents. Completion of training will be done during orientation prior to initial contact to the Aumoa Care Home residents.
2. PCG will ensure that documentation of training will be filled properly to the active employee record available for review.
3. PCG will complete monthly review of required personnel, staffing and family requirements.

Completion date 9/3/2021

PCG Signature

 Maun Ross 1/20/22

STATE OF HAWAII
DOH-HRSA
STATE LICENSING

22 JAN 21 P4:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:15</p> <p>STATE OF HAWAII DOH-DHICA STATE LICENSING</p>

11-100.1-9, page 12:
Personnel, staffing and family requirement

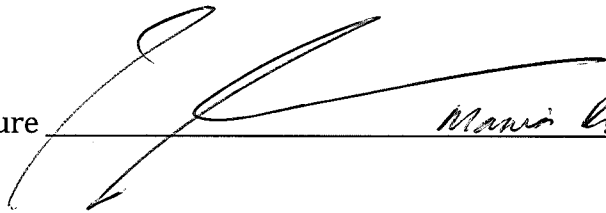
FINDINGS

SCG #2 - No first aid certification.

PART 1 CORRECTION

SCG #2 has resigned position in July 2021

PCG Signature

 Mami Kan 1/20/22

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 JAN 21 P4:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 - No first aid certification. Submit a copy with the POC.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DEPT. OF STATE LICENSING</p> <p>22 JAN 21 P4:15</p>

11-100.1-9, page 13:

Personnel, staffing and family requirement

PART II – FUTURE PLAN

1. All Substitute Care Giver (PCG) who provides a coverage of a period less than 4 hours has a first aid certification filled in employee record.
2. All Aumoa Care Home SCG were educated on the timely completion of the first aid certification annually.
3. PCG will complete monthly review of required personnel, staffing and family requirements.

Date of completion 9/3/2021

PCG Signature

 Manie Ren 1/21/22

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 JAN 21 P4:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 50° F. Checked twice.</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><i>New refrigerator thermometers were purchased & R on 9/3/2021</i> <i>See attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>22 JAN 21 P 4:15</p>

11-100.1-14, page 14:
Food sanitation

FINDINGS:

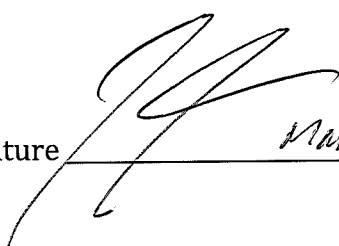
Refrigerator thermometer read 50 degrees Fahrenheit

PART I – CORRECTION

Refrigerator Thermometer was replaced and refrigerator temperature is being maintained at 45 degree Fahrenheit or less.

Date of completion 9/3/2021

PCG Signature

 *Maver for 1/20/22*

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

22 JAN 21 P4:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 50° F. Checked twice.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:16</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

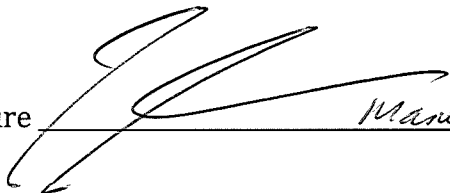
11-100.1-14, page 15:
Food sanitation

PART II – FUTURE PLANS:

1. PCG will ensure refrigerator temperature will be maintained at 45-degree Fahrenheit or less.
2. Aumoa Care Home caregiver and cook were educated on checking the refrigerator temperature and maintain at 45 degree Fahrenheit or less.
3. PCG will complete a daily audit of the refrigerator temperature completed to ensure compliance.

Date of compliance 9/3/2021

PCG Signature

 Mani Ran 1/28/22

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

22 JAN 21 P4:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Aspirin 81 mg tab Chew 81 mg by mouth daily" ordered 8/7/21; enteric coated tablets available.</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><i>Ordered and clarified for Aspirin 81 mg tabs. Data completed 9/3/2021 See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:16</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

11-100.1-15, page 16:
Medication

FINDINGS:

Resident #1 Aspirin 81 mg tab chew 81 mg by mouth daily ordered 8/7/21; enteric covered tablets available.

PART I – CORRECTION:

Resident #1 Aspirin 81 mg tab every day orders was clarified. The correct medication is available for daily administration.

Completion date 9/3/2021

PCG Signature

 Maria Ren 1/20/22

STATE OF HAWAII
DOH-9HCA
STATE LICENSING

22 JAN 21 P4:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Aspirin 81 mg tab Chew 81 mg by mouth daily" ordered 8/7/21; enteric coated tablets available.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>22 JAN 21 P4:16</p>


11-100.1-15, page 17:
Medication

PART II – FUTURE PLANS:

1. PCG will review resident's medication orders to ensure that correct medications are available for administration.
2. All Aumoa Care Home caregivers educated by the PCG on ensuring all medications ordered for residents are correct and available for medication administration.
3. The PCG and designee will complete a daily medication audit to ensure all medications ordered for residents are correct and available for medication administration.

Completion date 9/3/2021

PCG Signature



1/20/22

STATE OF HAWAII
DOH-HICA
STATE LICENSING

22 JAN 21 P4:16

	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 - "Triamcinolone 0.5% topical cream" and "polyethylene glycol" were ordered 8/7/21; however, were not recorded on the medication record.</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> <p><i>Clarification - orders were completed on 9/9/2021</i></p> <p><i>See attached</i></p>	<p>1/20/22</p> <p>22 JAN 21 P4:16</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

11-100.1-15, page 18:
Medication

FINDINGS:

Resident #1 Triancinolone 0.5% topical cream and polyethylene glycol were ordered 8/7/2021; however, were not recorded on the medication record.


PART I – CORRECTION:

Resident #1 Triancinolone 0.5% topical cream was discontinued.

Resident #1 Polyethylene glycol was recorded on the medication record and available for administration as needed.

Completion date 9/9/2021

PCG Signature

 Maria Rose 1/21/22

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

22 JAN 21 PM 4:16

	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 - "Triamcinolone 0.5% topical cream" and "polyethylene glycol" were ordered 8/7/21; however, were not recorded on the medication record.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P 4:16</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>


11-100.1-15, page 19:
Medication

PART II – FUTURE PLANS:

1. PCG will review all medication orders to ensure all medication is recorded in medication record for administration.
2. All Aumoa Care Home caregivers educated by the PCG on ensuring all medications ordered for residents are correct and available for medication administration.
3. The PCG and designee will complete a daily medication audit to ensure all medications ordered for residents are correct and available for medication administration.

Completion date 9/9/2021

PCG Signature


Mami Ross 1/20/22

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 JAN 21 PM 4:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> A bench obstructed the second exit. Removed during the inspection.</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> <p><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P 4:16 STATE OF HAWAII DOH-PHSA STATE LICENSING</p>

11-100.1-23, page 20:
Physical environment

FINDINGS:

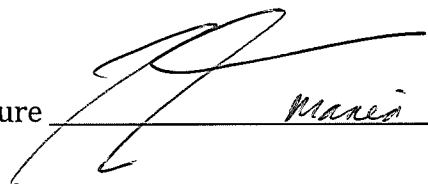
A bench obstructed the second exit.

PART I – CORRECTION:

The bench obstructing second exit was removed.

Completion date 9/2/2021

PCG Signature

 Maria Ross 1/20/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JAN 21 P4:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> A bench obstructed the second exit. Removed during the inspection.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:16</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

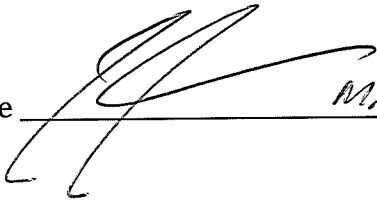
11-100.1-23, page 21:
Physical environment

PART II – FUTURE PLANS:

1. PCG/SCG will ensure all Aumoa care Home exit doors are clear and free from any obstruction.
2. All Care givers were educated that all exit doors are clear and free from any obstruction
3. The PCG and designee will complete a daily environmental audit to ensure that all exit doors are clear and free from any obstructions.

Completion date 9/3/2021

PCG Signature

 Maria Ross 1/20/22

STATE OF HAWAII
DOH-0102A
STATE LICENSING

22 JAN 21 P4:17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #3 - Two (2) beds did not have pliable plastic pillow protectors on the pillows.</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><i>See attached</i></p>	<p><i>1/20/22</i></p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>JAN 21 4:17</p>

11-100.1-23, page 22:
Physical Environment

FINDINGS:

Bedroom #3 – Two (2) beds does not have pliable plastic pillow protectors on the pillows.

PART I – CORRECTION

Bedroom #3 – Two (2) beds: all pillows belong to each bed were properly labeled with residents names.

Date of completion 9/2/2021

PCG Signature

 Maria Ross 1/20/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JAN 21 P4:17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #3 - Two (2) beds did not have pliable plastic pillow protectors on the pillows.</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><i>All pillows were labelled properly with patients name. Completed 9/2/2021</i> <i>See attached</i></p>	<p><i>1/20/22</i></p> <p>22 JAN 21 P4:17</p> <p>STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

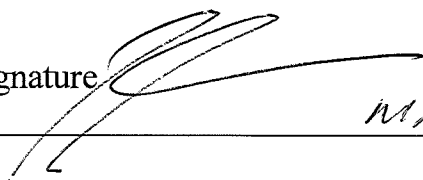
11-100.1-23, page 23:
Physical Environment

PART II – FUTURE PLAN

1. PCG/SCG will ensure that each resident is using pillows that belong to him or her.
All pillows will be properly labeled with resident's name.
2. All Aumoa Care Home SCG were educated that all pillows are labeled for each resident.
3. PCG and designee will complete monthly audit to ensure all pillows are labeled with patients name appropriately.

Date of completion 9/3/2021

PCG Signature


Manner Ross 1/20/22

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

22 JAN 21 P 4:17

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

STATE OF HAWAII
DOH-OMCA
STATE LICENSING

22 JAN 21 P4:17