

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohanalani L.L.C.	CHAPTER 100.1
Address: 5339 Oio Drive, Honolulu, Hawaii 96821	Inspection Date: October 13, 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 OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING
OCT 15 12:57

	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> The following medications or treatments were found in the residents' rooms, unsecured.</p> <ul style="list-style-type: none"> • Bedroom #3 – unlabeled Miralax powder and Thick-It thickener (inside the closet) • Bedroom #4 – unlabeled Tylenol (nightstand 1st drawer) 	<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>- Rechecked all residents closets and drawers.</p> <p>- Called resident's family and reminded them that medications are not allowed in resident's room.</p> <p>- Advised resident not to keep medications in the room and to ask caregiver if needed.</p>	<p>10/13/22</p>

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STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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STATE OF HAWAII
DEPARTMENT OF HEALTH
TYPE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> No documentation that SCG #1 have reviewed and acknowledged the RN case manager care plan for resident #1.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-GHCA STATE LICENSING</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>- Had each SCG's sign and acknowledge the RN case manager's care plan after review.</p>	<p style="text-align: right;">10/14/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Annual physical and dental examinations;</p> <p>FINDINGS Resident #1 – No documentation of resident having an annual dental exam completed, refused, or dentist stating an annual exam is not warranted.</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> <ul style="list-style-type: none"> - Consulted resident's son/DPOA re: annual dental exam and confirmed his family's decision to waive dental visits due to resident's condition (refused to cooperate in dental treatments/ procedures). - Notified case manager and we reviewed and updated care plan to stop annual dental exam/visits per family's request. 	<p style="text-align: center;">12/01/22</p> <p style="text-align: center;">'22 DEC -5 P12:58</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH DENTAL LICENSING</p>

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Licensee's/Administrator's Signature: NORA V. SORIANO - TRIAS

Print Name: NORA V. SORIANO - TRIAS

Date: 11/03/2022

22 NOV -7 P12:04

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

Licensee's/Administrator's Signature: NORA V. SORIANO-TRIAS

Print Name: NORA V. SORIANO-TRIAS

Date: 12/01/2022