

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes, Cesaria (ARCH)	CHAPTER 100.1
Address: 2602 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: July 1, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

22 JUL 17 PM 4:3

	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 Caregiver (PCG), Substitute Caregiver (SCG) #1,2 - FieldPrint clearance unavailable for review</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>-PCG: FIELD PRINT WAS COMPLETED ON 08-10-22</p> <p>-SCG#1: FIELD PRINT WAS COMPLETED ON 08-10-22</p> <p>-SCG#2 FIELD PRINT WAS COMPLETED ON 08-10-22</p>	<p>09-27-22</p> <p>22 SEP 29 P 4:28</p>

	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 Caregiver (PCG), Substitute Caregiver (SCG) #1,2 – FieldPrint clearance unavailable for review</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>22 AUG 10 AM 09</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>A CALENDAR WILL BE POSTED WITH REMINDERS OF UP COMING RENEWAL OF BACKGROUND CHECK</p>	<p>08-04-22</p>

	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> SCG #2 – Primary caregiver training on medication administration unavailable for review. Submit a copy with plan of correction.</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>SUBSTITUTE CARE GIVER HAS BEEN TRAINED BY (PCG)</p>	08-04-22

STATE OF KAWAII
COMMUNITY
STATE LICENSING

22 AUG 10 AM 10:09

	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> SCG #2 – Primary caregiver training on medication administration unavailable for review. Submit a copy with plan of correction.</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>A CALENDAR WILL BE POSTED WITH AN REMINDER TO UPDATE TRAINING FOR SUBSTITUTE CARE GIVER</p>	<p>08-04-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Weeks 1-3 of cycle menu unavailable for review. Only week 4 of cycle menu 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>MENU FOR WEEKS # 1 to 3 HAS BEEN UPDATED AND CORRECTED</p>	08-04-22

STATE OF HAWAII
BOB CHOI
STATE LICENSING
22 AUG 10 AM 10

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Weeks 1-3 of cycle menu unavailable for review. Only week 4 of cycle menu available.</p> <p>STATE OF HAWAII DEPT. OF HEALTH DIVISION OF LICENSING AUG 10 AM 10:22</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>A CALENDAR WILL BE POSTED WITH AN REMINDER TO UPDATE NUTRITION MENU AND HAVE MENU'S AVAILABLE FOR REVIEW</p>	08-04-22

	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 – Physician’s order dated 3/31/22 states, “cetirizine 10mg tab take one tablet by mouth daily as needed for allergies/nasal congestion”; however, medication unavailable for administration</p> <p>STATE OF HAWAII DOH-0104 STATE LICENSING</p> <p>22 AUG 10 AM 10</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>PREScription WAS FILLED BY NEW PHYSICIAN</p>	08-04-22

	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 – Physician's order dated 3/31/22 states, "cetirizine 10mg tab take one tablet by mouth daily as needed for allergies/nasal congestion"; however, medication unavailable for administration</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING AUG 10 AM 10 '22</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>A CALENDAR WILL BE POSTED WITH REMINDER OF UPCOMING PRESCRIPTION FILL</p>	<p>08-04-22</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>FINDINGS Resident #1 – Medication administration record (MAR) shows all daily medications prescribed by physician were not administered between 6/16/22-6/30/22</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>22 AUG 10 AM 10</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>§11-100.1-15 <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 – Medication administration record (MAR) shows all daily medications prescribed by physician were not administered between 6/16/22-6/30/22</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>A CALENDAR WILL BE POSTED WITH A REMINDER AND MEMO TO UPDATE ADMINISTERED MEDICATIONS ON FLOW SHEET</p>	08-04-22

	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's order dated 9/27/21 states, "azithromycin 250mg tab take two tablets by mouth today, then 1 tablet daily for 4 days for infection"; however, no documented evidence medication was administered to resident.</p> <p>STATE OF HAWAII JULY-NOV STATE LICENSING</p> <p>22 AUG 10 AM 10</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>§11-100.1-15 <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's order dated 9/27/21 states, "azithromycin 250mg tab take two tablets by mouth today, then 1 tablet daily for 4 days for infection"; however, no documented evidence medication was administered to resident.</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 an reminder on the mar cover to remind care givers to document on mar after administer meds</p>	<p>10-17-22</p> <p>22 OCT 17 AM 1:13</p>

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<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's order dated 9/27/21 states, "triamcinolone acetonide 0.025% cream apply a small amount topically twice a day as needed to eczema on hand for rash"; however, medication was never added to MAR.</p> <p>STATE OF HAWAII FOR ONLY STATE LICENSING</p> <p>22 AUG 10 AM 10</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>MEDICATION WAS CORRECTED AND ADDED TO FLOW SHEET (MAR)</p>	<p>DL 08-04-22 DL</p>

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<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's order dated 9/27/21 states, "triamcinolone acetonide 0.025% cream apply a small amount topically twice a day as needed to eczema on hand for rash"; however, medication was never added to MAR.</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>THE POSTED CALENDAR WILL BE USED AS AN STRICT TOOL TO REMIND US TO UPDATE ANY CHANGES TO THE MAR FROM THE PHYSICIAN (IMMEDIATELY) THE REMINDER TO UPDATE ANY CHANGES TO MAR WILL BE IN THE "MEMO" AREA OF THE CALENDAR. WE ALSO WILL KEEP AN COPY OF DEFICIENCY TO REMIND US ON PAST DEFICIENCIES TO PREVENT ANY FUTURE DEFICIENCIES</p>	<p>09-27-22</p> <p>22 SEP 29 PM 23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were not reviewed timely by a physician between 9/27/22-3/31/22:</p> <ul style="list-style-type: none"> • Cetirizine • Cyanocobalamin • Folic Acid • Hctz 25/lisinopril 20mg • Triamcinolone <p style="text-align: right;">STATE OF HAWAII DOH-0054 STATE LICENSING</p> <p style="text-align: right;">22 AUG 10 AM 10:01</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;">MEDICATIONS WERE UPDATED BY PHYSICIAN</p>	<p style="text-align: center;">08-04-22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were not reviewed timely by a physician between 9/27/22-3/31/22:</p> <ul style="list-style-type: none"> • Cetirizine • Cyanocobalamin • Folic Acid • Hctz 25/lisinopril 20mg • Triamcinolone 	<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>IN THE FUTURE, IN ORDER TO PREVENT ANY DEFICIENCIES, THE CALENDAR POSTED WILL HAVE AN "MEMO" SECTION (ON CALENDAR) TO REMIND US TO HAVE PHYSICIAN REVIEW MEDICATIONS</p> <p>WE WILL ALSO START AN BULLETIN BOARD OF PAST DEFICIENCIES TO REMIND US TO FOLLOW GUIDELINES TO UPDAT ANY AND ALL CHANGES IN MEDICATIONS, BEHAVIOR AN REACTIONS TO CHANGES IN DIET & MEDICATIONS</p>	<p>09-27-22</p> <p>22 SEP 29 P 4:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable for review.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>22 AUG 10 AM 10</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>RESIDENTS, POSSESSIONS MONEY, DISBURSEMENTS, WAS UPDATED</p>	<p>08-04-72</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable for review.</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>A CALENDAR WILL BE POSTED WITH AN MEMO TO UPDATE RESIDENTS POSSESSIONS ON A MONTHLY BASIS</p>	08-04-22

	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 – Medication order dated 9/27/21 states azithromycin was administered for an infection, however, no documented evidence in progress notes stating resident developed an infection or its outcome/response to medication following antibiotic treatment.</p> <p>STATE OF HAWAII DOH-19157 STATE LICENSING</p> <p>22 AUG 10 AM 10</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> (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 – No documented evidence the resident's response to diet were noted in the monthly progress notes between 7/2021-6/2022.</p> <p>STATE OF HAWAII DOH - CHC STATE LICENSING 22 AUG 10 AM 10</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>, (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 – No documented evidence the resident's response to daily and as needed medications were noted in the monthly progress notes for the following months: 12/2021, 1/2022, 2/2022, 4/2022, 5/2022</p> <p>STATE OF HAWAII DOH-CHEA STATE LICENSING</p> <p>22 AUG 10 AM 10</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)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – September 2021 progress note states, “no changes to meds”; however, azithromycin was added to medication list on 9/27/21 to treat an infection.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING AUG 10 AM 10 22</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.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – September 2021 progress note states, “no changes to meds”; however, azithromycin was added to medication list on 9/27/21 to treat an infection.</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>Dr making ill post an reminder note on our white board to document any changes to medications in the residents monthly progress notes</i></p>	<p><i>10-17-22</i></p> <p>22 OCT 17 AM 11:33</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (e)</u> Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence an annual dental exam was completed.</p> <div style="text-align: right; margin-top: 200px;"> STATE OF HAWAII BOH-ORCA STATE LICENSING 22 AUG 10 AM 1:10 </div>	<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; font-size: 1.2em;">APPOINTMENT WAS MADE DOCTOR / DENTIST NEEDS TO STILL BE ASSIGNED</p>	<p style="text-align: center; font-size: 1.2em;">08-04-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence an annual dental exam was completed.</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>THE POSTED CALENDAR WILL BE USED AS AN TOOL WITH STRICT GUIDDLINES AND INSTRUCTIONS TO PREVENT ANY FUTURE DEFICIENCIES, ON POSTED CALENDAR THERE WILL BE (IN THE MEMO, COMMENTS) AREA, POSTED YEARLY APPOINTMENTS FOR YEARLY DENTAL CHECK UP'S, THERE WILL BE AND DOCUMENT CREATED TO SHOW ANY CURRENT OR FUTURE ANNUAL DENTAL VISITS, INCLUDING EMERGENCY DENTAL VISITS.</p> <p>POSTED CALENDAR WILL HAVE APPOINTMENT DATES ALONG WITH REMINDERS TO DOCUMENT ANY YEARLY OR EMERGENCY DENTAL VISITS</p>	<p>09-27-22</p> <p>22 SEP 29 P4:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p>FINDINGS Hot water temperature measured at 140°F</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STANDARDIZATION 22 AUG 10 AM 10</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>TEMPERATURE WAS CORRECTED FINDINGS: "FAULTY THERMOSTAT"</p>	<p>08-04-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature measured at 140°F</p> <p style="text-align: right;">STATE OF HAWAII DOH - OHA STATE LICENSING AUG 10 AM 10 22</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>A CALENDAR WILL BE POSTED TO INSPECT HOT WATER TEMPERATURE ON A MONTHLY BASIS</p>	<p>08-04-22</p>

	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> Bedroom #1 – Signaling device not working in bedroom</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING AUG 10 2022</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;">BATTERY TO EMERGENCY CALL BUTTON WAS CHANGED</p>	<p style="text-align: center;">08-04-22</p>

	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> Bedroom #1 – Signaling device not working in bedroom</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>A CALENDAR WILL BE POSTED WITH A MEMO TO INSPECT EMERGENCY^{or} CALL BUTTON ON AN MONTHLY BASIS</p>	08-04-22

Licensee's/Administrator's Signature:

Daniel LaLosin

Print Name:

Daniel LaLosin

Date:

08-09-22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 AUG 10 AM 10

Licensee's/Administrator's Signature:

Daniel LaLusin #SCG#2

Print Name:

Daniel LaLusin

Date:

09-27-22

STATE OF ALABAMA
DEPARTMENT OF REVENUE
STATE LIEUTENANT

22 SEP 29 PM 4:29

Licensee's/Administrator's Signature: Jennifer J. Reyes

Print Name: Jennifer J. Reyes

Date: 10/17/22

22 OCT 17 AM 14
STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING