

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Waipahu Hale	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1201 Huakai Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> September 26, 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.**

STATE LICENSING  
SECTION  
09-27-2022  
10:00 AM

22 OCT 13 P 3:43

	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><b><u>FINDINGS</u></b> Resident #2 – Special diet menu for “Regular with nectar consistency liquids”, unavailable for review. Submit a copy with plan of correction.</p> <p>Resident #3 – Special diet menu for “pureed with nectar consistency liquids” unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>THIS PRIMARY CAREGIVER IS WORKING WITH A DIETITIAN CONSULTANT, TO HELP ME REVISE MY MENUS INTO SPECIAL DIET FOR RESIDENT #2 FOR “REGULAR WITH NECTAR CONSISTENCY LIQUIDS”, AND FOR RESIDENT #3'S SPECIAL DIET MENU FOR “PUREED WITH NECTAR CONSISTENCY LIQUIDS”</p>	<p>10-02-22</p> <p>22 OCT 13 P 3:43</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><b><u>FINDINGS</u></b> Resident #2 – Special diet menu for “Regular with nectar consistency liquids”, unavailable for review. Submit a copy with plan of correction.</p> <p>Resident #3 – Special diet menu for “pureed with nectar consistency liquids” unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ensure that this deficiency will not happen again, this primary caregiver will use the dietitian developed menus for “regular with nectar consistency liquids” and “pureed with nectar consistency liquids”. In addition, this primary caregiver wrote a post-it on the bulletin board where the menu is posted</p>	10-02-22

THAT SAYS, “GOT SPECIAL DIET? POST IT!”. THIS IS TO REMIND CAREGIVERS TO POST SPECIAL DIET MENUS.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1- Special diet ordered by physician on 5/23/22 states, "pureed with thin liquids"; however, special diet not being provided.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>THIS PRIMARY CAREGIVER IS WORKING WITH CONSULTANT DIETITIAN, TO HELP ME REVISE MY MENUS TO SPECIAL DIET FOR "PUREED WITH THIN LIQUIDS".</p>	<p>10-02-22</p>

STATE OF NEW YORK  
DEPARTMENT OF  
SOCIETY SERVICES

22 OCT 13 PM 4:3

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1- Special diet ordered by physician on 5/23/22 states, "pureed with thin liquids"; however, special diet not being provided.</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>TO ENSURE THAT THIS DEFICIENCY WILL NOT HAPPEN AGAIN, THIS PRIMARY CAREGIVER WILL USE THE DIETITIAN DEVELOPED MENUS. IN ADDITION, THIS PRIMARY CAREGIVER WROTE A POST-IT ON THE BULLETIN BOARD WHERE THE MENU IS POSTED THAT SAYS, "GOT SPECIAL DIET? POST IT!" THIS IS TO REMIND THE WRITER/CAREGIVERS TO POST ANY SPECIAL DIET MENUS.</p>	<p>10-02-22</p> <p>22 OCT 13 PM 43</p>

	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><b><u>FINDINGS</u></b> Resident #2 – Resident's admission on 3/29/22 is not documented on the resident register</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>AFTER THE NURSE CONSULTANT LEFT THE HOME FOR ANNUAL INSPECTION, THIS PRIMARY CAREGIVER CORRECTED THE DEFICIENCY ON THE RESIDENT REGISTER.</p> <p>FIRST, THIS PRIMARY CAREGIVER DISCHARGED RESIDENT #2 ON 03/31/22 WHEN HE WAS ADMITTED TO QUEEN'S - WEST HOSPITAL.</p> <p>THEN, THIS PRIMARY CAREGIVER ENTER RESIDENT'S #2 INFORMATION WHEN HE WAS ADMITTED ON 03/29/22.</p>	<p>09-26-22</p> <p>DOT 13 P3-23</p>

	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><b><u>FINDINGS</u></b> Resident #2 – Resident's admission on 3/29/22 is not documented on the resident register</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DEFICIENCY WILL NOT HAPPEN AGAIN, THIS PRIMARY CAREGIVER ADDED, "ENTER RESIDENT'S INFORMATION ON RESIDENT REGISTER", TO THE TO DO LIST DURING ADMISSION.</p>	<p>09-26-22</p> <p>22 OCT 13 PM 4:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care plan dated 7/19/22 and 8/11/22 states, "Call RN Case Manager for weight loss &gt; 5lbs or a decrease in arm circumference or signs and symptoms of dehydration i.e., dry mouth, dry skin, no urine output in 4 hours, headache. Call RN case manager"; however, no documented evidence urine output times are being tracked.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 OCT 13 P3:43</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care plan dated 7/19/22 and 8/11/22 states, "Call RN Case Manager for weight loss &gt; 5lbs or a decrease in arm circumference or signs and symptoms of dehydration i.e., dry mouth, dry skin, no urine output in 4 hours, headache. Call RN case manager"; however, no documented evidence urine output times are being tracked.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DEFICIENCY WILL NOT HAPPEN AGAIN IN THE FUTURE, THIS PRIMARY CAREGIVER WILL START A URINE OUTPUT LOG. TO ENSURE THAT THIS URINE OUTPUT LOG IS BEING STARTED, THIS PRIMARY CAREGIVER ADDED, "URINE OUTPUT LOG", ON THE CHECKLIST UNDER CARE PLAN. IN ADDITION, THIS URINE OUTPUT LOG WILL BE ADDED IN THE MAR TO REMIND CAREGIVERS TO LOG IN</p>	10-05-22

DAILY URINE OUTPUT.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care plan dated 7/19/22 and 8/11/22 states, "Take patients blood pressure <u>1</u> time(s) daily (before food/meals or medications)"; however, no documented evidence blood pressure readings are being obtained once a day.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>'22 OCT 13 P 3:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care plan dated 7/19/22 and 8/11/22 states, "Take patients blood pressure <u>1</u> time(s) daily (before food/meals or medications)"; however, no documented evidence blood pressure readings are being obtained once a day.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DEFICIENCY WILL NOT HAPPEN AGAIN, THIS PRIMARY CAREGIVER WILL START A DAILY BLOOD PRESSURE LOG ON THE MEDICATION ADMINISTRATION RECORD (MAR).</p> <p>IN ADDITION TO THE MAR, THIS PRIMARY CAREGIVER MADE A NOTE WITH ALL THE RESIDENT'S NAME THAT NEEDS DAILY BP READINGS TO BE TAKEN ON THE BP APPARATUS.</p>	<p>10-05-22</p> <p>22 OCT 13 P 3:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence a comprehensive assessment was completed by the resident's case manager prior to admission into the care home on 7/9/21. Case manager's admission assessment dated 7/10/21.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE POLICE  DOH-6108  STATE RECORDS</p>	<p>'22 OCT 13 P 3:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence a comprehensive assessment was completed by the resident's case manager prior to admission into the care home on 7/9/21. Case manager's admission assessment dated 7/10/21.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DEFICIENCY WILL NOT HAPPEN AGAIN IN THE FUTURE, THIS PRIMARY CAREGIVER added, "pre-admission comprehensive assessment needs to be done by family's case manager of choice prior to admission", on the admission requirements list.</p> <p>IN ADDITION TO THE admission requirements list, this primary caregiver also added, "completed pre-admission comprehensive assessment", on the TO-DO LIST during admission to ensure that it's completed.</p>	10-05-22

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

AGA S. ANTONIO

Date: \_\_\_\_\_

10-05-22

STATE OF TEXAS  
DOB-00000000  
STATE LICENSE

22 OCT 13 P 3:43