Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea Adult Residential Care Home, LLC	**CHAPTER 100.1**
Address: **98-845 Iliee Street, Aiea, Hawaii 96701**	**Inspection Date: June 20, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Substitute Care giver (SCG) #2, #5, and #6 – No Fieldprint results.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Caregiver (SCG) #2, #5 is no longer connected to the company SCG # 6 fieldprint already on file.	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Substitute Care giver (SCG) #2, #5, and #6 – No Fieldprint results.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I obtain all finger print Result for #2 #6 and #5	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #2, #3, #4, and #6 – No current physical exam. **Please submit a copy of physician exam for each.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #2, #3 and #4 - no longer connected to the company SCG #6 - Physical exam on file and see attached copy.	7/12/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #2, #3, #4, and #6 – No current physical exam. **Please submit a copy of physician exam for each.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I created a form to keep track the expiration Date of all my SCG. And Posted on my Medication Cabinet.	12/5/22 RTA

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #3 and #6 – No initial tuberculosis clearance. SCG #1, #2, #3, #4, and #6 – No annual tuberculosis clearance. **Please submit a copy of tuberculosis clearance for each.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I Created a form to Keep track Date of ~~my~~ the Re expiration Date of my SCG And posted on my Medication Cabinet. I Obtain all the TB Clearance. #2, 3, 4 is no longer working w/me	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #3 and #6 – No initial tuberculosis clearance. SCG #1, #2, #3, #4, and #6 – No annual tuberculosis clearance. **Please submit a copy of tuberculosis clearance for each.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ~~#6 Marcelino Reyes~~ RL I created a form to keep track Date of the expiration Date of my SCG. and pasted on my Medicat on Calendar.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** Lunch menu stated white chicken sandwich, green banana, kale, cantaloupe, whole wheat bread, mayonnaise, processed cheese, and water. Lunch served was fried rice, mango, and water. No menu substitution documented.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	7/28/22

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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** Lunch menu stated white chicken sandwich, green banana, kale, cantaloupe, whole wheat bread, mayonnaise, processed cheese, and water. Lunch served was fried rice, mango, and water. No menu substitution documented.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I created Mean substitution sheet. I trained my SCG to document if menu is not followed.	12/5/22 RLT

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Medication cabinet was not locked upon department arrival.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medication cabinet door was closed and locked immediately.	7/28/22

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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Medication cabinet was not locked upon department arrival.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Caregivers remind OR check if Medicat on cabinet if ~~lock~~ is locked each other. I checked Medicat in cabinet each time ~~they~~ of meal.	12/5/22 RLT

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Duloxetine (Cymbalta), 1 cap by mouth one time per day was discontinued on 3/9/2022. Physician signed but not dated. Physician reevaluated medication on 5/2/2022.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES SURVEILLANCE UNIT	7/28/22 '22 AUG -1 A9:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Duloxetine (Cymbalta), 1 cap by mouth one time per day was discontinued on 3/9/2022. Physician signed but not dated. Physician reevaluated medication on 5/2/2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this doesn't happen again, ill make sure that Physician's Order is signed and always dated.	7/28/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - Per medication administration record (MAR), "Lorazepam (ATIVAN) 0.5mg, take 0.5mg tablet by mouth qam, ½ tablet qpm" was discontinued and "Lorazepam (ATIVAN) 0.5mg, take ½ tab by mouth q bedtime" was started on 3/9/2022. There was a medication list with physician's signature, which was not dated. Physician's order was obtained on 5/2/2022.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPARTMENT OF STATE LICENSING	7/28/22 '22 AUG -1 A9:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - Per medication administration record (MAR), "Lorazepam (ATIVAN) 0.5mg, take 0.5mg tablet by mouth qam, ½ tablet qpm" was discontinued and "Lorazepam (ATIVAN) 0.5mg, take ½ tab by mouth q bedtime" was started on 3/9/2022. There was a medication list with physician's signature, which was not dated. Physician's order was obtained on 5/2/2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review Meds order q 2 wks. If clarifications is needed I will contact PCP ~~what~~ with in 24hrs.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Meclizine (Antivert) 25mg and Ondansetron ODT (Zofran ODT) 4mg were discontinued on 5/2/2022. Physician noted "d/c" but did not date.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Attached the Physician's Record 5/2/22 were Dr. Loui discontinued Meclizine and Zofran ODT.	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Meclizine (Antivert) 25mg and Ondansetron ODT (Zofran ODT) 4mg were discontinued on 5/2/2022. Physician noted "d/c" but did not date.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review meds order q 24hrs. If clarification is needed I will contact PCP with in 24hrs.	11/5/22 Flo

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order 5/19/2022 is "Mirtazapine 15mg tablet, take 1 tab by mouth every night at bedtime." Medication bottle label is "Take 1 tab by mouth every night at bedtime & take 0.5 tab (7.5mg) by mouth twice daily as needed for agitation, anxiety." Physician's order and medication bottle label do not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Spoke with PCP and confirmed that the order is take 1 tab PO q night. and take 0.5 tab PO q BID as needed.	12/5/22 RLA

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order 5/19/2022 is "Mirtazapine 15mg tablet, take 1 tab by mouth every night at bedtime." Medication bottle label is "Take 1 tab by mouth every night at bedtime & take 0.5 tab (7.5mg) by mouth twice daily as needed for agitation, anxiety." Physician's order and medication bottle label do not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ~~I spoke with the PCP and confirmed the order is take Hs PO~~ RL I will review meds order q 2 wks. and compair the ~~bot~~ MAR, bottle and meds order. If clarification is needed I will contact PCP with in 24 hrs.	12/5/22 ~~RL~~

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Most recent physician's order 5/19/2022 is "Lorazepam (ATIVAN) 0.5mg, take ½ tab qpm." Medication label is "Take 1 tab by mouth every morning." Physician's order and medication bottle label do not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medication bottle label were updated by the pharmacy for Lorazepam (ATIVAN) 0.5mg. STATE OF HAWAII DOH-OHQA STATE LICENSING	7/28/22 '22 AUG -1 A9:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Most recent physician's order 5/19/2022 is "Lorazepam (ATIVAN) 0.5mg, take ½ tab qpm." Medication label is "Take 1 tab by mouth every morning." Physician's order and medication bottle label do not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review meds order q 2wks. and compair the Make, bottle and meds order. If clarification is needed I will contact PCP with in 24hrs.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – "Mirtazapine (REMERON) 15mg tablet, Take 1 tab by mouth every night at bedtime and take 0.5 tab (7.5mg) PO BID PRN for agitation/anxiety" was listed in June 2022 MAR. Medication order dated 5/19/2022 is "Take 1 tab by mouth every night at bedtime." Physician's order and MAR do not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected the MAR June 2022, followed the Physician's order. STATE OF HAWAII DEPT OF STATE LICENSING	7/28/22 '22 AUG -1 A9:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – "Mirtazapine (REMERON) 15mg tablet, Take 1 tab by mouth every night at bedtime and take 0.5 tab (7.5mg) PO BID PRN for agitation/anxiety" was listed in June 2022 MAR. Medication order dated 5/19/2022 is "Take 1 tab by mouth every night at bedtime." Physician's order and MAR do not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review meds order q 6wks. and compare the MARs, bottle and meds order. If need clarification I will contact PCP with in 24hrs.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Dosage and frequency for Ensure Plus Liquid was not noted in MAR.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected the MAR and put the dosage and freaunay of Ensure Plus liquid. STATE OF HAWAII DEPT OF HEALTH STATE LICENSING	7/28/22 '22 AUG -1 A9:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Dosage and frequency for Ensure Plus Liquid was not noted in MAR.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review mca a month q beging of the month. and I will up Date as needed.	12/5/22 RA

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – "Senna (Senokot) 8.6mg, take 1 tab by mouth BID" was listed in MAR. Physician's order dated 5/19/2022, 5/2/2022, and 2/24/2022 were "Senna 8.6mg, take 1 tab by mouth two times daily as needed (hold for loose BM)." Physician's order and MAR do not match.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected the MAR and put the right name of drug and dosage. STATE OF HAWAII DOH-OHCQ STATE LICENSING '22 AUG -1 A9:54	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – "Senna (Senokot) 8.6mg, take 1 tab by mouth BID" was listed in MAR. Physician's order dated 5/19/2022, 5/2/2022, and 2/24/2022 were "Senna 8.6mg, take 1 tab by mouth two times daily as needed (hold for loose BM)." Physician's order and MAR do not match.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review meds order q awks. and compair the MARS. bottle and meds order. If clarification is needed I will contact PCP with a O4/nRS.	12/5/22 RT

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – No schedule of daily activities.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Provide a daily activity for Resident #1. STATE OF HAWAII DEPARTMENT OF STATE LICENSING '22 AUG -1 A9:55	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – No schedule of daily activities.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use ~~the~~ admission check list to remind my self to create a plan care.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No initial tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called the Previous Facility and they obtain ential TB Clearance.	12/5/22 RCM

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No initial tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use admission check list to remind my self. to Obtain TB Clearance.	12/15/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No current annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I Obtain TB Clearance for Res. #1.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No current annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I Created a ~~form~~ to keep track the expiration Date of all my Residents. and Posted on my medication cabinet.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – Physical exam form dated 2/25/2022 not completed. There was no attachment for the omitted information.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I Obtain the visit records from PCP.	12/15/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – Physical exam form dated 2/25/2022 not completed. There was no attachment for the omitted information.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will request ~~the~~ to print out MD visit summary before I leave the office. If I can't get it, I will contact doctors office on the next day.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Meclizine 25mg and Ondansetron ODT 4mg were discontinued on 5/2/2022. No progress notes were made.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Meclizine 25mg and Ondansetron ODT 4mg were discontinued on 5/2/2022. No progress notes were made.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review in the ~~beginning~~ PRN beginning of the month and I will document at that time if there's any sigs of medication.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes entry dated 3/9/2022 stated physician called and changed Trazodone dosage. No documentation that the resident was taking Trazodone.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes entry dated 3/9/2022 stated physician called and changed Trazodone dosage. No documentation that the resident was taking Trazodone.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review in the beginning of the month of MAR and I will document at that time if there's any s/e of medication.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 – Case plan includes "Inspect skin daily when bathing especially heels, elbows, and diaper area." No documentation that those checks were done.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHD STATE LICENSING	7/28/22 '22 AUG -1 A9:55

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 – Case plan includes "Inspect skin daily when bathing especially heels, elbows, and diaper area." No documentation that those checks were done.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Now, I'm using Daily + low skill test from my case mgmt Agency. I will review it at least monthly with my case mgr.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Current medication list not included in emergency information sheet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Provide current medication in the emergency information sheet. STATE OF HAWAII OFFICE OF STATE LICENSING 22 AUG -1 A9:55	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Current medication list not included in emergency information sheet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will update meds list after q Physician visit. And as needed	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #1 – No physician's order for arm circumference measurement in lieu of weight.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Provide physician's order for arm circumference measurement in lieu of weight.	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #1 – No physician's order for arm circumference measurement in lieu of weight.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will consult my case manager if especial order is needed in care of expanded Resident.	12/6/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #1 – Physician notes 5/2/2022 stated "call if SBP<90 repeatedly." No documentation that blood pressure was checked.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH OHCA STATE LICENSING	7/28/22 '22 AUG -1 A9:56

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #1 – Physician notes 5/2/2022 stated "call if SBP<90 repeatedly." No documentation that blood pressure was checked.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have a space to document Blood pressure under the bp meds. in MARS.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. **FINDINGS** Resident #1 – No documentation that pneumococcal vaccine was administered or offered. No documentation that influenza vaccine was administered or offered in 2021.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Res - Flu vaccine was received Pneumococcal was offered but Family not decided yet. will follow up -	12/5/22 PA

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. **FINDINGS** Resident #1 – No documentation that pneumococcal vaccine was administered or offered. No documentation that influenza vaccine was administered or offered in 2021.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I added to request a Vaccine records on my Admission check list.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(6) 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: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; **FINDINGS** Resident #1 – No documentation that case manager trained care givers for medication administration, arm circumference measurement, and wheelchair use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Case manager provide training for Medication administration, arm circumference measurement and wheel chair use.	7/25/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(6) 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: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; **FINDINGS** Resident #1 – No documentation that case manager trained care givers for medication administration, arm circumference measurement, and wheelchair use.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review all the documents with my case manager to make sure all my training is completed.	12/5/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) 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: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; **FINDINGS** Resident #1 – Case manager noted that face to face contacts were made on 4/30/2022, 5/28/2022, and 6/18/2022. There were no records for the 4/30/2022 and 5/28/2022 visits.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Case manager provided the following record for 4/30/22 and 5/28/22 visit	7/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) 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: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; **FINDINGS** Resident #1 – Case manager noted that face to face contacts were made on 4/30/2022, 5/28/2022, and 6/18/2022. There were no records for the 4/30/2022 and 5/28/2022 visits.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** If I dont remind a record I will contact My Case manager to request. I will Creat a reminder POsted to Ref or meds Cabinet.	12/5/22

Licensee's/Administrator's Signature: _____

Print Name: ROWENA LAT

Date: 7/28/2022

Licensee's/Administrator's Signature: _____

Print Name: Rowena R. Lat

Date: 12/5/22

'22 AUG -1 A9:56

STATE OF HAWAII
DEPT OF C&C
STATE LICENSING