

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina Quality Living	CHAPTER 100.1
Address: 5304 Limu Place, Honolulu, Hawaii 96821	Inspection Date: August 17, 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b>FINDINGS</b> Resident #1 – No annual diet order documented or signed by a physician or APRN.</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>Annual diet order obtained. It was documented on the Physician Order Sheet reviewed and signed by PCP on 10/19/22.</p>	<p>10/19/22</p>

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	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><b>FINDINGS</b> Resident #1 – Amlodipine Besylate medication order does not include hold and MD notification parameters as ordered.</p>	<p><b>PART 1</b></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>A Direction Change sticker was placed on medication label to indicate refer to MAR for order/medication label discrepancy.</p> <p>PCP was contacted and Health Concern faxed requesting BP and MD notification parameter be added onto medication label going forward.</p> <p>Updated prescription obtained from PCP with BP/MD notification noted on medication labels.</p>	<p>8/17/2</p> <p>12/27/22</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><b><u>FINDINGS</u></b> Resident #1 – Medication orders not reevaluated or signed for over one (1) year.</p>	<p><b>PART 1</b></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>Physician Order Sheet containing medication orders signed by PCP obtained on 10/19/22.</p>	<p>10/19/22</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)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No annual physical examination.</p>	<p><b>PART 1</b></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>Resident was seen by APRN and annual physical examination done on 12/29/22</p>	<p>12/29/22</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><b>FINDINGS</b> Strong urine odor present in bedroom #7.</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>Resident's room was cleaned, sanitized, and deodor-zied. Trash and soiled linens disposed of or cleanedand sanitized as necessary.</p>	<p>8/16/2</p>

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Licensee's/Administrator's Signature: *R. Jabs*

Print Name: Ryan Jabs

Date: 12/12/22

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STATE LIBRARY



Licensee's/Administrator's Signature: *R. Jabs*

Print Name: Ryan Jabs

Date: 12/31/22

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STATE ARCHIVES