


## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aumoa Care Home LLC	<b>CHAPTER 100.1</b>
<b>Address:</b> 98-562 Kaimu Loop, Aiea, Hawaii 96701	<b>Inspection Date:</b> September 16, 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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No annual tuberculosis clearance.</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>9/20/22</p> 

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No annual tuberculosis clearance.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>9/20/22</p> <p><i>[Signature]</i></p>

11-100.1-9 Personnel, staffing and family requirements

Correction:

SCG#1 Annual TB clearance completed on 9/19/22

Future Plan:

1. All SCG and HM shall have a documented evidence of an initial and annually TB clearance.
2. PCG provided education to SCG and HM of the initial and annual TB clearance requirement and will ensure that all documents will be available in the SCG and HM record for review.
3. PCG will complete monthly review of required personnel, staffing and family requirements.


Completion date: 9/20/22

MARIA ROSS, PCG

A handwritten signature in black ink, appearing to be 'MR', is written over a horizontal line.

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DEC 30 2022

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> SCG #2 – No documented evidence of initial tuberculosis clearance.</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>10/19/22</p> 

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> SCG #2 – No documented evidence of initial tuberculosis clearance.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>10/19/22</p> <p><i>98</i></p>

## 11-100.1-9 Personnel, staffing and family requirements

### Corrections:

SCG#2 TB clearance completed on 10/19/22.

### Future Plan:

1. All SCG and HM shall have a documented evidence of an initial and annually TB clearance.
2. PCG provided education to SCG and HM of the initial and annual TB clearance requirement and will ensure that all documents will be available in the SCG and HM record for review.
3. PCG will complete monthly review of required personnel, staffing and family requirements.

COMPLETION DATE: 10/19/2022

MARIA ROSS, PCG



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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><u>FINDINGS</u></b>  Resident #1 – Citalopram label (10 mg 1 tab by mouth <u>twice a day</u>) doesn't match last signed order in resident's record from 1/3/2022 (10 mg <u>daily</u>).</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>10/30/22</p>



	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><u>FINDINGS</u></b>  Resident #1 – Citalopram label (10 mg 1 tab by mouth <u>twice a day</u>) doesn't match last signed order in resident's record from 1/3/2022 (10 mg <u>daily</u>).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>10/30/22</p> <p><i>gg</i></p>

## 11-100.1-5 Medications

### Correction:

Resident #1 Citalopram orders were clarified: 10/18/22 Give Citalopram 10 mg po BID.

### Future Plan:

1. PCG will review all medication administration record to ensure all medication is administered as ordered.
2. All Aumoa Care Home care givers educated by the PCG on ensuring all medications ordered in the medication administration record is accurate based on the Primary Care Provider (PCP) orders.
3. PCG/designee will complete a daily medication audit to ensure all medications ordered for residents are correct and available for medication administration.


Completion date: 10/30/22

MARIA ROSS, PCG



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	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 – “Multivitamin 1 tab qd,” appeared on February 2022 medication administration record (MAR); however, no documented order available in resident’s record.</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>10/30/22</p> 

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – “Multivitamin 1 tab qd,” appeared on February 2022 medication administration record (MAR); however, no documented order available in resident’s record.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p>	<p>10/30/22</p> <p><i>[Signature]</i></p>

## 11-100.1-5 Medications

### Correction:

Resident#1 MVI orders new clarified: 10/18/22 Multivitamin gummies, give 2 gummies QD.

### Future Plan:

1. PCG will review all medication administration record to ensure all medication is administered as ordered.
2. All Aumoa Care Home care givers educated by the PCG on ensuring orders from PCP is received and properly transcribed to the medication administration record. Medication administration record must reflect accurate medication administration based on PCP orders.
3. PCG/designee will complete a daily medication audit to ensure all medications ordered for residents are correct and available for medication administration.

Completion date: 10/30/2022


MARIA ROSS, PCG




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	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><b><u>FINDINGS</u></b> Resident #1 – Citalopram written twice on February 2022 MAR:</p> <ol style="list-style-type: none"> <li>1. 8 am – Citalopram 10 mg po qd</li> <li>2. 8 am and 6 pm – Citalopram 10 mg po bid</li> </ol> <ul style="list-style-type: none"> <li>• No documented order for Citalopram 10 mg po bid in resident's record.</li> <li>• MAR initialed twice for 8 am administration of Citalopram on February 24, 25, and 27.</li> </ul>	<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>10/30/22</p> 

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – Citalopram written twice on February 2022 MAR:</p> <ol style="list-style-type: none"> <li>1. 8 am – Citalopram 10 mg po qd</li> <li>2. 8 am and 6 pm – Citalopram 10 mg po bid</li> </ol> <ul style="list-style-type: none"> <li>• No documented order for Citalopram 10 mg po bid in resident's record.</li> <li>• MAR initialed twice for 8 am administration of Citalopram on February 24, 25, and 27.</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>10/30/22</p> 

## 11-100.1-15 Medications

### Correction:

Citalopram orders were written twice on the medication administration record.

1. Citalopram 10 mg 1 po QD
2. Citalopram 10 mg 1po BID

#1 orders were written in the beginning of the month for Citalopram 10 mg QD. Orders was not discontinued when the new orders for Citalopram 10 mg BID was given on 2/19/2022. Caregiver interviews reveals that Citalopram were only given to resident #1 twice every day.

Medication record administration reviewed and accurate reflect the Citalopram 10 mg BID verified by PCP on 10/18/2022.

### Future Plan:

1. PCG will review all medication administration record to ensure all medication orders is transcribed accurately and administered as ordered.
2. All Aumoa Care Home care givers educated by the PCG on ensuring that for any changes on medication orders that:
  - a. Previous orders will be discontinued. example: DC orders on 2/19/2022
  - b. New orders will be entered and written correctly on 2/19/2022.
3. PCG/designee will complete a daily medication audit to ensure all medications ordered for residents are correct and available for medication administration.

Completion date: 10/30/2022

MARIA ROSS, PCG



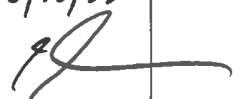
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Order for Memantine from 4/4/2022 = 7 mg po daily, then increase after 1 week to 14 mg, then increase after 1 week to 21 mg, then increase after 1 week to 28 mg.</p> <ul style="list-style-type: none"> <li>• Per MAR, Memantine 7 mg x days was initialed as given from 4/5/2022 to 4/15/2022 (11 days total).</li> <li>• In addition, Memantine 21 mg x 7 days was initialed as given from 4/19/2022 to 4/26/2022 (8 days total).</li> </ul>	<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>10/20/22</p> <p><i>[Signature]</i></p>

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11-100.1-15 Medications.

Correction:

Mimentine orders were reviewed and orders verified by PCP on 10/18/2022.

Future Plan:

1. PCG/designee will review all medication administration record to ensure all medication orders is transcribed accurately and administered as ordered.
2. All Aumoa Care Home care givers educated by the PCG on ensuring that medication orders is transcribed accurately. Tapering medication:
  - a. Orders must reflect the days the first set of dose on the day the orders were given, write the number of days below and draw a line after the last dose.
  - b. Start the next set of dose after the first set of dose, write the number of days below and draw a line after the last dose.
  - c. Do the same if a third set of orders were received. And follow the orders for the maintenance dose thereafter.
3. PCG/designee will complete a daily medication audit to ensure all medications ordered for residents are correct and available for medication administration.

Completion date: 10/30/2022

MARIA ROSS, PCG



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	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><b><u>FINDINGS</u></b> Resident #1 – “Ensure everyday 1 pack,” appears on July 2022 MAR; however, no documented order in resident’s record.</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>10/30/22</p> <p><i>[Signature]</i></p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
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## 11-100.1-15 Medications

### Correction:

Ensure orders were verified on 10/18/2022

### Future Plan:

1. PCG and designee will review changes on diet and supplements and proper documentation reflects on the medication administration record daily.
2. All Aumoa Care Home care givers educated by the PCG that all supplements provided to residents requires orders from PCP prior to offering to residents.
3. PCG/designee will complete a daily audit to ensure all documentation on medications administration record is accurate.

Completion date: 10/30/2022


MARIA ROSS, PCG



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DEC 30 2022

	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><b><u>FINDINGS</u></b> Resident #1 – Citalopram 10 mg, listed on January 2022 MAR does not include a frequency.</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>10/30/22</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><b><u>FINDINGS</u></b> Resident #1 – Citalopram 10 mg, listed on January 2022 MAR does not include a frequency.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>10/30/22</p> <p><i>[Signature]</i></p>



## 11-100.1-15 Medication

### Correction:

Resident #1 Citalopram orders were clarified: 10/18/22 Give Citalopram 10 mg po BID.

### Future Plan:

1. PCG/designee will review all medication transcribed in the medication administration record daily.
2. All Aumoa Care Home care givers educated by the PCG that orders on medication record will have the right medication name, right medication dose and right medication frequency of administration.
3. PCG/designee will complete a daily audit to ensure all orders were transcribed accurately on the medications administration record.

Completion date: 10/30/2022

MARIA ROSS, PCG



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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 – No documented evidence medications are reevaluated and signed by a physician or APRN every four (4) months.</p>	<p><b>PART 1</b></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>10/30/22 <i>[Signature]</i></p>

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11-100.1-15 Medication

Correction:

Resident #1 PCP reviewed and signed all orders on 10/18/2022. Physician will indicate when will be the next review date will occur.

Future Plan:

1. PCG/designee will schedule all quarter or annual PCP assessment for each resident.
2. All Aumoa Care Home care givers are educated on the required quarter/annual PCP assessment for each resident.
3. PCG/designee will review the quarterly/annual assessment for each resident. A calendar for the quarterly/annual assessment is currently being used to ensure compliance.


Completion date: 10/30/2022

MARIA ROSS, PCG

A handwritten signature in black ink, appearing to be 'M. Ross', is written over a horizontal line.

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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> General register not maintained as one resident has not been updated to reflect discharge.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p>10/30/22</p> 

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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> General register not maintained as one resident has not been updated to reflect discharge.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>10/30/22</p>

## 11-100.1-17 Records and reports

### Correction:

General register was corrected.

### Future Plan:


1. PCG/designee will audit general register each time a resident was admitted and discharged from Aumoa Care Home.
2. All Aumoa Care Home care givers were educated on the general registry form.
3. PCG/designee will review the general registry every quarter to ensure all admission and discharges are documented properly on the general registry.

Completion date: 9/20/2022


MARIA ROSS, PCG

A handwritten signature in black ink, appearing to be 'MR', is written over a horizontal line.

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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><b><u>FINDINGS</u></b> Resident #1 – April and May MARs list “Trazadone 50 mg 1 tab prn agitation;” however, the actual order was, “Trazadone 50 mg po bid prn agitation.”</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>10/20/22</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><b><u>FINDINGS</u></b> Resident #1 – April and May MARs list “Trazadone 50 mg 1 tab prn agitation;” however, the actual order was, “Trazadone 50 mg po bid prn agitation.”</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>10/20/22</p> 

## 11-100.1-17 Records and reports

### Correction:

Resident #1 Trazadone PRN orders were discontinued on 7/21/2022.

### Future Plan:

1. PCG will review all medication administration record to ensure all medication is administered as ordered.
2. All Aumoa Care Home care givers educated by the PCG on ensuring all medications ordered in the medication administration record is accurate based on the Primary Care Provider (PCP) orders.
3. PCG/designee will complete a daily medication audit to ensure all medications ordered for residents are correct and available for medication administration.

Completion date 10/30/2022

MARIA ROSS, PCG



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DEC 30 2022

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

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

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

NIANA ROSS

12/20/22