

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alfe II	CHAPTER 100.1
Address: 1214 Kukila Street, Honolulu, Hawaii 96818	Inspection Date: November 2, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 & SCG#2 – No evidence of proof of positive tuberculosis history available for review.</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>SCG #1 picked up forms @ Waiānae Coast Comprehensive Health Center</p> <p>SCG #2 picked up forms @ Lanohika Health Center</p> <p>(see attached)</p>	<p>12/14/22</p> <p>12/15/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1 – The following medications were not renewed every four (4) months: - Calcium citrate – Vit D 200-250mg 1 tab by mouth twice daily. Last renewed on 3/1/22, next order was a discontinue order on 10/14/22. - Centrum Silver 1 tab by mouth every day. Last renewed on 3/1/22, next order was a discontinue order on 10/14/22. - Citalopram 20mg 1 tab by mouth at bedtime. Last renewed on 5/31/22 and not again since. - Melatonin 3mg 1 tab by mouth at bedtime. Last renewed 5/31/22 and not again since. - Calmoseptine 0.44 – 20.6% ointment, apply topically twice daily as needed. Last renewed on 3/1/22 and not again since. - Cetirizine 10mg 1 tab by mouth as needed for allergies. Last renewed on 3/1/22 and not again since. - Senna 8.6 mg tab 1 tab by mouth twice daily, hold for loose stools. Last renewed on 5/11/22 and not again since. - Fleet enema if Bisacodyl syrup ineffective as needed. Last renewed on 5/11/22 and not again since.</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;"><i>Renewed medications signed by home call MD during her visit on 11/16/22 (see attached)</i></p>	<p style="text-align: center;"><i>11/16/22</i></p>

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DEC 27 2022

Licensee's/Administrator's Signature: Virginia A. Baptista

Print Name: VIRGINIA A. BAPTISTA

Date: 12/22/22

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