STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Care Homes by Hale Makua	CHAPTER 100.1
Address: 1540 Lower Main Street, Wailuku, Hawaii 96793	Inspection Date: October 14, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute Care Giver (SCG) #1 – No documented evidence of current first aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The submission of this plan of correction does not constitute an admission with the allegations of non-compliance. It is submitted solely as the facility's credible allegation of compliance as mandated by Federal and state regulations. It is the policy of Care Homes by Hale Makua that each resident is treated as an individual with dignity and respect. 11-100.1-9(e)(3) Personnel, staffing, and family requirements Corrective action (SCG) #1 did have First Aid Certification which expires in 11/2022 but documentation was not present in file. First Aid Certification is scheduled to be renewed on 11/10/2022.	22 OCT 31 AM 11:56

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☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute Care Giver (SCG) #1 – No documented evidence of current first aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** **Systemic Changes and Monitoring** Primary Care Giver (PCG) will conduct annual audits in August on all employee files to ensure all required documents are current and present. Date of Correction Compliance will be met by 11/2022 and on an ongoing basis.	11/2022

	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** Resident #2 – Medication order for Furosemide = 20 mg orally once daily as needed. Medication label does not include "as needed" status.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) Medications Corrective Action **Medication order for Furosemide upon admission is as needed, however medication brought in from home contained the previous order's label which did not reflect the current order, and medication was never re-ordered due to current stock availability.** **On 10/14/22 a "directions changed" sticker was applied to furosemide bottle label.**	

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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** Medication orders dated 5/19/2022 and 10/3/2022 for Mirtazapine (Remeron) = 15 mg orally once daily. Medication administration record (MAR) and medication label = 15 mg – ½ tab (7.5 mg) orally once daily. Medication order not reflected on MAR or medication label.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) Medications Corrective Action Medication Mirtazapine (Remeron) dose upon admission and currently is 7.5mg. Quarterly medication recertification should have been compared against resident's MAR and medication label prior to submitting it to PCP for review. On 10/19/22 clarification order sent to PCP.	'22 OCT 31 AM 7:57

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	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 activities available for resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-16 (h) Personal Care Services Corrective Action Resident #1 Activity schedule completed on 10/18/22.	

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☒	§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 activities available for resident.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly chart audits on all residents to ensure all necessary forms are completed. Any discrepancies will be corrected immediately. Date of Correction Compliance met on 10/18/2022	10/18/22

	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 did not include observations of the resident's response to Ensure supplement, I can orally twice daily with meals (ordered 2/9/2022, 5/19/2022, and 10/3/2022).	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – No documented evidence that the 9.2 lb. significant weight gain from April 2022 (81 lbs.) to May 2022 (90.2 lbs.) and the 5.3 lb. significant weight loss from June 2022 (92.3 lbs.) to July 2022 (87 lbs.) was reported to the physician.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – No documented evidence that the 9.2 lb. significant weight gain from April 2022 (81 lbs.) to May 2022 (90.2 lbs.) and the 5.3 lb. significant weight loss from June 2022 (92.3 lbs.) to July 2022 (87 lbs.) was reported to the physician.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** System Changes and Monitoring Primary Care Giver (PCG) will conduct monthly audits on all residents weights compared to the previous month to ensure significant changes are not missed and reported to the PCP. Any discrepancies will be corrected immediately. Date of Correction Compliance will be met by 11/2022 and on an ongoing basis.	11/2022

Licensee's/Administrator's Signature: _____

Print Name: Trisha Akahi

Date: 10.27.22