Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esamya Koh Care Home LLC	**CHAPTER 100.1**
Address: **94-229 Moena Place, Waipahu, Hawaii 96797**	**Inspection Date: October 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** Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No Fieldprint results.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG and SCG#1 have already scheduled the Fieldprint. Once the results of the Fieldprint are completed, it will be filed in the PCG home binder.	10/22/22

	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** Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – 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?** PCG will set a reminder on the calendar or phone schedule for all certified caregivers. The PCG and SCG required documents will be placed in the calendar or phone schedule at least two weeks before the expiration to prevent the lapse.	10/22/22

	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 and #3 – No current annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG#2 and SCG#3 already have scheduled an appointment for their PCP. Once the physical exam is completed, the form will be filed in the PCG home binder for completeness for all certified caregivers.	10/22/22

	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 and #3 – No current annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will set a reminder on the calendar or phone schedule to all certified caregivers. PCG will double-check all their SCG requirements for the accuracy and completeness of all the requirements based on the Department of Health standards.	10/22/22

	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 #4 – Current tuberculosis symptoms screening result was available, but there was no record for initial PPD skin test and chest x-ray results.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** TB symptom screening results are already completed and filed in the PCG home binder.	10/22/22

	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 #4 – Current tuberculosis symptoms screening result was available, but there was no record for initial PPD skin test and chest x-ray 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?** PCG will double-check all the SCG requirements, like TB symptom screening or initial/annual results, for completeness based on the Department of Health certified caregiver's standard requirements.	10/22/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Posted menu did not meet dietary guidelines as it did not include portion sizes or specific foods.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Posted menus were updated based on the dietary guidelines to meet the standard requirement, including the specific foods' portion sizes.	10/22/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Posted menu did not meet dietary guidelines as it did not include portion sizes or specific foods.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will ensure to provide meals that meet nutritional needs and diet of residents, including portion sizes, by checking every meal before giving them to residents. The menu will be checked daily by a certified caregiver. All menus will be followed and updated as needed.	10/22/22

	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** Breakfast menu was "Oatmeal, Boiled egg, Papaya, Coffee, Water." PCG stated that resident #2 was given Spam, egg, coffee, and water. No menu substitution recorded.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPT OF HEALTH STATE LICENSING '22 NOV -4 P12:17	

	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** Breakfast menu was "Oatmeal, Boiled egg, Papaya, Coffee, Water." PCG stated that resident #2 was given Spam, egg, coffee, and water. No menu substitution recorded.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will fill out substitute menu forms and need to be documented if the resident does not want the menu of the day for the resident's satisfaction and to promote physical health and well-being.	10/22/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** In bathroom inside the resident bedroom #3, Desonide Cream 0.05%, Zinc Oxide Ointment 20%, Clobetasol Propionate Ointment USP 0.05%, and Preparation H were left in the drawer unsecured. PCG removed and secured all medication during inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING '22 NOV -4 P2:17	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** In bathroom inside the resident bedroom #3, Desonide Cream 0.05%, Zinc Oxide Ointment 20%, Clobetasol Propionate Ointment USP 0.05%, and Preparation H were left in the drawer unsecured. PCG removed and secured all medication during inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will ensure that all the medications has an order by doctor that include over the counter medications. The medications should be locked and secured inside the drawer. The drawer will be checked daily for residents' safety. STATE OF HAWAII DCCA-OAHU STATE LICENSING	10/22/22

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	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 – "Acetaminophen 500mg Oral Tablet, Take 1 tablet (500mg) by mouth every 6 hours as needed for pain or fever" was ordered at physician's office visit on 9/12/2022. The visit and new prescription were not documented in progress notes.	**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 DHP STATE LICENSING	22 NOV -4 P12:17

	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 – "Acetaminophen 500mg Oral Tablet, Take 1 tablet (500mg) by mouth every 6 hours as needed for pain or fever" was ordered at physician's office visit on 9/12/2022. The visit and new prescription were not documented in progress notes.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** All new prescriptions must be reviewed and documented in the progress notes. The certified caregiver will record and review all new prescriptions, including all the instructions. All the certified caregivers will document all new medications in the updated MAR. Review MAR weekly and document all new medications as ordered by MD to the progress note for accuracy and completeness of the order.	10/22/22

Licensee's/Administrator's Signature: _____

Print Name: Teresita Koh

Date: 11/3/22

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STATE OF HAWAII
DEPT. OF COMMERCE
STATE LICENSING