

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family (DDDH)	CHAPTER 89
Address: 94-035 Nawaakoa Place, Waipahu, Hawaii, 96797	Inspection Date: October 5, 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.

STATE OF HAWAII
OFFICE OF
STATE LICENSING

22 DEC 30 P 2:53

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> HHM #1 – Needs fieldprint background check.</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>Fingerprint background check done as per requirement. Copy enclosed.</i></p>	<p style="text-align: right;"><i>10/26/22</i></p> <p style="text-align: right;">'22 DEC 30 P2:53</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> HHM #1 – Needs fieldprint background check.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Caregiver and alternate caregivers will review that all requirement will be done as require.</i></p>	<p><i>Oct. 6, 22</i></p> <p style="text-align: right;">'22 DEC 30 P2:54</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DSH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p>FINDINGS Resident #1 – Physician's order dated 7/27/21 and renewed 10/21/21, 1/6/22, 4/6/22, 9/2/22 states, "Acetaminophen 325mg 2 tabs every 4 hours PRN" but does not give an indication.</p> <p>Physician's order dated 9/2/22 states, "Sudogest 30mg 1 tab TID PRN" but does not give an indication.</p> <p>PRN orders require an indication for administration.</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><i>Consult with PCP Re: Acetaminophen 325mg, 2 tabs, every 4 hrs. PRN is for pain and fever.</i></p> <p><i>Sudogest 30mg, 1 tab. TID PRN is for nasal congestion.</i></p>	<p><i>Oct. 6, 22</i></p> <p style="text-align: right;">22 DEC 30 P 2:54</p> <p style="text-align: right; font-size: small;">STATE OF MISSISSIPPI DOR-CHICK STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 7/27/21 and renewed 10/21/21, 1/6/22, 4/6/22, 9/2/22 states, "Acetaminophen 325mg 2 tabs every 4 hours PRN" but does not give an indication.</p> <p>Physician's order dated 9/2/22 states, "Sudogest 30mg 1 tab TID PRN" but does not give an indication.</p> <p>PRN orders require an indication for administration.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Caregiver and alternate caregivers will review PCP progress note to make sure, what the medication is properly indicate what is for administration.</i></p>	<p><i>Oct. 6, 22</i></p> <p style="text-align: right;">STATE OF CONNECTICUT DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">'22 DEC 30 P2:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – No medication administration record 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 style="text-align: center;"><i>MAR will be provided monthly as require for documentation.</i></p>	<p style="text-align: center;"><i>Oct 14, 22</i></p> <p style="text-align: right; vertical-align: bottom;"> <small>STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</small> '22 DEC 30 P2:54 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – No medication administration record available for review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Caregiver and alternate caregivers will make sure that monthly MAR will be provided as require for documentation.</i></p>	<p><i>Oct 4, 22</i></p> <p style="text-align: right;">'22 DEC 30 02:54</p>

OFFICE OF THE
 DEPT. OF HEALTH
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 – Physician is signing two different diet orders during the resident’s quarterly visits: 1. Regular Diet 2. Low Salt Low Fat Low Cholesterol diet Orders were signed on 10/21/21, 1/6/22, 4/6/22, and 7/6/22. Diet order needs to be clarified with Physician.</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>Consult with PCP about prescribed diet "Regular diet," and as per PCP other treatment as indicated will be deleted.</i></p>	<p style="text-align: center;"><i>Oct. 6/22</i></p> <p style="text-align: right; font-size: small;"> STATE OF NEW YORK DOH-BRCA STATE LICENSING '22 DEC 30 P 2:54 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p>FINDINGS Resident #1 – Physician is signing two different diet orders during the resident's quarterly visits: 1. Regular Diet 2. Low Salt Low Fat Low Cholesterol diet Orders were signed on 10/21/21, 1/6/22, 4/6/22, and 7/6/22. Diet order needs to be clarified with Physician.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Caregiver and alternate caregivers will review PCP progress note to make sure that proper endorsement is done.</i></p>	<p><i>Oct. 6, 22</i></p> <p style="text-align: right;">22 DEC 30 P2-5A</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: Nancy D. Olinarez

Print Name: NANCY D. OLINAREZ

Date: October 6, 2022

STATE OF OHIO
OH-8-001
STATE LICENSING
22 DEC 30 P2:54