

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kuu Aloha LLC	CHAPTER 100.1
Address: 54 Maunaleo Place, Wailuku, Hawaii 96793	Inspection Date: August 23, 2022 Initial

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.

NOV 18 3:43 PM
STATE OF HAWAII
DOH-CHHA
HCL LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> License was not posted.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes</i></p> <p><i>I posted the license</i></p>	<p><i>8/24/22</i></p> <p>22 NOV 18 P 3:43</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> License was not posted.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will check to see if it is posted on wall after each morning shift. cleaning.</i></p>	<p>22 NOV 18 P3:43</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: _____

Rae Yoshida

Print Name: _____

Rae Yoshida

Date: _____

9/1/22

11/15/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 NOV 18 P 3:43

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rose P. Lee DDD-Home, LLC	CHAPTER 89
Address: 99-838 Hulumanu Street Aiea, Hawaii 96701	Inspection Date: September 21, 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 LICENSING
DOH-01-1
STATE LICENSING

22 DEC 22 P1:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-4 <u>License denial.</u> (a)(4) A license may be denied for any of the following reasons:</p> <p>Prior felony or criminal convictions in a court of law by applicant.</p> <p>FINDINGS CCG, RA#1, & RA#2 – No fieldprint background check available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected this deficiency. I have scheduled fingerprinting appointments for myself and Luo John P. Lee. The appointments all scheduled for September 27, 2022 at 10:40 AM & 10:50 AM.</i></p>	<p><i>12.21.2022</i></p> <p><i>9/27/2022</i></p> <p>22 DEC 22 P 1:45</p> <p>STATE OF NEW HAMPSHIRE DOH-0027 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-4 <u>License denial.</u> (a)(4) A license may be denied for any of the following reasons:</p> <p>Prior felony or criminal convictions in a court of law by applicant.</p> <p><u>FINDINGS</u> CCG, RA#1, & RA#2 – No fieldprint background check available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that this does not happen again, I will utilize the calendar app on my phone to set a reminder to get the fingerprinting done within a timely manner.</i></p>	<p><i>12-21-2022</i></p> <p><i>9/27/2022</i></p> <p>22 DEC 22 P1 35</p> <p>STATE OF HAWAII DEPARTMENT OF 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)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ol style="list-style-type: none"> 1. Optometrist orders on 4/29/22 and 8/26/22 reads, "Continue Refresh", however, resident is currently using Blink Dry Eye Lubricating eye drops. 2. Optometrist order on 4/29/22 and 8/26/22 reads, "Continue Refresh", this is an incomplete order. Needs additional information on how, when, where, how often, and route of administration. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>To correct the deficiency, I have contacted the doctors office to request an updated and more specified order for eye drops. I am still waiting on a response and have called for a follow-up, leaving the doctor a voice mail. I have also requested the fox papers.</i></p>	<p><i>12/21/2022</i></p> <p><i>10/6/2022</i></p> <p>22 DEC 22 P1:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1 –</p> <ol style="list-style-type: none"> 1. Optometrist orders on 4/29/22 and 8/26/22 reads, "Continue Refresh", however, resident is currently using Blink Dry Eye Lubricating eye drops. 2. Optometrist order on 4/29/22 and 8/26/22 reads, "Continue Refresh", this is an incomplete order. Needs additional information on how, when, where, how often, and route of administration. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that this does not happen again, I will advise her guardian (sister) to review the doctor's order before leaving the office. I will also review the order and make sure that the instructions are specified. If not, I will contact the doctor before administering.</i></p>	<p><i>12/21/2022</i></p> <p><i>10/1/22</i></p> <p>STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STATE INCHARGE</p> <p>22 DEC 22 P1 45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p>FINDINGS Resident #1 – No monthly weights available for review for the inspection year.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>12/21/2022</p> <p>22 DEC 22 P1 4:55</p> <p>STATE OF MICHIGAN DOH-610-A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><u>FINDINGS</u> Resident #1 – No monthly weights available for review for the inspection year.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The future plan to be implemented will be to obtain her weight every month using a home scale and log it into the monthly chart.</p>	<p>12/21/2022</p> <p>10/1/2022</p>

STATE OF NEW YORK
DEPARTMENT OF
STATE LICENSING

22 DEC 22 P1:45

Licensee's/Administrator's Signature: *Rose Marie P. Lee*

Print Name: Rose Marie P. Lee

Date: 12/21/2022

22 DEC 22 P1:45
STATE OF HAWAII
DOH-DIVA
STATE LICENSING