

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lovin's Ohana Care LLC	CHAPTER 100.1
Address: 36 Bates Street, Unit A1, Honolulu, Hawaii 96817	Inspection Date: October 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) 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>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Medication bottles of Aspirin 81mg and Vitamin D3 2000IU did not have labels.</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>Corrected deficiency. Labeled medication bottles of Aspirin 81mg and Vitamin D3 2000IU with the right dosage, route and frequency.</i></p>	<p>10-22-22</p> <p style="text-align: right;">22 NOV 15 09:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS Resident #1 – Medication bottles of Aspirin 81mg and Vitamin D3 2000IU did not have labels.</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>PCG will make a reminder to label OTC medication bottle and will post it to the refrigerator or in front of the resident's binder. Check the label every 1st of the month and as soon as new OTC medication bottles receive and labeled.</i></p>	<p style="text-align: center;">01-01-23</p> <p style="text-align: right;">23 JAN -4 11:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – The order dated 9/1/2022 “Cipro for 7 days, Hold off Atorvastatin while taking Cipro” did not include dosage, route, and frequency.</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>22 NOV 16 19:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – The order dated 9/1/2022 “Cipro for 7 days, Hold off Atorvastatin while taking Cipro” did not include dosage, route, and frequency.</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>PCG will review physician's orders and if orders are complete every week until all orders are received. If clarification is needed, PCG will contact the physician's office or ask the doctor to write a clear doctor's order.</i></p>	<p style="text-align: center;">01-01-23</p> <p style="text-align: center;">23 JAN -1 09:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s notes 5/25/2022 stated to “Discontinue polymyxin eye drops, Tylenol, docusate, finasteride, ibuprofen.” But Acetaminophen, Docusate Sodium, Ibuprofen and Finasteride were listed as current medication in physician’s order on 7/20/2022. The following physician’s order dated 9/21/2022 did not include these medications.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">22 NOV 16 10:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s notes 5/25/2022 stated to “Discontinue polymyxin eye drops, Tylenol, docusate, finasteride, ibuprofen.” But Acetaminophen, Docusate Sodium, Ibuprofen and Finasteride were listed as current medication in physician’s order on 7/20/2022. The following physician’s order dated 9/21/2022 did not include these medications.</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>PCG will make list of current medications on the physician/APRN Record form and have the doctor review it every doctor's visit and sign it.</i></p>	<p>10-22-22</p> <p style="text-align: right;">22 NOV 16 AM 9:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s notes 7/29/2022 stated “Ciprofloxacin (CIPRO) 500mg Oral Tab, Take 1 tablet by mouth 2 times a day for 7 days for infection.” Per Primary Care Giver (PCG), this was a previous order that was already completed. The order was not clarified.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">22 NOV 16 09:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician’s notes 7/29/2022 stated “Ciprofloxacin (CIPRO) 500mg Oral Tab, Take 1 tablet by mouth 2 times a day for 7 days for infection.” Per Primary Care Giver (PCG), this was a previous order that was already completed. The order was not clarified.</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>PCG will review physician's order every week until orders are complete and clarified. PCG will call the physician's office to clarify orders.</i></p>	<p style="text-align: center;">01-01-23</p> <p style="text-align: center;">23 JAN -4 09:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – Ciprofloxacin 500mg was given to resident for 7 days from 7/11/2022 and 9/1/2022. Response to the medication was not recorded in progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">22 NOV 16 AM 9:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – Ciprofloxacin 500mg was given to resident for 7 days from 7/11/2022 and 9/1/2022. Response to the medication was not recorded in progress notes.</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>E RWR</i> Prior to admit residents, PCG will use post-it notes posted in the refrigerator to remind PCG to record the resident's information in the Permanent Resident register at admission day.</p> <p>Response to the medication ordered should be recorded as soon as medicine completed for antibiotics or once in a month PCG will use post-it notes as a reminder tool and post it on the calendar of in front of resident's binder.</p>	<p style="text-align: center;">01-01-23</p> <p style="text-align: right;">23 JAN - 1 08:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent General Register, Religion field was left blank for two (2) current residents, diagnosis field was left blank for three (3) current residents.</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>Corrected deficiency. PCG write "none" on Religion field for the 2 (two) current residents and write the diagnosis for three (3) current residents in the Permanent General Register.</i></p>	<p>10-22-22</p> <p style="text-align: right;">22 NOV 16 49:35</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS In Permanent General Register, Religion field was left blank for two (2) current residents, diagnosis field was left blank for three (3) current residents.</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>ENWR</i></p> <p>All required documents must be checked by PCG at the end of the admission day and the next day to make sure all documents are completed.</p> <p>Prior to admitting resident, PCG will ^{write} a note to be posted in refrigerator to remind PCG to record the resident's information in the Permanent Resident Register at admission day.</p>	<p style="text-align: right;">01-01-23</p> <p style="text-align: right;">23 JAN -4 AM 18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 – "Resident Financial Statement" was signed and dated by a Power of Attorney. But resident's name was not listed.</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>Corrected deficiency. PCG wrote down Resident's name above Resident name by signature on the Resident Financial Statement Form.</i></p>	<p style="text-align: right;">10-22-22</p> <p style="text-align: right;">'22 NOV 16 A9:35</p> <p style="text-align: right; font-size: small;">STATE OF CALIFORNIA DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – "Resident Financial Statement" was signed and dated by a Power of Attorney. But resident's name was not listed.</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>All required documents must be checked by PCG at the end of admission day and the next day to make sure all documents are completed and signed.</i></p>	<p style="text-align: center;"><i>01-01-23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders dated 9/1/2022 and 9/21/2022 were "Thigh high compression stocking on left leg PRN during the day" and "Knee compression stocking on Right leg PRN during the day." Indication for PRN use was not provided.</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>Corrected deficiency. PCG write down indication for PRN use of the thigh high compression stocking and knee compression stocking and was reviewed and sign by the Primary Care Physician of the Resident during his appointment on 11-10-22. Order corrected as thigh high compression stocking on left leg PRN during the day for swelling and knee compression stocking on right leg PRN during the day for swelling.</i></p>	<p>11-10-22</p> <p style="text-align: right;">'22 NOV 16 A9:35</p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE DOH-0074 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders dated 9/1/2022 and 9/21/2022 were "Thigh high compression stocking on left leg PRN during the day" and "Knee compression stocking on Right leg PRN during the day." Indication for PRN use was not provided.</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>PCG will doublecheck if complete orders are received on the day that the order was faxed. PCG will call the physician's office or room if incomplete orders were received.</p>	<p style="text-align: center;">01-01-23</p> <p style="text-align: right;">23 JAN -4 10:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – No documentation that weight gain of 11.2 lbs. from May 2022 (161 lbs.) to October 2022 (172.2lbs.) was reported to 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><i>Corrected deficiency. Call Dr's office and reported weight gain of 11.2 lbs from may to October. Scheduled an appointment to see the primary care physician on 11-10-22@ 3:00pm.</i></p>	<p style="text-align: right;"><i>10-28-22</i></p> <p style="text-align: right;">22 NOV 16 A 9:35</p> <p style="text-align: right; font-size: small;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – No documentation that weight gain of 11.2 lbs. from May 2022 (161 lbs.) to October 2022 (172.2lbs.) was reported to 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>PCG will make a note to document the significant change in resident's conditions to physician and to document in program note and will post it in front of the resident's binder for reminder.</i></p> <p><i>PCG will review resident's records to see if there are changes every week to document and to report.</i></p>	<p style="text-align: center;"><i>01-01-23</i></p> <p style="text-align: center;"><i>23 JAN -4 10:19</i></p>

Licensee's/Administrator's Signature: *dm*

Print Name: TRACEY LORRAINE MAYOLA

Date: 11-11-22

Licensee's/Administrator's Signature: *dm*

Print Name: TRACEY LORRAINE MAYOLA

Date: 01-01-23

22 NOV 16 A9:35
STATE OF OHIO
DIVISION OF
STATE LICENSING