

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Leticia's Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 1375 Ala Hoku Place, Honolulu, Hawaii 96819</b>	<b>Inspection Date: November 3, 2022 Annual</b>

**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.**

STATE LICENSING  
OFFICE  
HONOLULU, HAWAII

22 DEC -8 11:2:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b>  Primary Caregiver, Substitute Caregiver – FieldPrint clearance unavailable for review</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>On November 21, 2022, Oscar Fernando (SCG) and I went to have Fieldprint done at RT Protection Services. The result will be receive within 12-18 days. 12/6/22</i></p>	<p style="text-align: center;">STATE OF HAWAII  DHF-DCR  STATE LICENSING</p> <p style="text-align: right;">22 FEB -8 PM 2:07</p>

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	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><b>FINDINGS</b>  Resident #1 – The following physician orders dated 10/11/22 are incomplete:</p> <ul style="list-style-type: none"> <li>• “Atenolol 150mg”, does not include frequency of administration</li> <li>• “Omeprazole 20”, does not include proper dosage labeling and frequency of administration</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes, I already corrected the deficiency. Dr. Philip Suh already added the medication name, dosage &amp; frequency of administration.</i></p>	<p style="text-align: right;"><i>11/8/2022</i></p> <p style="text-align: center;">23 FEB 10 P 3:16</p> <p style="text-align: center;">STATE OF HAWAII  POLICE  STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>            Resident #2 – Bottle of ibuprofen containing tablets stored unsecured on resident’s nightstand</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>already, put the ibuprofen inside a locked cabinet to secure the residents from removing + overdosing from it.</i></p>	<p style="text-align: right;"><i>11/4/22</i></p> <p style="text-align: right;">22 DEC -8 P12:07</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS            DEPARTMENT OF            STATE PROVISIONS</p>

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	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><b>FINDINGS</b> Resident #1 – Medication administration record (MAR) from 11/1/21-11/3/22 states, “clozapine sub for Clozaril 100mg 2am, 3pm” given daily; however, physician’s order unavailable for this medication during this time period.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 DEC -8 P12:07</p> <p>STATE OF HAWAII DOH-PSD STATE LICENSING</p>



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Licensee's/Administrator's Signature: Tessie Fernando

Print Name: TESSIE FERNANDO

Date: December 6, 2022

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING

22 DEC -8 PM 2:06

Licensee's/Administrator's Signature: Tessie Fernando

Print Name: TESSIE FERNANDO

Date: 2/8/2023

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

23 FEB 10 P 3:26

Licensee's/Administrator's Signature: Tessie P. Fernando

Print Name: TESSIE P. FERNANDO

Date: 2/21/23

STATE OF ILLINOIS  
DEPARTMENT OF  
STATE LICENSING

23 FEB 21 P 1:30