

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malamaimua Care Home LLC	CHAPTER 100.1
Address: 47-508 Haanopu Way, Kaneohe, Hawaii 96744	Inspection Date: April 11, 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.

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING
JUN 14 P1:59

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – No current annual physical exam.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>URGENT Annual physical exam of SCG #1, secured and filed.</p> <p>- able to organize and develop checklists that need to be checked once a month to 6 months before any of the requirements or certificates expired. will make sure it will be completed and renewed before each expiration dates.</p>	<p>yes</p> <p>5/4/2022</p>

STATE OF HAWAII
DOH-OSCA
STATE LICENSING

22 JUN 14 P1:59

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – No current annual physical exam.</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>pls. read page #2</p> <p>- able to organize and develop checklists that need to be check once a month to at 6 months before any of the requirements or certificates expired and will make sure it will be completed and renewed before each expiration dates.</p>	<p>5/4/2022</p> <p>22 JUN 14 P1:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #1 – No initial and current annual tuberculosis clearance.</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>- initial and current annual tuberculosis clearance of SCG #1, secured and filed.</p> <p>- able to organize and develop checklists that needs to be check once a month to 2x a year before any of the requirements or certificates expired and will make sure it will be completed and renewed before each expiration date.</p>	<p>yes</p> <p>4/25/2022</p>

STATE OF HAWAII
DOH-DOCA
STATE LICENSING

'22 JUN 14 P2 00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #1 – No initial and current annual tuberculosis clearance.</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>Organize and develop annual tuberculosis clearance and checklists that needs to be check once a month to 2x a year before any of the requirements on Certificates expired, will make sure it will be completed & renewed before each expiration date.</p>	<p>4/25/2022</p> <p>STATE OF NEW YORK DOH-ONCA STATE LICENSING 22 JUN 14 P 2:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – No first aid certification.</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>- First Aid certificate of SCG #1 secured <i>and</i> filed.</p> <p>- able to organize <i>and</i> develop checklists that needs to be check once a month to <i>ex</i> <i>apart</i> before any of the requirements or certificates expired <i>and</i> will make sure it will be all completed <i>and</i> renewed before each expiration date.</p> <p>STATE OF HAWAII DSH-DHCA STATE LICENSING</p>	<p>yes</p> <p>4/12/2022</p> <p>22 JUN 14 P2:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 – No first aid certification.</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>organize + make checklists that needs to be check once a month to 2x a year before any of the requirements on certificates expired + will make sure it will be all completed + renewed before each expiration date.</p>	<p>4/12/2022</p> <p>22 JUN 14 P2:00</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</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><u>FINDINGS</u> An open tube of Calmoceptine ointment found in drawer in residents' bathroom. Primary Caregiver (PCG) removed and secured during inspection.</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>- will do room & residents bathroom cleaning & check drawers every morning will avoid any type of ointments or any controlled substances in this room or bathroom misplaced. A designated cabinet or bin has to be provided and labeled for safety.</p>	<p>4/22/2022</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><u>FINDINGS</u> An open tube of Calmoceptine ointment found in drawer in residents' bathroom. Primary Caregiver (PCG) removed and secured during inspection.</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>will do room + residents bathroom cleaning + check drawers q morning will avoid any types of ointments on any countertops or p/s. from on bathroom misplaced. A designated cabinet on back box has to be provided + labeled for safety.</p>	<p>4/22/2022</p> <p>STATE OF ILLINOIS DEPT. OF HEALTH STATE LICENSING</p> <p>22 JUN 14 P2:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Lorazepam 0.5mg, 1 tablet, BID, prn for agitation was discontinued on 6/25/2021 and Lorazepam 1mg was prescribed instead. Physician's order to discontinue Lorazepam 0.5mg was not obtained.</p>	<p>PART 1</p> <p>Physicians order to discontinue lorazepam 0.5mg i tab. p.o. BID prn for agitation was obtained and filed in the chart.</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>- able to develop checklists that needs to be check daily to once a week each chart for any new or discontinued doctors orders or anytime patients has doctors appointments or has change medication orders has to be carried out right away with his MAR on TAR.</p>	<p>4/25/22</p> <p>22 JUN 14 P2:00</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 – Lorazepam 0.5mg, 1 tablet, BID, prn for agitation was discontinued on 6/25/2021 and Lorazepam 1mg was prescribed instead. Physician's order to discontinue Lorazepam 0.5mg was not obtained.</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>able to develop checklists that needs to be check daily to once a week each chart for any new + discontinued doctors order medications & to be carried out right away please read page # 10</p>	<p>4/28/2022</p>

STATE OF HAWAII
DOH-0002
STATE LICENSING

22 JUN 14 P2:00

	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 – On 7/27/2021, Melatonin 3mg was ordered with no administration instruction. On 9/20/2021, “Melatonin 3mg tablet, take 1 tablet by mouth at bedtime as needed for sleep” was obtained. Initial order was not clarified.</p>	<p>PART 1</p> <p>Order clarification: melatonin 3mg tablet discontinued</p> <p>melatonin 3mg i tab. P.O. e bed time as needed for sleep</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>- Able to develop checklists that needs to be checked daily to once a week each chart for any new and discontinued Doctors orders or everytime patients has Doctors Appointments or has change medication orders has to be carried out Right away with his MAR & TAR</p>	<p>4/19/2022</p> <p>22 JUN 14 P2:00</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 – On 7/27/2021, Melatonin 3mg was ordered with no administration instruction. On 9/20/2021, “Melatonin 3mg tablet, take 1 tablet by mouth at bedtime as needed for sleep” was obtained. Initial order was not clarified.</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>pls. read page 12</p> <p>develop checklists, that needs to be monitored daily to see a well each chart for any new or discontinued Doctor's orders.</p> <p>also included, right time, right route right pt., right dose & right meds</p>	<p>4/19/2022</p> <p>STATE OF INDIANA DOH-ORA STATE LICENSING</p> <p>22 JUN 14 P2:00</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 – On 12/13/2021, “Donepezil 10mg tab: take 1 tablet by mouth once daily at bedtime” was ordered. Per medication administration record (MAR), previous order of Donepezil 5mg was continued to be administered. Please clarify with the physician.</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>Discontinued Donepezil 10mg i tab: take i tablet by mouth once daily @ Bed time</p> <p>order Donepezil 5mg i tablet by mouth once daily @ Bed time</p> <p>- Able to develop checklists daily to once a week for each chart for any new / discontinued medications orders on every time pts. has</p> <p>Doctors appointments that his medications order change to be carried out right away with his MAR & FAR.</p>	<p>Yes</p> <p>4/19/2022</p> <p>22 JUN 14 P2:00</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 – On 12/13/2021, “Donepezil 10mg tab: take 1 tablet by mouth once daily at bedtime” was ordered. Per medication administration record (MAR), previous order of Donepezil 5mg was continued to be administered. Please clarify with the physician.</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>p/s. read page # 14</i></p> <p><i>Review medication order q 2 weeks, signers clarification will contact the doctor within 24 hrs.</i></p>	<p><i>4/19/2022</i></p>

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 JUN 14 P2:00

	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 – “Lorazepam 1mg tab:1 tablet orally 3 times per day as needed for agitation” listed as current medication in physician’s notes dated 12/13/2021. Per MAR, the medication was discontinued on 7/27/2021. Please clarify with the physician.</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>Lorazepam 1mg tablet orally rx daily prn for agitation discontinued on 7/27/2021 signed by attending physician and filed in his chart.</p> <p>> Able to develop checklists daily to once a week for each chart for any new / discontinued doctors orders or medication pts. has doctors appointments that has medications order change and to be carried out right away with his MAR and TAR.</p>	<p>yes</p> <p>4/19/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
NURSING REGULATION DIVISION

22 JUN 14 P2:00

	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 – “Lorazepam 1mg tab:1 tablet orally 3 times per day as needed for agitation” listed as current medication in physician’s notes dated 12/13/2021. Per MAR, the medication was discontinued on 7/27/2021. Please clarify with the physician.</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>Able to develop checklists daily to once a week for each chart for any new discontinued doctors orders on quarantine pts. As doctors appointments that has medications order change.</p>	<p>22 JUN 14 P2:00</p> <p>STATE OF HAWAII DOH/DHCA STATE LICENSING</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 – “Vitamin D3 2000 units oral tablet: one tablet daily” was listed in physician’s order dated 12/13/2021. The medication was not available to the resident. Please clarify with the physician.</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>Order clarification: Vitamin D3 2000 unit^g ORAL tab.</p> <p>Calcium 10 600-400 tab PHA for Calcium 10^g 600-400 tab 1 tab once daily</p> <p>→ current medication is Available for the resident</p> <p>→ Able to develop checklists to check daily to once a week for each chart for any new/dis- continued Doctor's orders or everytime pts. has Doctor's Appointments that has medica- tions order change and to be carried out Right Away with his MAR and TAR.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH NURSING LICENSING</p>	<p>yes</p> <p>4/19/2022</p> <p>22 JUN 14 P2:00</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 – “Vitamin D3 2000 units oral tablet: one tablet daily” was listed in physician’s order dated 12/13/2021. The medication was not available to the resident. Please clarify with the physician.</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>pls read page # 18</p> <p>check Paxton's order q 2 weeks if needs clarification will contact the doctor for clarification within 24 hrs.</p>	<p>4/19/2022</p> <p>STATE OF HAWAII DOH OHCA STATE LICENSING</p> <p>22 JUN 14 P 2:00</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 – A bottle of Fish Oil 1000mg capsules found in the current medication container. No physician's written order available.</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>Fish oil 1000mg. - capsule by mouth once Daily ordered and readily Available</p> <p>^ Able to develop checklist to check daily to once a week for each client for any new or discontinued Doctor's orders or everytime pts. has Doctor's Appointments that has medication order change and to be carried out right away in his/her Mfr</p> <p>TPR</p> <p>^ order obtained c 4/19/2022</p>	<p>yes</p> <p>4/19/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

'22 JUN 14 P 2:00

	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 – A bottle of Fish Oil 1000mg capsules found in the current medication container. No physician's written order available.</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>pls. read page # 20</p> <p>review med. order and medication bottle, to make sure they match with med orders q 2 weeks. and if not match needs clarification & contact the doctor within 24.</p>	<p>4/19/2022</p> <p>22 JUN 14 P2:00</p> <p>STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – “Melatonin 3mg, 1-2 qhs prn sleep” was ordered on 2/10/2022. MAR was not updated. PCG updated MAR during inspection.</p>	<p>PART 1</p> <p>MAR was corrected and updated</p> <p>Check MAR and TAR daily to once a week and monthly when replacing New Man and TAR on everything his doctors order increase or decrease dosage of medications documented to MAR and TAR</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>4/11/2022</p> <p>Right Away and before the fact (check lists)</p>

STATE OF HAWAII
DOH OFFICE
STATE LICENSING

'22 JUN 14 P2:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “Melatonin 3mg, 1-2 qhs prn sleep” was ordered on 2/10/2022. MAR was not updated. PCG updated MAR during inspection.</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>- check MAR and TAR if needed to once a week and monthly when replacing New MAR and TAR on everytime has Doctors order increase or decrease dosage of medications documented to MAR and TAR Right Away - before the fact checklists</p>	<p>4/11/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

22 JUN 14 P2:00

	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 – Lorazepam dosage was increased from 0.5mg 1 tab BID PRN to 1mg 1tab BID PRN on 6/25/2021. No progress notes were made.</p>	<p>PART 1</p> <p><i>progress note were made as documented: lorazepam dosage was increased from 0.5mg 1 tab. BID PRN to 1mg 1 tab BID PRN on 6/25/21</i></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>6/25/2021 4/19/2022</p> <p>22 JUN 14 P2:00</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 – Lorazepam dosage was increased from 0.5mg 1 tab BID PRN to 1mg 1tab BID PRN on 6/25/2021. No progress notes were made.</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>✓ Check MAR and TAR if needed to once a week and monthly when replacing New MAR and TAR on everytime has Doctors order increase or decrease dosage of medications documented to MAR and TAR Right Away - Before the fact checklists.</p> <p>✓ Review & document on the last Day of the month</p>	<p>4/19/2022</p> <p>22 JUN 14 P2:00</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</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>FINDINGS Resident #1 – Monthly progress notes from January 2022 to March 2022 do not include resident's response to medication, diet, treatments, and activities.</p>	<p>PART 1</p> <p>monthly progress notes from January 2022 to March 2022 included residents response to medications, Diet, Treatments and activities and also will includes responses for monthly/weekly documentations</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>4/19/2022</p>

STATE OF HAWAII
BCH-CHCA
STATE LICENSING

22 JUN 14 P 2:00

	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 – Monthly progress notes from January 2022 to March 2022 do not include resident's response to medication, diet, treatments, and activities.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>proper Documentation as if there is significant changes to pt. Behaviors on significant response from medication. changes, checking completeness of progress noted @ least once a week on whenever you observe any significant changes from the pt. must be documented properly and report it to attending physician. review and document @ the end of the month</p>	<p>4/19/2022</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE PROBATIONING

22 JUN 14 P2:01

	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 – In the Resident Financial Statement form, the name of the person who manages resident's personal funds property was left blank.</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>→ Write down the name who manages resident's personal funds @ the Resident Financial Statement form providing checklists upon doing</p> <p>admission paperwork will avoid incomplete paperwork, also need to check completeness of paperwork esp. admission paperwork once a month or everytime there is an admission make sure all paperwork has deadline to finish all completed and signed paperwork</p>	<p>yes 4/19/2022</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><u>FINDINGS</u> Resident #1 – In the Resident Financial Statement form, the name of the person who manages resident's personal funds property was left blank.</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>completely filled out the residents financial statement form, was written out the name of the person who manages residents personal funds / property. and developed checklists that everytime there is an admission the resident financial statement form has to be filled out right away and needs to be checked monthly for completeness and requirement / audit purposes</p>	<p>4/19/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills were conducted only between 9:10am and 11:00am.</p>	<p>PART 1</p> <p><i>FIRE Drills need to make sure its done monthly in different times / occasions and needs to be check monthly for completion Audit requirements purposes.</i></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p><i>April 25, 2022</i></p> <p>22 JUN 14 P 2:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills were conducted only between 9:10am and 11:00am.</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>Fire Drills must be done and documented monthly in different times, occasions and places with all care home members and needs to be check weekly-monthly for completion and Audit requirements purposes.</p>	<p>April 25, 2022</p> <p>22 JUN 14 P 2:01</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2 – Self preservation statement was not dated.</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>Doctor wrote down the exact date when the self preservation statement done as documented & filed in his chart.</p>	<p>yes</p> <p>4/19/2022</p>

STATE OF HAWAII
DOH-0001
STATE LICENSING

22 JUN 14 P2:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2 – Self preservation statement was not dated.</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>able to developed checklist for paperwork admission, that needs to be done upon transfer and admission and also needs to be check monthly to yearly for completeness and Audit requirements purposes.</p>	<p>4/19/2022</p>

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 JUN 14 P2:01

Licensee's/Administrator's Signature: _____



Print Name: _____

Franklin R. Valiente

Date: _____

4/25/2022

STATE OF HAWAII
D&I-ORCA
STATE LICENSING

22 JUN 14 P2:01