

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mililani Care Home LLC	CHAPTER 100.1
Address: 95-117 Waikalani Drive, Mililani, Hawaii 96789	Inspection Date: October 3, 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
DEPARTMENT OF HEALTH
22 DEC 19 AM 11:2

	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> Substitute Care Giver (SCG) #1 – Annual tuberculosis clearance not signed by a physician or APRN.</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>Yes, I corrected the deficiency the day after the inspection. I instructed my secondary care giver #1 to obtain a copy of TB clearance signed by a physician or APRN. A copy of secondary care giver #1 Annual TB Clearance has been submitted and filed in Midlani Care Home binder readily available for the department to view. The copy of SCG #1 TB clearance that was submitted has been signed by the physician.</i></p>	<p style="text-align: center;">10/5/22</p> <p style="text-align: right;">22 OCT 18 AM 10</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> Substitute Care Giver (SCG) #1 – Annual tuberculosis clearance not signed by a physician or APRN.</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>I will include into my list of required documents that a TB clearance must have a signature of a physician or APRN before submitting to Michigan Care Home and before starting a shift in the care home.</i></p>	<p style="text-align: right;"><i>10/5/22</i></p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES STATE Licensure</p> <p style="text-align: right;">22 OCT 18 AM 1:10</p>

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<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 #2 – No annual tuberculosis clearance available.</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>Yes, I corrected the deficiency the day after the inspection. I instructed Secondary care giver #2 to provide a copy of annual TB clearance to Mililani Care Home. I informed SCG #2 that I will not allow her to work in the care home until a copy of Annual TB clearance received.</i></p> <p><i>SCG #2 made an appointment to do TB test on 10/17/22.</i></p> <p><i>SCG #2 will provide a copy of Annual TB clearance by 10/19/22. will allow SCG #2 to pick up a shift once TB clearance received.</i></p>	<p style="text-align: center;">10/4/22</p> <p style="text-align: right;">22 OCT 18 AM 10</p>

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<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 #2 – No annual tuberculosis clearance available.</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 will put a note in front of my Medication Care Home Binder to renew TB clearances 2 weeks before expiration date. I will put the TB clearances expiration date in front of Binder with the designated date to be completed which is a week before the expiration date.</p> <p>= Besides myself, I will have my SCG #1 double check the TB clearances 1 week before expiration date to ensure that all clearances are current and available for the department to view -</p>	<p>12/16/22</p> <p style="text-align: right;">'22 DEC 19 4:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – Medications not reevaluated and signed by a physician every four (4) months. Medication orders signed on 8/26/2021 states medications are good for six (6) months until 2/26/2022; however, medication orders not signed by a physician or APRN until 4/11/2022.</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 OCT 18 NO 10</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – Mirtazapine ordered 11/11/2021; however, medication order not signed until 4/11/2022 – five (5) months later.</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;">STATE OF MICHIGAN OCT 18 AM 11</p>

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	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 – No initials on medication administration record (MAR) for Centrum Silver and Fluticasone on 9/30/2022. In addition, no initials on MAR for Mirtazapine and Amlodipine on 9/30/2022 and 9/31/2022.</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: center;">22 OCT 18 AM 11</p>

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<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 – No monthly progress notes available from October to December 2021.</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: center;">22 OCT 18 AM 11</p>

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Licensee's/Administrator's Signature: S Galvez

Print Name: SONIA Galvez

Date: 10/14/22

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
STATE LICENSES

22 OCT 18 AM 11

Licensee's/Administrator's Signature: *Sonia Galvez*

Print Name: SONIA V Galvez

Date: 12/16/22

22 DEC 19 08:43
STATE OF NJ
STATE HOUSE