

Office of Health Care Assurance

'22 NOV -4 P12:21

State Licensing Section

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mother and Daughter	CHAPTER 100.1
Address: 94-369 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: October 17, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(l) 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>FINDINGS No documentation of fingerprint (Fieldprint) background check completed by the primary caregiver (PCG), substitute caregivers (SCG), and household members age 18 years old and over.</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>I have scheduled the fingerprint w/ Fieldprint for my self (PCG) my SCG's and household member over age 18 and will be completed by Dec. 31, 2022. I will submit the results to the Department once available.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-SDA STATE LICENSING</p>	<p style="text-align: right;"><i>12-8-22</i></p> <p style="text-align: right;">22 DEC -8 AM 1:08</p>

	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><u>FINDINGS</u> No documentation of fingerprint (Fieldprint) background check completed by the primary caregiver (PCG), substitute caregivers (SCG), and household members age 18 years old and over.</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 had created a reminder on my e phone to complete the Fieldprint fingerprint requirement 30 days before due date to check the result right away once available I will put the results in the care home binder for the department review. I will put the results^{PCG} have my SCG to double check the binder to ensure the results are there 3 months before my inspection.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-610A STATE LICENSING</p>	<p style="text-align: right;"><i>12-8-22</i></p> <p style="text-align: right; color: purple;">22 DEC -8 AM 1:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 – PCG assessment form dated 7/22/22 was incomplete. All sections on page one (assessment) of the form were left blank.</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>I have reassessed ^{by} the resident #1 and completed page one of the form on 10-29-22</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-CHICA STATE LICENSING</p>	<p style="text-align: right;"><i>12-8-22</i></p> <p style="text-align: right; color: blue;">22 DEC -8 AM 10:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – PCG assessment form dated 7/22/22 was incomplete. All sections on page one (assessment) of the form were left blank.</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>To ensure it will not happen again, I will complete the form right away after assessing the resident. I will go over the form before signing it. I will also ask my S.C.G. to double check the form to ensure all pages are filled out and completed.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DSH-ORCA STATE LICENSING</p>	<p style="text-align: right;"><i>12-8-22</i></p> <p style="text-align: right; color: blue;">22 DEC -8 AM 1:08</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 – Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • Episodes of loose bowel movement for which the physician discontinued Magnesium citrate and decreased Miralax powder to QD from BID on 8/24/22. • Response to medication Benztropine, which was started on 9/15/22 due to tremors. 	<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>2022 NOV -4 PM 2:21</p> <p>STATE OF HAWAII DOH-GHCA STATE LICENSING</p> <p>10-29-22</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 – Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • Episodes of loose bowel movement for which the physician discontinued Magnesium citrate and decreased Miralax powder to QD from BID. • Response to medication Bzotropine, which was started on 9/15/22 due to tremors. 	<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>In the future I will ensure to document every thing what I observed ^{daily} about the resident, ^{in the} progress notes right away. I will make a list to include information such as resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness and behavior patterns. This ^{list} will serve as my guide on what shall be included in each resident's progress notes. Every month, my ssa and I will double check to ensure progress note is accurate and complete.</i></p>	<p style="text-align: right;">12-8-22</p> <p style="text-align: right;">STATE OF SHAWANO DOH-100-11 STATE LINE# 111 22 DEC -8 AM 11:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS No incident report generated when resident #1 was hospitalized on 6/18/22.</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; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center; color: purple;">22 DEC -8 AM 1:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS No incident report was generated when resident #1 was hospitalized on 6/18/22.</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>In the future when a resident is hospitalized, I will complete an incident report right away and to ensure to file the form in the care home binder for department review.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII ODH-SHCA STATE LICENSING</p>	<p style="text-align: right;"><i>12-8-22</i></p> <p style="text-align: center; color: blue;">22 DEC -8 AM 1:08</p>

Licensee's/Administrator's Signature: Raynilda Guting

'22 NOV -4 P12 :22

Print Name: RAYNILDA GUTING

Date: 10-29-22

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: Raynilda Guting

Print Name: RAYNILDA GUTING

Date: 12-8-22

STATE OF HAWAII
DOH-GRSA
STATE LICENSING

22 DEC -8 AM 10:08