

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nenita's	CHAPTER 100.1
Address: 5193 Likini Street, Honolulu, Hawaii 96818	Inspection Date: September 10, 2021 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.

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	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> Household member #1 – No annual physical exam.</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>my nephew had his physical in April, gave me a copy from Kaiser but not the form DPH wants to get filled up, says he emailed his RP the DPH form to get filled up, enclosing DPH copy now enclosing a copy of his Kaiser forms here</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 #1 and Household member #2 – There were tuberculosis (TB) risk assessment and attestation screening forms. But no documentation for tuberculosis skin test and chest x-ray results.</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>- get copy of TB clearance from SCG # 1, sent household member #2 to Lanikala w/c took time as he can not take off from his new job!</p>	<p>03/21/2022</p> <p>01/19/2022</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> In resident's Bedroom #1, an open bottle of Maximum Strength Fungi Cure solution and an open container of Sooth XP Emollient Eye Drop were left on the resident's dresser. The medication was removed and secured by the caregiver.</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><i>- in the future, all of what family brings in should be checked (did not know that daughter left these the day before my surveyor came in)</i></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><u>FINDINGS</u> Resident #1 – Per medication administration record (MAR), Famotidine was decreased from 20mg to 10mg on 8/19/2021. There was no physician's written order on file.</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 remember I may have not written order on the chart and did not had a chance to correct it as resident was taken home by daughter when her space was ready (as was planned on admission) I obtained order</p>	<p style="text-align: center;">22 MAR 22 AM 11:50</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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STATE OF HAWAII
DOP/CHCA
STATE LICENSING

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – In the Admission Assessment form dated 8/3/2021, the resident's weight was recorded as 92lbs. The resident's weight in August 2021 progress notes was recorded as 103.5lbs. More than 10lbs difference in weight in the same month.</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>	

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Licensee's/Administrator's Signature: Nenita V. Andradaga, RN

Print Name: NENITA V. ANORADA-JOSE

Date: Dec. 15, 2021

Licensee's/Administrator's Signature: Nenita V. Andradaga, RN

Print Name: NENITA V. ANORADA-JOSE

Date: March 20, 2022

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