

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ORI – 2B	CHAPTER 89
Address: 64-1510 Kamehameha, Highway, Wahiawa, Hawaii 96786	Inspection Date: July 13, 2022 Annual (OHCA) July 19, 2022 Annual (Life Safety)

**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.**

22  
10-3  
A11:37  
STATE LICENSING  
9/13/2022 11:37 AM

+Rec'd 10/26/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2)  The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><b><u>FINDINGS</u></b>  Caregiver – No Fieldprint result.</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>The caregiver have been scheduled for the Fingerprint on Oct. 27. 2022 @11:50 AM.</p>	<p>10/26/22</p>

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<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2)  The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u>  Caregiver – No Fieldprint result.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The assigned case manager will check the record annually to ensure that all requirements are met.</p>	<p style="text-align: right;">22 OCT - 3 AM 11:37</p>

STATE OF HAWAII  
DHHS  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> No documentation that smoke detectors were tested in June 2022 and August 2022.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">22 OCT -3 M1:37</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> No documentation that smoke detectors were tested in June 2022 and August 2022.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The caregiver were given re-training specifically on testing the smoke detector.</p> <p>The assigned case manager were advised to check the caregiver monthly report to ensure that smoke detectors are being tested monthly.</p>	<p>08/23/22</p> <p>08/23/22</p> <p style="text-align: right;">'22 OCT -3 AM 1:37</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DOH-2021 STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> Annual Life Safety inspection found that quick release doorknobs were not used for residents' bedrooms #1, #2, #3, and #5.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY .</b></p> <p>The doorknobs for the 4 client's room have been replaced to quick release doorknobs.</p>	<p style="text-align: center;">07/21/22</p> <p style="text-align: center;">22 OCT -3 AM 1:37</p> <p style="text-align: center;">STATE OF MONTANA DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (a)            The caregiver shall, in coordination with the case manager, arrange for resident access to medical services at all times, including emergency services. The facility shall have a written policy which specifies the procedures to be followed in medical emergencies.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documentation that the 10lbs weight loss from 130lbs. (April 2022) to 120lbs. (June 2022) was observed in monthly observation notes.</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 OCT -3 AM 1:37</p> <p style="font-size: small; transform: rotate(-90deg); position: absolute; left: 0; top: 50%;">STATE OF MICHIGAN            DEPARTMENT OF HEALTH            DIVISION OF LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (a)  The caregiver shall, in coordination with the case manager, arrange for resident access to medical services at all times, including emergency services. The facility shall have a written policy which specifies the procedures to be followed in medical emergencies.</p> <p><u>FINDINGS</u>  Resident #1 – No documentation that the 10lb weight loss from 130lbs. (April 2022) to 120lbs. (June 2022) was observed in monthly observation notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future the case manager will ensure that if there is any significant that happens to clients, ensure to advise the caregiver that it should be noted in the monthly observation.</p> <p>The case manager will check the monthly observation submitted from the caregiver monthly to ensure that any observation or any changes from the client must be noted in the monthly observation.</p> <p>The caregiver were given re-training on how and what to note in the monthly observation.</p>	<p>08/16/22</p> <p style="text-align: right;">22 OCT -3 AM 1:37</p> <p style="text-align: center;">STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Six (6) burn gel packets found in first aid kit. Caregiver removed and secured during inspection.</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 OCT -3 AM 1:37</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF ALABAMA DEPARTMENT OF COMMUNITY CARE STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s orders dated 6/13/22, 3/15/22, 12/15/21, and 9/16/21 were “Selenium Sulfate 2.5% lotion, shampoo every day for 1 week, then M, W, and F” and “Fluocinolone 0.01% solution. Apply every day to dry scalp for 1 week, then M, W, and F.” Per medication administration record (MAR), the medications were given on Mondays, Wednesdays, and Fridays. Please clarify with physician.</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>The Selenium 2.5% shampoo have been clarified from the physician. The exact instruction is Shampoo every day for 1 week, the M, W, and F. The Fluocinolone 0.01% solution have been clarified also that the instruction is the same as the Selenium which is Apply every day to dry scalp for 1 week, then M, W, and F. The MAR have already been revised.</p>	<p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: center;">22 OCT -3 AM 1:37</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-89-14 <u>Resident health and safety standards.</u> (e)(5)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order dated 3/15/22 and 6/13/22 were "Risperidone 1mg tablet, take 1 tablet PO 3x a week on M-W. and F." Per MAR, Risperidone 0.5mg tablet, 1 tab daily was given since 3/4/22. Please clarify with physician.</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>Clarified with the psychiatrist and she confirmed that the instruction with the Risperidone will be given every day since March 04, 2022 and so on until the next annual assessment.</p>	<p>07/20/22</p> <p style="text-align: right;">22 OCT -3 AM 1:37</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON WEAVER STATE LICENSING</p>



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Licensee's/Administrator's Signature: *Susanna F. Cheung*

Print Name: Susanna F. Cheung, President/CEO

Date: 09/30/2022

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

22 OCT -3 AM 11:37