

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ORI – Unit #10	CHAPTER 89
Address: 64-1498 Kamehameha Highway, Wahiawa, Hawaii 96786	Inspection Date: July 13, 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
LICENSING DIVISION

22 JUL 28 AM 1:42

	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><u>FINDINGS</u> No documentation that smoke detectors were tested in June 2022, April 2022, and March 2022.</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>22 JUL 28 AM 1:43</p> <p>STATE OF HAWAII POLICE SULLIVAN, MS</p>

	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><u>FINDINGS</u> No documentation that smoke detectors were tested in June 2022, April 2022, and March 2022.</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>The caregiver was advised that in the future always check in the box area if the smoke detector were tested, if not tested, check in the specific area that the smoke detector was not tested.</p> <p>The caregiver was given one-on-one training on how to check smoke detector and how to specify on the form if tested or not.</p> <p>The case manager will check the fire drill monthly to ensure that the specific area have been check, if not, check with the caregiver if he/she check the smoke detector. Teh case manager will assist the caregiver in checking the smoke detector monthly.</p>	<p>07/19/22</p> <p>07/19/22</p> <p>22 JUL 28 AM 1:43</p> <p>STATE OF HAWAII DHHS CIVIL DIVISION</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><u>FINDINGS</u> Toilet paper rolls and four (4) suitcases were stored in the resident's room behind the kitchen.</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>The rolls of toilet paper and suitcases have been taken out from the room.</p> <p>Advised the caregiver not to use the empty room for storing supplies.</p>	<p>07/14/22</p> <p>07/14/22</p> <p>22 JUL 28 AM 1:43</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	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><u>FINDINGS</u> Caregiver stated dishes are rinsed with tap water after soaking in bleach solution.</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>22 JUL 28 AM 1:43</p> <p>STATE OF HAWAII BOH Q12A 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><u>FINDINGS</u> Caregiver stated dishes are rinsed with tap water after soaking in bleach solution.</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>The caregiver were given re-training on how to properly sanitize the dishes.</p> <p>The case manager will follow-up with the caregiver if sanitizing dishes are appropriately being done. If not done appropriately, the case manager will then continue to train the caregiver.</p>	<p>07/19/22</p> <p>72 JUL 28 AM 7:33</p> <p>STATE OF HAWAII DEPT OF H 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> (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>FINDINGS Resident #1 – Otolaryngologist's notes dated 9/22/2021 stated to follow up in 4 months, and the next appointment was on 1/26/2022. No documentation that the resident was seen by the physician.</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>22 JUL 28 AM 1:43</p> <p>STATE OF OHIO 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> (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><u>FINDINGS</u> Refresh Tears Lubricant eye drops were left on the desk in the resident's room located on the right side of the medication cabinet.</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>The Refresh Tears Lubricant eye drops have been taken out and was placed in the locked box inside the refrigerator.</p>	<p>07/13/22</p>

State of Maryland
DOH CHS
STAFF LICENSE NO.

22 JUL 28 AM 11:43

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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)(4) Medications:</p> <p>All poisons shall be plainly labeled and stored separately in a locked cabinet.</p> <p><u>FINDINGS</u> A Clorox bottle was stored under the kitchen sink during inspection. Also, caregiver stated that bleach was sometimes stored under the kitchen sink. There was no locking device available for the kitchen sink.</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>The Clorox bottle and other chemicals stored under the sink have been taken out and was put inside the lock cabinet.</p>	<p>07/12/22</p>

STATE OF OHIO
DH-010A
STATE LICENSING

'22 JUL 28 AM 1:43

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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)(4) Medications:</p> <p>All poisons shall be plainly labeled and stored separately in a locked cabinet.</p> <p><u>FINDINGS</u> There were two (2) bottles of Dawn dish soap, one (1) bottle of bleach, and an unlabeled bottle with a red solution in the laundry room.</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>The dawn dish soap, bleach and unlabeled bottle have been taken out from the laundry room and was put back inside the lock cabinet.</p>	<p>07/13/22</p> <p>22 JUL 28 AM 1:43</p> <p>STATE OF HAWAII DOH/CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No monthly observation notes for physician's office visit on 2/10/2022 and 9/22/2021, and dental office visits on 5/16/2022 and 9/21/2021.</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>22 JUL 28 AM 1:43</p> <p>STATE OF HAWAII POLICE STATE LICENSING</p>

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Licensee's/Administrator's Signature: *[Signature]*

Print Name: Susanna F. Cheung, President/CEO

Date: 07/26/2022

22 JUL 28 AM 1:43
STATE OF HAWAII
DOH-CHC
STATE LICENSING