

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohana	CHAPTER 100.1
Address: 2011 Kaumualii Street, Honolulu, Hawaii 96819	Inspection Date: November 1, 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.

22 NOV 25 AS:32
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

	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>FINDINGS Substitute Caregiver #1,2,3,4,5 – FieldPrint clearance unavailable for review</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><i>Obtain printed results from family members and substitute caregivers.</i></p>	<p><i>Yes</i></p> <p><i>12/1/22</i></p> <p>STATE OF HAWAII DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p> <p>NOV 25 4:03:33</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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 – Physician’s order dated 2/25/22 states, “bupropion XL 150mg XL tablet take 2 tabs by mouth one time per day”; however, medication administration record (MAR) states “Bupropion 150mg 1 tab PO BID” was administered between 2/25/22-8/5/22 instead.</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 NOV 25 4:8:33</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	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 – Physician's order dated 2/25/22 states, "bupropion XL 150mg XL tablet take 2 tabs by mouth one time per day"; however, medication administration record (MAR) states "Bupropion 150mg 1 tab PO BID" was administered between 2/25/22-8/5/22 instead.</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>myself + caregiver will compare the MAR & MD's order once a month (every 1st of the month).</p> <p>Review MAR + MD order yet stay as the same</p> <p>make a reminder note to do this + post it medicine cabinet.</p>	<p>2/21/23</p> <p>23 FEB 21 A9:18</p> <p>STATE OF HAWAII GOV. QUAY STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/20/22 states, “monitor fluid intake and hydration patterns with regards to urination at night as discussed”; however, no documented evidence fluid intake or hydration patterns were being monitored.</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 NOV 25 A 8:33</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 1/20/22 states, "monitor fluid intake and hydration patterns with regards to urination at night as discussed"; however, no documented evidence fluid intake or hydration patterns were being monitored.</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><i>Use an intake tracking sheet to monitor fluid intake and instruct resident to notify caregiver before going to the bathroom.</i></p> <p><i>I will increase my caregiver on this new process to monitor I + O.</i></p> <p>STATE OF IOWA DISH SICA STATE LICENSING</p>	<p>2/21/23</p> <p>23 FEB 21 AM 11:18</p>

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 11/15/22

22 NOV 25 A 8:33
STATE OF HAWAII
DOH-BHCA
STATE LICENSING

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 12/12/22

Licensee's/Administrator's Signature: Car Don

Print Name: Carman Don

Date: 2/21/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

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