

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Care LLC	CHAPTER 100.1
Address: 381 Wanaao Road, Kailua, Hawaii 96734	Inspection Date: March 2, 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.

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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> (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> Primary care giver (PCG) - No screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the plan of correction (POC).</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 PCG contacted his primary care physician and obtained a signed form of Tuberculosis (TB) symptoms assessment as required by the department. Attached is a copy of the TB symptoms assessment for Tuberculosis(TB) obtained by the PCG</p>	<p>4/5/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Primary care giver (PCG) - No screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the plan of correction (POC).</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>To ensure that this doesn't happen again, Pacific Care LLC and its PCG updated the checklist of all caregivers employment requirements , that Tuberculosis (TB) symptoms assessment forms will be required annually. This requirement will required as a pre-employment requirement and an annual requirement to all care givers.</p>	<p>3/25/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Posted menu did not meet current nutritional guidelines.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHOA STATE LICENSING</p> <p style="text-align: right;">APR -7 2022</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>The PCG Created four weeks of menu that meets current nutritional guidelines after several consultations with Miss Annette Jackson (OCHA nutrition coordinator). The PCG contacted Annette Jackson via email and telephone. The PCG spoke to Annette Jackson and seek guidance in creating the menu. The menu that are modified now meets the current nutritional guidelines . Pacific Care LLC ensures that the meals area well-balanced , nourishing and above all meets with the current nutritional guidelines</p>	<p style="text-align: center;">3/23/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Posted menu did not meet current nutritional guidelines.</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>In the future , Pacific Care LLC- Primary Caregiver will ensure a four week menu are created according to the state and national nutritional guidelines . Ensures that meals in the menu are nourishing, appetizing . Pacific Care LLC will continue to reach out Annette Jackson if menus are changed , modified to ensure proper compliance .</p>	<p>3/23/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1 - No Stage 4 dysphagia diet menu.</p> <p>STATE OF HAWAII DOH-CDPH STATE LICENSED 22 APR -7 10:53</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>Pacific Care LLC – Primary Care provider contacted Miss Annette Jackson and seek guidance in creating a four week Stage 4 dysphagia diet. The PCG was able to contact Miss Jackson by email and by phone. Four sets of Stage 4 dysphagia diet is created with close consultation with OCHA nutrition coordinator. The created Stage 4 dysphagia diet menu is now available for Resident #1 and meals are prepared base on the created menu.</p>	<p>3/23/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1 - No Stage 4 dysphagia diet menu.</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>To ensure that this doesn't happen again , Pacific Care LLC will ensure that a special diet menu is made available prior to admitting a resident that requires a special diet. If a similar situation occur a resident will not be admitted to the care home if a dysphagia or special diet menu is not readily available. The primary care giver will review diet order of the prospective resident prior to admission. Then , the primary care giver will create a special diet menu that is nutritionally sufficient. The diet menu should reflect the physician's special diet order. Pacific Care LLC will continue to seek guidance from Annette Jackson to ensure that menus on all dysphagia diet or any special diet follows government nutritional guidelines. Pacific Care LLC will ensure that a four week dysphagia or special diet menu readily available prior to admitting a resident that has special diet order. This step is to ensure that the resident will be provided with food that follows nutritional guidelines as required by the department.</p>	<p>3/23/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menus were not posted in the kitchen and dining areas.</p> <p>A menu was posted during the inspection; however, did not meet current nutritional guidelines.</p> <p>There was no Stage 4 dysphagia diet menu.</p> <p>Submit a copy of the four (4) week cycle menu for the Stage 4 dysphagia diet with the POC.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 22 APR -7 AMO:53</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>Pacific Care LLC – Primary Care provider contacted Miss Annette Jackson and seek guidance in creating a four week Stage 4 dysphagia diet. The PCG was able to contact Miss Jackson by email and by phone. Four sets of Stage 4 dysphagia diet is created with close consultation with OCHA nutrition coordinator. The created Stage 4 dysphagia diet menu is now available for Resident #1 and meals are prepared base on the created menu.</p>	<p>3/23/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menus were not posted in the kitchen and dining areas.</p> <p>A menu was posted during the inspection; however, did not meet current nutritional guidelines.</p> <p>There was no Stage 4 dysphagia diet menu.</p> <p>Submit a copy of the four (4) week cycle menu for the Stage 4 dysphagia diet with the POC.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 22 APR -7 10:53</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>To ensure that this doesn't again , Pacific Care LLC will post all menu in the kitchen and in conspicuous area in the dining area at all times. This is to ensure that the menu will be visible to the residents and the department for review. The posting of the menu at all times will be the responsibility of the PCG. The compliance of this requirement will be given utmost importance. Attached is a copy of the 4 week menu including stage 4 dysphagia diet menu.</p>	<p>3/23/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Internal and external medication was not segregated.</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>To ensure the external and internal medications are stored in accordance to the requirements, the external medications are stored in a clean zip-lock bags . The process was implemented immediately , the internal and external medications are now properly segregated as required.</p>	<p>3/2/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Internal and external medication was not segregated.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING APR -7 22 10:53</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>To ensure that this does not happen again, Pacific Care LLC and its primary care giver conducted training and education on proper method in segregating external and internal medications. The use of zip-lock bag in storing external medications separated from the internal medications.</p>	<p>3/2/22</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 - "Metformin 850 mg 1 tab QD" ordered 2/22/22; however, the label read "Take 1 tablet twice a day with a meal."</p> <p>STATE OF HAWAII COM-ORCA STATE LICENSING</p> <p>22 APR -7 10:53</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 primary care giver contacted the primary care provider for Resident # 1 and verified the order over the phone. An order to give the resident 1 tablet 850 mg daily and the label was change accordingly by the dispensing pharmacy . The metformin on hand is the correct order and the correct label. The medications record now reflects the new order of the medication.</p>	3/2/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 - "Metformin 850 mg 1 tab QD" ordered 2/22/22; however, the label read "Take 1 tablet twice a day with a meal."</p> <p>60:64 9-MP 22</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>To ensure that this doesn't happen again , Pacific Care LLC primary caregiver will ensure all medication label on the container reflects the actual order. If found that the label on the container does not reflect the physician's order, the primary care giver will immediately contact the primary care physician to contact the dispensing pharmacy to provide the home with the proper label on it that reflects the actual order. This action will be fully documented in the patient' progress notes.</p> <p>Another step that Pacific Care LLC will take to prevent this from happening again. The primary care giver will continue to check all resident medication container and ensure all labels is the correct label and reflects the physician's order. This will be done on the first day of the month and or when new medication is ordered or changed. The resident medication checklist will be utilized to ensure this step is followed. This is the responsibility of the primary care giver or the designated substitute care giver.</p>	<p>3/2/22</p>

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<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>FINDINGS Resident #1 - No physician order to crush medication.</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 primary caregiver contacted the primary physician and ask for an order to crush meds and mix with apple sauce when giving medications to Resident # 1. An order to crush medications is obtained from the primary physician. All medication is not crushed as ordered. Attached is a copy of such order.</p>	<p>3/15/22</p>

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<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 - No physician order to crush medication.</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>To prevent this incident from happening again, the primary caregiver ensures that an order is given by the physician or APRN before crushing any medications. This process is included in the training provided to all caregivers.</p>	<p>3/2/22</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 - "Propranolol ER 120 mg 1 capsule QD" ordered 2/18/22. The label read "Swallow whole. Do not chew or crush." The PCG stated the medication is removed from the capsule and given with applesauce.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR -7 40:53</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>3/2/22</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 - "Propranolol ER 120 mg 1 capsule QD" ordered 2/18/22. The label read "Swallow whole. Do not chew or crush." The PCG stated the medication is removed from the capsule and given with applesauce.</p> <p>STATE OF MARYLAND DEPARTMENT OF HEALTH STAFFING UNIT</p> <p>22 APR -7 10:53</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>To prevent this incident from happening again, the primary caregiver will contact ordering physician if the client's family, former caregivers are giving medications that are removed from capsules and ask if the medication can be change to a tablet form. All Pacific Care LLC caregivers are educated in not to remove any medications from the capsule without physician's order and to call the physician if the medication can be changed to a tablet form instead.</p>	<p>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - The February 2022 medication record noted that "donepezil, mirtazapine and simvastatin" were not initialed by the care giver when the medication were taken by the resident on 2/26/22, 2/27/22 and 2/28/22.</p> <p>STATE OF HAWAII BOH-CHCA STATE HEALTH 22 APR -7 10:53</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>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - The February 2022 medication record noted that "donepezil, mirtazapine and simvastatin" were not initialed by the care giver when the medication were taken by the resident on 2/26/22, 2/27/22 and 2/28/22.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">22 APR -7 10:53</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>To prevent this incident from happening again , a real time documentation process is implemented . This means that the caregiver giving the medications will document and initial the medication record administration upon dispensing the medication to the residents. At the end of the medication administration , a second caregiver will review the medication administration record to ensure all medications are documented correctly. This process allows a second set of eyes that all medications are properly documented.</p>	3/2/22

	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 - No documentation of the PCG's assessment of the resident upon admission.</p> <p>STATE OF MARYLAND DHCR-CHCA STATE LICENSING</p> <p>22 APR -7 10:53</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 primary care giver reviewed and signed form OHCA ARCHIR 34 as required and filed in the Resident #1 chart.</p>	<p>3/2/22</p>

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<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 - No documentation of the PCG's assessment of the resident upon admission.</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>To ensure that it doesn't happen again , the Primary care giver will review and ensures all admissions requirements are filled properly , signed and dated . The PCG will use the existing admission requirement checklist and will review all forms and ensure accuracy of this requirements.</p>	<p>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of a two-step TB clearance at the time of admission. Submit a copy of a second TB skin test with the POC.</p> <p>60:6V 9-MT 22.</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 primary care giver contacted the Resident#1 primary care physician and obtain a copy of the two step TB skin test that was used to admit the resident from the previous care home. A copy of such record is attached. However , Pacific Care LLC also requested the primary care provider to order a QUANTIFERON-TB GOLD blood work and a copy of the result is attached if the documents given does not suffice the requirement. A negative QUANTIFERON-TB GOLD is filed in the resident's chart as required by the department.</p>	5/27/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of a two-step TB clearance at the time of admission. Submit a copy of a second TB skin test with the POC.</p> <p>STATE OF HAWAII DOH-CHDO STATE LICENSED NURSING BUREAU</p> <p>22 APR -7 AM 53</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>To ensure that this doesn't happen again , the PCG will make sure that all pre-admission requirement are in place prior to admission. This process includes all admissions whether a resident comes from home , hospital or other care home. A copy of the TB clearance is attached</p>	<p>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident # 1- No physician order for blood sugar checks that the PCG stated was done "randomly."</p> <p>STATE OF KANSAS DOH-CHICK STATE LICENSING</p> <p>22 APR -7 MD 53</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 PCG contacted the primary care provider and obtained order for checking the Resident# 1 blood sugar while on metformin. The primary caregiver was able to obtain an order for checking blood sugar once a week and as needed. The physician also ordered supplies needed for blood sugar.</p>	3/15/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident # 1- No physician order for blood sugar checks that the PCG stated was done "randomly."</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR -7 AM 53</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>To prevent this from happening again , the PCG conducted and will continue to conduct training not to check resident's blood sugar without a doctor's order. This process will be a part of the initial and annual training to all caregivers.</p>	<p>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 - "Stage 3 liquid nectar consistency" and "Thick-it powder mix with liquids to honey-like consistency" ordered 2/18/22; however, the order was not clarified with physician. PCG stated "nectar" consistency has been provided. PCG stated the resident responds better to "nectar" consistency.</p> <p>STATE OF OHIO DOH-000A STATE LICENSING</p> <p>22 APR -7 10:53</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 PCG contacted the primary physician and obtained an order for nectar thickened liquid to be given to Resident #1.</p>	<p>3/15/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 - "Stage 3 liquid nectar consistency" and "Thick-it powder mix with liquids to honey-like consistency" ordered 2/18/22; however, the order was not clarified with physician. PCG stated "nectar" consistency has been provided. PCG stated the resident responds better to "nectar" consistency.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>22 APR -7 MO:53</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>To ensure this doesn't happen again in the future, The PCG will make sure all diet orders are verified including liquid consistencies for resident's with special diet orders. If there is discrepancy between the transfer summary and the actual diet order. The PCG will immediately contact the physician and verify diet orders to ensure the correct diet and consistency are provide to the residents.</p>	<p>3/15/22</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 include observations of the resident's tolerance to Stage 4 dysphagia diet and nectar consistency liquids.</p> <p>STATE OF MICHIGAN DEPARTMENT OF LICENSING STATE LICENSING 22 APR -7 AM 5:4</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>	3/2/22

	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><u>FINDINGS</u> Resident #1 - Progress notes did not include observations of the resident's tolerance to Stage 4 dysphagia diet and nectar consistency liquids.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>22 APR -7 10:54</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>To ensure this doesn't happen again, the PCG will make sure progress reflects observations of the resident's tolerance to the diet ordered. This will include weight gain, weight loss, swallowing, chewing issues and above all the amount of food the resident's consumed at all times. This notes will be entered at the time of observation and will dated, timed accordingly.</p>	<p>3/15/22</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><u>FINDINGS</u> Resident #1 - Progress notes did not include observations of the resident's need for and response to "Tylenol" taken on 2/25/22 at 8:30 a.m.</p> <p>STATE OF HAWAII DOH-CCHD STATE LICENSING</p> <p>22 APR - 7 10:54</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>3/2/22</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><u>FINDINGS</u> Resident #1 - Progress notes did not include observations of the resident's need for and response to "Tylenol" taken on 2/25/22 at 8:30 a.m.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR -7 10:54</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>To ensure this doesn't happen again, the PCG reeducated all SCG to document resident's response to medications and interventions in the progress notes. The PCG will continue to monitor that full compliance of this process.</p>	3/4/22

	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 include observations of the following:</p> <ul style="list-style-type: none"> • Blood sugar testing performed (date, results and why performed) • Need for "assistance" during meals. PCG observed feeding the resident her lunch meal on the day of the inspection. • Resident's ability to self-preserve. Resident required a lot of verbal cues, encouragement and some assistance with her walker. <p>STATE OF HAWAII DOH-CHOA STATE LICENSING</p> <p>22 APR -7 MO:54</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 progress notes on Resident # was updated accordingly with SCG observation that led to the action of checking Resident's blood sugar.</p> <p>Another entry in the progress notes , details the need of Resident's # 1 occasional need to be assisted in feeding. As of this time, the client has thrive very well in the home, that Resident # 1 continued to feed herself and eats at least 80% of her meals.</p> <p>Another entry in the progress notes, details the need of Resident#1 to have a lot of cue for directions and some assistance with her walker during ambulation. The entry reflects the Resident's # 1 continued progress in ambulation.</p>	<p>3/2/22</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><u>FINDINGS</u> Resident #1 - Progress notes did not include observations of the following:</p> <ul style="list-style-type: none"> • Blood sugar testing performed (date, results and why performed) • Need for "assistance" during meals. PCG observed feeding the resident her lunch meal on the day of the inspection. • Resident's ability to self-preserve. Resident required a lot of verbal cues, encouragement and some assistance with her walker. <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>22 APR -7 10:54</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>To ensure this doesn't happen again, The PCG will make sure that all caregivers will document in the progress notes on a monthly basis or more as appropriate , the notes will include resident's response to medication, treatments , diet, care plan or any changes in condition , indication in illness or injury. The progress notes should include action taken by all caregivers and response by the resident . The date and time of this interventions and actions should be appropriately documented in the monthly progress notes.</p>	<p>3/2/22</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 - The March 2022 medication records noted "Thick-it powder mix with fluids to honey-like consistency;" however, the PCG stated "nectar" consistency is tolerated better so is giving "nectar" consistency liquids.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 22 APR -7 AMO:54</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 medication records of Resident # 1 was updated to Nectar Thickened as a new order was obtained from the primary care physician.</p>	<p>3/15/22</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 - The March 2022 medication records noted "Thick-it powder mix with fluids to honey-like consistency;" however, the PCG stated "nectar" consistency is tolerated better so is giving "nectar" consistency liquids.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR -7 10:54</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>To ensure this doesn't happen again in the future, The PCG and all caregivers will do a two care caregiver check system. After a caregiver transcribe medication orders including liquid consistency , a second care giver reviews the transcribed medication records to ensure accuracy of the medication record. Then both caregivers will initial the medication records next to the client's name. This process will be incorporated in the caregiver's pre-employment training and in the annual caregiver training .</p>	<p>3/15/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes were not signed by the individual making the entry.</p> <p>STATE OF HAWAII DOH-DOCS STATE LICENSING 22 APR -7 10:54</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 entries in the monthly progress notes is now signed by the caregiver who made the notes. The notes are date and time accordingly.</p>	<p>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes were not signed by the individual making the entry.</p> <p>STATE OF HAWAII DOH-DOHA STATE LICENSING</p> <p>22 APR -7 10:54</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>To ensure this doesn't happen again, all care givers are retrained to sign and date all entries. The PCG will monitor that this process are followed at all times. A monthly audit will be conducted by the PCG to ensure full compliance of this process.</p>	<p>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B)</p> <p>Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u></p> <p>Resident #1 - No pliable plastic pillow protectors. The PCG stated the pillows are given to the resident; however, the pillows were not recorded on the inventory of possessions. The pillows were not labeled with the resident's name.</p> <p>STATE OF HAWAII DOH-CHOW STATE LICENSING</p> <p>22 APR -7 AMO:54</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>Resident #1 inventory of possessions is updated with the two pillows given by the home to Resident # 1. In addition to that , the pillows are marked with a permanent marker showing Resident # 1 name on it.</p>	<p>3/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Resident #1 - No pliable plastic pillow protectors. The PCG stated the pillows are given to the resident; however, the pillows were not recorded on the inventory of possessions. The pillows were not labeled with the resident's name.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>22 APR -7 MO 54</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>To ensure this doesn't happen again , all caregivers are instructed to marked all pillows with the resident's name on it and added them to the resident's inventory possessions. Pacific Care LLC will provide all pillows to the resident's and will be added to the inventory of possessions during admission. The pillows will marked with the resident's name on it.</p>	<p>3/2/22</p>

Licensee's/Administrator's Signature:

Otilio M. Gorman Jr.

Print Name:

OTILIO GORMAN (PCG)

Date:

4/1/22

Licensee's/Administrator's Signature:

Otilio M. Gorman Jr.

Print Name:

OTILIO GORMAN JR. PCG

Date:

5/27/22

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STATE LICENSING

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