

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Precious Moment ARCH + EARCH LLC	CHAPTER 100.1
Address: 3617 Puuku Mauka Drive, Honolulu, Hawaii 96818	Inspection Date: May 10, 2022 Initial

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
DEPARTMENT OF
STATE LICENSING

JUN 14 P 1:42

	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> Substitute Care Giver (SCG) #2, #4, and #5 – No current physical exam.</p> <p>Please submit a copy of physical exam for each caregiver.</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>If was collected:</i> <i>date: may 10, 2022</i></p> <p><i>SCG # 2 , # 4 + # 5 obtain</i> <i>physical Exam + copy</i> <i>attach</i></p> <div style="text-align: right;"> <small>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES</small> </div>	<p style="text-align: center;"><i>6/13/22</i></p> <p style="text-align: right;">22 JUN 14 P1:42</p>

	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>FINDINGS Substitute Care Giver (SCG) #2, #4, and #5 – No current physical exam.</p> <p>Please submit a copy of physical exam for each caregiver.</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>PCG will inform SCG that they need to submit evidence of physical examination form</p> <p>PCG give physical examination form to each SCG with a note to return in a such a date</p> <p>PCG when due date comes up I tell them to return it in or can not work</p> <p>PCG use a calendar to remind before two months before expiration date</p>	<p>6/13/22</p> <p>22 JUN 14 P 1:42</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> SCG #2 and #3 – No current annual tuberculosis clearance. SCG #4 and #5 – No initial and current annual tuberculosis clearance. Household member #1 – No evidence of positive tuberculosis skin test.</p> <p>Please submit a copy of tuberculosis clearance result for each.</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>It was collected:</i></p> <p><i>date: July 10, 2022</i></p> <p><i>I obtain all SCGs and household member copy attach</i></p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DOH-0102A STATE LICENSE NO </div>	<p><i>6/13/22</i></p> <p style="text-align: right;">22 JUN 14 P 1:42</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> SCG #2 and #3 – No current annual tuberculosis clearance. SCG #4 and #5 – No initial and current annual tuberculosis clearance. Household member #1 – No evidence of positive tuberculosis skin test.</p> <p>Please submit a copy of tuberculosis clearance result for each.</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>PCG will inform SCG that they need to give evidence with TB skin test or documentation of positive TB skin test or chest x-rays</p> <p>PCG when due date comes up I tell them to turn it in</p> <p>PCG remind them to submit the TB clearance or can not work</p> <p>PCG use a calendar to remind before two months before expiration date</p>	<p>6/13/22</p> <p>22 JUN 14 P1:42</p> <p>STATE OF TEXAS DON-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #5 – No first aid certification.</p> <p>Please submit a copy of first aid certification.</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>It was collected</i></p> <p><i>Aug 10, 2022</i></p> <p><i>copy attach</i></p>	<p><i>6/13/22</i></p> <p>22 JUN 14 P1 42</p> <p>STATE OF HAWAII BHI-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #5 – No first aid certification.</p> <p>Please submit a copy of first aid certification.</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>PCG review care home binder to identify the first aid certificate for SCG</p> <p>PCG put the date the new first aid certificate</p> <p>PCG give first aid certificate to used SCG with a note to return in such a date.</p> <p>PCG when due date comes up remind them to submit 30 days notice before annual clearance</p> <p>PCG use calendar to remind four months before expiration date</p>	<p>6/13/22</p> <p>22 JUN 14 P 1:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, #2, #3, #4, #5, and #6 – No documentation that Primary Care Giver (PCG) trained SCG to make prescribed medication available to residents.</p> <p>Please submit a copy of SCG training for each caregiver.</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>PCG conduct training per SCG - dated: June 11, 2022</i></p> <p><i>copy attach</i></p>	<p><i>6/13/22</i></p> <p style="text-align: right;">22 JUN 14 P1 43</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONDC STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, #2, #3, #4, #5, and #6 – No documentation that Primary Care Giver (PCG) trained SCG to make prescribed medication available to residents.</p> <p>Please submit a copy of SCG training for each caregiver.</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>PCG each SCG have training before they have contact to the resident</p> <p>PCG going to schedule substitute care giver training to sign training form after training completed</p> <p>PCG to file form in care home binder.</p> <p>PCG uses new SCG the orientation check list to remind myself to train all care givers</p>	<p>6/13/22</p> <p>22 JUN 14 P1:43</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSES INC</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG # 5 – No cardiopulmonary resuscitation (CPR) certification.</p> <p>Please submit a copy of CPR certification.</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 style="text-align: center;"><i>It was done and submitted May 10, 2022</i></p> <p style="text-align: center;"><i>Copy attach</i></p>	<p style="text-align: center;"><i>6/13/22</i></p> <p style="text-align: right;">22 JUN 14 P1:43</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG # 5 – No cardiopulmonary resuscitation (CPR) certification.</p> <p>Please submit a copy of CPR certification.</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>PCG reviewed care home binder to identify for CPR per SCG</p> <p>PCG put the date the new CPR</p> <p>PCG give CPR to each SCG with a note to return in such a date</p> <p>PCG when due date comes up I tell to turn it in or can not work.</p> <p>PCG use calendar to remind four months before expiration date</p>	<p>6/8/22</p> <p>22 JUN 14 P1:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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> Resident #2 – Debrox Earwax Removal Kit found on the resident's dresser in bedroom #4. PCG removed and secured the medication during inspection.</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>	

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22 JUN 14 P1:43

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STATE OF HAWAII
DEPARTMENT OF HEALTH
LICENSING

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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 #2 – No physician's order for Debrox Earwax Removal kit that was found in resident's bedroom #4.</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 style="text-align: center;"><i>PCG call doctor ask per the prescription order</i></p> <p style="text-align: center;"><i>date: 5/20/22</i></p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: center;"><i>6/13/22</i></p> <p style="text-align: right;">22 JUN 14 P1:43</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 – Per medication record, following medications were discontinued on 3/23/2022. There was no physician's order.</p> <ul style="list-style-type: none"> - Risperidone 1mg, 1 tab, BID - Trazodone 50mg, 1 tab, BID - Senna-Plus 8.6/50mg, 1 tab, qd 	<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>PCG corrected by calling doctor as APRN I obtain the order</i></p>	<p><i>6/13/22</i></p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
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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 record, following medications were started on 3/23/2022. There was no physician's order.</p> <ul style="list-style-type: none"> - Risperidone 0.25mg, 1 tab, po, BID, PRN for agitation and restlessness - Trazodone 50mg, 1 tab, daily - Senna-Plus 8.6mg/50mg, 1 tab, BID - Bisacodyl 10mg Suppository, take 1 supp per rectum, QD, PRN for constipation 	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>PCG corrected by calling doctor and APRN I obtain the order</i></p>	<p align="center"><i>6/13/22</i></p> <p align="right"> <small>STATE OF HAWAII DEPARTMENT OF STATE MEDICINE</small> JUN 14 PM 4:43 </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 – Per medication record, following medications were started on 3/23/2022. There was no physician's order.</p> <ul style="list-style-type: none"> - Risperidone 0.25mg, 1 tab, po, BID, PRN for agitation and restlessness - Trazodone 50mg, 1 tab, daily - Senna-Plus 8.6mg/50mg, 1 tab, BID - Bisacodyl 10mg Suppository, take 1 supp per rectum, QD, PRN for constipation 	<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>PCGs always checked doctor's signed medication order.</i></p> <p><i>PCGs follow the doctor's sign medication order with date time + correct name of drugs + dosage initiated by care giver + record it in MAR</i></p> <p><i>PCGs review the medication order every two weeks if the order is not on file I will contact the doctor with in 24 hrs.</i></p>	<p><i>6/13/22</i></p> <p><i>22 JUN 14 P1:43</i></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 – Trazodone 50mg, 1 tab, po, 2x/day was ordered on 3/17/2022. Per medication record, the medication was not given on 3/21/2022 at 8am, 3/22/2022 at 8am and 6pm, 3/23/2022 at 8am and 6pm. On 3/20/2022 and 3/21/2022 at 6pm dose was left blank as not given. The reasons why the medication was not given and the medication record was left blank were not documented.</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 JUN 14 P1:43</p> <p>STATE OF HAWAII DOH-CHRA STATE LICENSING</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 – Trazodone 50mg, 1 tab, po, 2x/day was ordered on 3/17/2022. Per medication record, the medication was not given on 3/21/2022 at 8am, 3/22/2022 at 8am and 6pm, 3/23/2022 at 8am and 6pm. On 3/20/2022 and 3/21/2022 at 6pm dose was left blank as not given. The reasons why the medication was not given and the medication record was left blank were not documented.</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>PCG signed MAR immediately after giving medications.</p> <p>PCG if patient doesn't take the medication signed the MAR "H" (Held) or "R" (Refused)</p> <p>PCG upon administering all medications MAR should properly signed.</p> <p>PCG trained SCC about medication administration and documentation + also I will review medication order and MAR every two weeks -</p>	<p>6/13/22</p> <p>22 JUN 14 P1:43</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</p> <ul style="list-style-type: none"> - Trazodone 50mg, 1 tab, po, 2x/day ordered on 3/17/2022. In medication record, 3/20/2022 and 3/21/2022 at 6pm doses were left blank. - Senna-Plus 8.6mg/50mg, 1 tab, qd ordered on 3/17/2022. In medication record, 3/20/2022 and 3/21/2022 were left blank. 	<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>	

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSE DIV.

22 JUN 14 P1:43

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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 Primary Caregiver (PCG)'s signature on admission assessment form. Resident was admitted on 3/5/2022.</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 JUN 14 PM 1:43</p>

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STATE LICENSING

	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 Primary Caregiver (PCG)'s signature on admission assessment form. Resident was admitted on 3/5/2022.</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>PCG check all documents that need to be signed</p> <p>PCG has to complete the admission assessment both parties has to sign.</p> <p>PCG Review all the documents every two weeks for completeness if anything is missing I will complete at that time</p>	<p>6/13/22</p> <p>22 JUN 14 P1:43</p> <p>STATE OF HAWAII DOH-ORCA 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)(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 – No progress notes for resident's admission on 3/5/2022.</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 JUN 14 P1:43</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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 – No progress notes for resident's admission on 3/5/2022.</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>PCGs make progress note every month, if in case something happens or incident occur immediately complete report and document which include all the changes of the condition response to medication treatment and any action taken.</p> <p>PCGs review every two weeks</p>	<p>6/13/22</p> <p>22 JUN 14 P1:43</p> <p>STATE OF HAWAII DSH-ORDA 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)(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 – No progress notes for April 2022. Response to medications, diet, treatments, and activities were not documented.</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>	

STATE OF HAWAII
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STATE LICENSING

22 JUN 14 P1:43

	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 – No progress notes for April 2022. Response to medications, diet, treatments, and activities were not documented.</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><i>PCGs make progress notes every month on in observants to resident's response to medications or any changes of behavior and behavior</i></p> <p><i>PCGs if incident occur document it has to be completed right away put date time and action taken</i></p> <p><i>PCGs review all the documents every two weeks per completion if anything is missing I will complete at that time</i></p>	<p style="text-align: right;">6/13/22</p> <p style="text-align: right;">22 JUN 14 P1:43</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 – Trazodone 50mg, 1 tab, po, 2x/day was ordered on 3/17/2022. Per medication record, the medication was held on 3/21/2022 at 8am, 3/22/2022 at 8am and 6pm, 3/23/2022 at 8am and 6pm. On 3/20/2022 and 3/21/2022 at 6pm doses were left blank. No progress notes were made.</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 JUN 14 P 1:44</p> <p>STATE OF HAWAII DOH-ORCA 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)(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 – Trazodone 50mg, 1 tab, po, 2x/day was ordered on 3/17/2022. Per medication record, the medication was held on 3/21/2022 at 8am, 3/22/2022 at 8am and 6pm, 3/23/2022 at 8am and 6pm. On 3/20/2022 and 3/21/2022 at 6pm doses were left blank. No progress notes were made.</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><i>PCG signed MAR immediately when giving medications.</i></p> <p><i>PCG if resident doesn't take the medication put it on "Hold" and refuse to the MAR and progress note</i></p> <p><i>PCG upon administering all medications MAR should properly signed</i></p> <p><i>PCG include observation, response to treatment, behavior and all action taken should be completed immediately to the progress note.</i></p> <p><i>PCG review the document every two weeks,</i></p>	<p><i>6/13/22</i></p> <p style="text-align: right;">22 JUN 14 P 1:44</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 – In medication record, “Senna-Plus 8.6/50mg, 1 tab, po, BID” was not given 4/14/2022 at 6pm, 4/17/2022 at 6pm, 4/27/2022 at 6pm, 5/5/2022 at 6pm, and 5/7/2022 at 6pm. No progress notes were made.</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>STATE OF HAWAII DOH-DOH STATELICENSE</p>	<p>22 JUN 14 P1:44</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 – In medication record, "Senna-Plus 8.6/50mg, 1 tab, po, BID" was not given 4/14/2022 at 6pm, 4/17/2022 at 6pm, 4/27/2022 at 6pm, 5/5/2022 at 6pm, and 5/7/2022 at 6pm. No progress notes were made.</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>PCG signed MAR immediately when giving medication</p> <p>PCG if patient doesn't take the medication put it on "Hold" or "Refuse" to the MAR</p> <p>PCG upon administering all medication MAR should properly signed</p> <p>PCG do the progress note, document all observation, response to medication treatment behavior and all action taken should be completed immediately.</p> <p>PCG review the documents every five weeks for completeness</p>	<p>6/13/22</p> <p>22 JUN 14 P1 144</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 – Risperidone 0.25mg, 1 tab, po, BID, PRN for agitation and restlessness every day from 3/23/2022 to current. The reasons for medication use and response to medication were not documented in progress notes.</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 JUN 14 P 1:44</p> <p>STATE OF HAWAII DEPT. OF HEALTH 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)(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 – Risperidone 0.25mg, 1 tab, po, BID, PRN for agitation and restlessness every day from 3/23/2022 to current. The reasons for medication use and response to medication were not documented in progress notes.</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><i>PCs when giving PRN medication it should be documented to the progress notes which include observation to the residents, response to medication treatment, changes in condition + effectiveness.</i></p> <p><i>PCs review documentation every two weeks and trained SCS about medication and documentation.</i></p>	<p style="text-align: right;"><i>6/13/22</i></p> <p style="text-align: right;">22 JUN 14 P1:44</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSE NO.</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 – Physician's notes dated 3/17/2022 stated "Hip wound care every other day dressing change." PCG's observation of the wound was not documented in progress notes.</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>STATE OF HAWAII DEPT. OF CHS STATE LIFECARE</p>	<p>22 JUN 14 P 1:44</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 – Physician's notes dated 3/17/2022 stated "Hip wound care every other day dressing change." PCG's observation of the wound was not documented in progress notes.</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>PCG always document in the progress note the changes, size, color, measure the wound and observation of wound to medication treatment.</p> <p>PCG review the documentation every two weeks for completeness and if anything is missing I will document at that time</p>	<p>6/13/22</p> <p>22 JUN 14 P 1:44</p> <p>STATE OF HAWAII DEPT. OF HEALTH 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)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Residents' weight and height records were incomplete.</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 style="text-align: center;"><i>Was completed during the day of my inspection date: May 10, 2022</i></p>	<p style="text-align: center;"><i>6/13/22</i></p> <div style="text-align: right;"> <p>22 JUN 14 P 1:44</p> <p>STATE OF HAWAII DEPARTMENT OF SOCIAL SERVICES</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Residents' weight and height records were incomplete.</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>PCG upon admission get residents weight and height and record it to the residents record weight + height 6/13/22</p> <p>PCG check residents weight every month and record it the residents weight</p> <p>PCG for each residents will check every end of the month the weight log to make sure the monthly weight is recorded</p> <p>PCG - post a calendar in the dining area weight weight check on the last day of the month.</p>	<p>22 JUN 14 P1:44</p> <p>STATE OF HAWAII BOH-DOCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 – Emergency information not up to date.</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 style="text-align: center;"><i>It was corrected after my inspector left. date: May 10, 2022</i></p>	<p style="text-align: center;"><i>6/13/22</i></p> <p style="text-align: center;">22 JUN 14 P1:44</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information not up to date.</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>PCG upon admission get all necessary emergency information and record it to the residents' emergency information records</p> <p>PCG check emergency information if everything was written all the necessary emergency information is recorded.</p> <p>PCG review monthly and up grade at that time</p>	<p>6/13/22</p> <p>22 JUN 14 P1:44</p> <p>STATE OF HAWAII DOH OHC STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Two (2) admissions were not reflected in permanent resident register.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>it was corrected during the day of my inspection</i></p> <p><i>date: May 10, 2022</i></p>	<p><i>6/13/22</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Two (2) admissions were not reflected in permanent resident register.</p>	<p>PART 2</p> <p>FUTURE PLAN</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>PCG upon admission get all the residents necessary information and record it to the residents general register.</i></p> <p><i>PCG to used other admission check list to remind myself to document in permanent resident register.</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>6/13/22</p> <p>22 JUN 14 P 1:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p>	<p align="center">PART 1</p> <p align="center">DID YOU CORRECT THE DEFICIENCY?</p>	
	<p><u>FINDINGS</u> Resident #1 – Physician's notes dated 3/17/2022 stated "Hip wound care every other day dressing change." No documentation that PCG trained SCG for wound care training.</p>	<p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG : check physician's note, change dressing everyday and documented it.</p> <p>PCG always check wound, change dressing everyday + chart it to the progress note</p> <p>PCG I trained all SCG how wound care as documented</p>	<p>6/13/22</p> <p align="right">22 JUN 14 P1:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician's notes dated 3/17/2022 stated "Hip wound care every other day dressing change." No documentation that PCG trained SCG for wound care training.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will train SCG how to care for wound care</p> <p>a) wash hands before + after changing a dressing</p> <p>b) wear gloves, and cleanse the wound before applying a new dressing + cover the wound.</p> <p>PCG will document + train SCG for wound care to the care giver training.</p> <p>when specialized care is needed I will work with my R.N. staff to train all care givers.</p>	<p>6/13/22</p> <p>22 JUN 14 P1:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> No documentation that smoke alarms were tested.</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 JUN 14 P1 144</p> <p>STATE OF HAWAII DOH-DHEA STATELICHSMS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS No documentation that smoke alarms were tested.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG check smoke detector, change battery every year in December.</p> <p>PCG check and tested every months put in the calendar post it in the dining area every end of the month.</p>	<p>6/13/22</p> <p>STAT STAFF DEH-OSCA STATE LICENSING</p> <p>22 JUN 14 P 1:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documentation that fire drills were conducted.</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>	

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p>FINDINGS No documentation that fire drills were conducted.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG has to conduct fire drill every 1st week of the month and record it in the care home binder.</p> <p>PCG check record for accuracy for completeness during the first week of the month.</p> <p>PCG do the fire drill scheduled every end of the month - put in the calendar post it in the dining area.</p>	<p>6/13/22</p> <p>22 JUN 14 P1:44</p>

Licensee's/Administrator's Signature: Eppdu

Print Name: Eva Andres

Date: 6 / 13 / 22

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