STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AAA Care Home	**CHAPTER 100.1**
Address: **4368 Laakea Street, Honolulu, Hawaii 96818**	**Inspection Date: February 22, 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.

'22 APR 12 P3:03
STATE OF HAWAII
DEPT OF HUMAN SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 - No initial two-step tuberculosis (TB) clearance. **Submit a copy of one additional TB skin test with the plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 got additional TB skin test from Kanakiki Health Center on 3/7/22 (See attached)	3/7/22

'22 APR 12 P3:03
STATE OF HAWAII
DEPT. OF HUMAN SERVICES
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 - No initial two-step tuberculosis (TB) clearance. **Submit a copy of one additional TB skin test with the plan of correction (POC).**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When I have new caregiver, I will have give them a note that says: "I need a 2-step TB skin test to work in a care home" to take to Lanaliila. I will check the 2 step documentation before filing the TB Clearance.	5/25/22

STATE OF HAWAII
DEPT. OF HUMAN SERVICES
STATE LICENSING OFFICE
22 MAY 25 P 2:24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #2 - No screening for symptoms consistent with pulmonary TB. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected: SCG #2 got TB Risk Assessment & Symptom Screen from Waianae Health Center on 2/28/22 (Pls. see attached)	2/28/22

'22 APR 12 P3:05
STATE OF HAWAII
DCAB/CHC
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #2 - No screening for symptoms consistent with pulmonary TB. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** When I have new caregiver I will give them a note to take to Kaniksu that says: "I need a 2-step TB skin test to work in a care home ~~to take to Kaniksu~~ error for". I will also include in the note, "If there was a positive TB skin test, please furnish document of positive skin, chest X-ray and a current screening for pulmonary TB. I will check to make sure that TB clearance is complete before giving to provider	5/25/22

STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE LICENSING
22 MAY 25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. **FINDINGS** The first aid kit contained Neosporin ointment and Insect Bite Relief. Removed during the inspection.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

'22 APR 12 P3:05
STATE OF HAWAII
DCR/OHCQ
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. **FINDINGS** The first aid kit contained Neosporin ointment and Insect Bite Relief. Removed during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Inserted OHCA Forms "list of First Aid Kit" into First Aid Kit. Added task to check the First Aid Kit on Monthly Checklist PCG & responsible SCG will be responsible to do the task.	4/1/22

STATE OF HAWAII
DEPT OF HUMAN SERVICES
STATE LICENSING
'22 APR 12 P3:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Refrigerator thermometer reading was 54-56° F. Checked multiple times.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected: Brought 2 new refrigerator thermometers. Replaced both of existing thermometers.	2/26/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'22 APR 12 P3:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Refrigerator thermometer reading was 54-56° F. Checked multiple times.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Added PCG/SCG task to check & record refrigerator temperature weekly on Weekly Checklist. Added reminder on Annual Checklist to buy 3 new refrigerator thermometers every January. PCG & responsible SCG has to check the Weekly Checklist to make sure this is being done as scheduled. Put a label on each thermometer that reads "L=45°F".	9/1/22

STATE OF HAWAII
DCCA/PVL/CPO
STATE LICENSING
'22 APR 12 P3:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "lactulose 10 gm/15 ml Take 15 ml by mouth everyday as needed for constipation" found with current medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected: Faxed over to doctor to sign Doctor's Order for medication then filed on Resident's Forbes the signed copy.	3/7/22

'22 APR 12 P3:05
STATE OF HAWAII
DEPT OF COMM.
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - No physician order for "lactulose 10 gm/15 ml Take 15 ml by mouth everyday as needed for constipation" found with current medication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** After the medication arrived at care home, PCG will check the corresponding Doctors Order before putting/storing to appropriate storage.	5/7/22

'22 APR 12 P3:05
STATE OF HAWAII
DCCA-HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Colace 100 mg 1-2 caps daily" was ordered 1/27/22; the label noted "Take 1 capsule by mouth twice daily." The medication record noted "docusate sodium 1 cap po BID."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected: Requested from the Doctris office the corrected Doctris Order exactly the same as stated on the label.	3/7/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING
'22 APR 12 P3:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Colace 100 mg 1-2 caps daily" was ordered 1/27/22; the label noted "Take 1 capsule by mouth twice daily." The medication record noted "docusate sodium 1 cap po BID."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG/SCG will check the label, the Doctor's Orders and medication record, every time the medications are picked up from pharmacy, or delivered, before putting the away to appropriate storage.	5/1/22

'22 APR 12 P3:05

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 - No physician order to self-administer eye drops.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Requested Doctors Order with the instruction for self administration w/ supervision.	2/23/22

'22 APR 12 P3:05
STATE OF HAWAII
DEPT. OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 - No physician order to self-administer eye drops.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG or responsible SCG will call the doctors office for self-medication/administration order if resident prefer to self administer. Without order, by default, all medications administration will be handled by PCG/SCG only.	2/23/22

STATE OF HAWAII
DCCA, BNR
STATE LICENSING
'22 APR 12 P3:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - No progress notes for January 2022. There was an Urgent Care visit on 1/21/22 which was not documented.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

'22 APR 12 P3:06
STATE OF HAWAII
DEPT OF BHSA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - No progress notes for January 2022. There was an Urgent Care visit on 1/21/22 which was not documented.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** At the end of the month, PCG will do the Monthly Progress Notes based on Daily Progress Notes. Monthly Progress Notes is included in the Monthly checklist. Every night PCG or Responsible SCG will do the Daily Progress Notes for each residents observations including unusual incidents.	4/8/22

STATE OF HAWAII
DEPT. OF HSA
STATE LICENSING

'22 APR 12 P3:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 - No observations of the resident's tolerance to Ensure nutritional supplements (2 bottles/day) ordered.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE LICENSING STATE OF HAWAII '22 APR 12 P3:06	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 - No observations of the resident's tolerance to Ensure nutritional supplements (2 bottles/day) ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Updated the Monthly checklist to add "Residents response to supplements" on their Monthly Progress Note PCG is responsible to do the Monthly tasks on Monthly checklist. —	4/8/22

'22 APR 12 P3:06
STATE OF HAWAII
DCA-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 - No documentation of SCG training for eye drops. The client self-administers; however, care givers should be monitoring administration/instilling technique.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected: PCG trained all SCG on proper administration and/or monitoring/ supervision of residents self administration of eye drops. PCG recorded the training on SCG's Folder. Added the skill on the "Primary / Substitute CG Training". '22 APR 12 P3:06 STATE OF HAWAII DEPT. OF COMMERCE & CONSUMER AFFAIRS OFFICE OF STATE LICENSING	2/25/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 - No documentation of SCG training for eye drops. The client self-administers; however, care givers should be monitoring administration/instilling technique.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** All medications should be administered only by PCG or SCG. If resident preferred to do self administration, PCG would request Doctor's Order for self administration with caregiver's supervision. Doctor's Order will be filed on Resident's folder. Added the skill for "eye drop administration" in the PCG/SCG Training which are filed on SCG folders.	2/23/22

'22 APR 12 P3:06
STATE OF HAWAII
BOARD OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out. **FINDINGS** Resident #1 - No documentation of the change in physical well-being on or around 1/21/22 when the resident was taken to Urgent Care.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DCH OFFICE STATE LICENSING '22 APR 12 P3:06	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out. **FINDINGS** Resident #1 - No documentation of the change in physical well-being on or around 1/21/22 when the resident was taken to Urgent Care.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Every night PCG/SCG will update the Daily Progress Notes to document any unusual Incidents and all observations for each residents. The Daily Progress Notes will be summarized at the residents Monthly Progress Notes. PCG is responsible to do the Monthly Progress Notes.	4/8/22

'22 APR 12 P3:06
STATE OF HAWAII
DOH-HSFB
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (m)(2) Family or living room: The family room shall be equipped with reading lamps, tables, chairs and other appropriate furnishings for the use and comfort of the residents but shall not include beds; **FINDINGS** There is a bed in the family room where the primary care giver (PCG) sleeps.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected: Removed the futon & pillows.	2/22/22

'22 APR 12 P3:06
STATE OF HAWAII
DEPT. OF HUMAN SERVICES
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (m)(2) Family or living room: The family room shall be equipped with reading lamps, tables, chairs and other appropriate furnishings for the use and comfort of the residents but shall not include beds; **FINDINGS** There is a bed in the family room where the primary care giver (PCG) sleeps.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG bought a set of bed for use and installed in 2nd floor, the caregivers room.	2/22/22

'22 APR 12 P3:06
STATE OF HAWAII
DOH CHSD
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: 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; **FINDINGS** No pliable plastic pillow protectors in the following bedrooms: Bedroom #1 - One (1) or three (3) pillows Bedroom #2 - One (1) of three (3) pillows Bedroom #3 • Bed #1 - One (1) of three (3) pillows • Bed #2 - Three (3) or three (3) pillows	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrected: PCG & SCG covered all pillow cases with plastic pillow protectors. '22 APR 12 P3:06 STATE OF HAWAII DOH OHCA STATE LICENSING	2/22/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: 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; **FINDINGS** No pliable plastic pillow protectors in the following bedrooms: Bedroom #1 - One (1) or three (3) pillows Bedroom #2 - One (1) of three (3) pillows Bedroom #3 • Bed #1 - One (1) of three (3) pillows • Bed #2 - Three (3) or three (3) pillows	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Added on weekly tasks list to check presence of plastic pillow protectors, after beddings washing weekly. Added on Monthly checklist that PCG will check the plastic pillow protectors on all pillows at each room	2/22/22

STATE OF HAWAII
DOH OHCQ
STATE LICENSING
'22 APR 12 P3:06

Licensee's/Administrator's Signature: ______________________

Print Name: MELITA MANALANG

Date: 4/11/22

Licensee's/Administrator's Signature: ______________________

Print Name: MELITA G. MANALANG

Date: 5/25/22

'22 APR 12 P3 :06
STATE OF HAWAII
DOH-OHCA
STATE LICENSING