

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ACT Care Services LLC	CHAPTER 100.1
Address: 1453 Uila Street, Honolulu, Hawaii 96818	Inspection Date: September 22, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII

21 SEP 28 P 3:26

	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>FINDINGS Substitute care giver (SCG) #1 & SCG #2 - No current tuberculosis (TB) clearance. Submit a copy for each with the plan of correction (POC).</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>YES, SCG #1 OBTAINED A COPY OF HIS TB CLEARANCE FROM LANAKILA ON 10/01/2021 ; SCG #2 OBTAINED A COPY OF HER POSITIVE PPD RESULT AND X-RAY RESULT ON 10/15/2021 BOTH COPIES OF SCG #1 AND SCG #2 TB REQUIRED DOCUMENTATIONS ARE NOW FILED IN THE CAREHOME BINDER.</p>	<p style="text-align: right;">10/29/2021</p> <p style="text-align: right;">21 OCT 28 P 3:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE LICENSING DIVISION</p> <p style="text-align: right;">DL</p>

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<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> Substitute care giver (SCG) #1 & SCG #2 - No current tuberculosis (TB) clearance. Submit a copy for each with the plan of correction (POC).</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>PCG WILL REVIEW / CHECK CAREGIVERS REQUIREMENTS / DOCUMENTATIONS PERIODICALLY TO MAKE SURE THAT ALL ARE CURRENT. CAREGIVERS WILL BE GIVEN 30 NOTICE A MONTH PRIOR TO EXPIRATION OF THEIR TB CLEARANCE TO OBTAIN A NEW ONE. CAREGIVER WILL BE REQUIRED TO OBTAIN A NEW ONE ON OR BEFORE THE EXPIRATION OF THE TB CLEARANCE ON FILE.</p>	<p style="text-align: right;">10/27/2021</p> <p style="text-align: right;">21 OCT 28 P 3:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION</p> <p style="text-align: right;">DL</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 substitution list when the menu was not followed.</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>10/27/21</p> <p>21 OCT 28 P 3:26</p> <p>STATE OF HAWAII</p>

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<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 substitution list when the menu was not followed.</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 hired a dietician to provide an inservice to address the substitution list according to my menu.</p> <p>The SCG's will take a picture of each meal. If there is a need for substitution I will check the substitution list if it is recorded daily.</p>	<p>04/26/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - "Low carbohydrate diet eat more vegetables thin liquids" ordered 5/10/21. This is a nonstandard diet order. The diet order was not clarified with the physician to include grams of carbohydrates per day.</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>the diet order</i></p> <p>Clarified ^{the diet order} with the physician's office. Diet changed to regular. Faxed the clarified order to the physician's office for confirmation. Copy on file.</p>	<p style="text-align: center;">4/26/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Care giver medication were unsecured in the kitchen cabinet: Omega-3 1000 mg capsules, Apple Cider Vinegar gummies, Black Seed Oil capsules, Pure Barley food supplement and herbal tea concentrate.</p> <p>Removed during the 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>	<p>10/27/21</p> <p>21 OCT 28 P 3:26</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY CARE DIVISION</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1 - "Escitalopram 15 mg daily" was changed to "10 mg daily" on 9/3/21; however, the telephone order was not recorded on the physician order sheet. The medication was discontinued on 9/3/21.</p>	<p>PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>10/27/21</p> <p style="text-align: right;">21 OCT 28 P 3:27</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH SURVEILLANCE</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 - "Escitalopram" was discontinued on 9/14/21; however, the medication was in the medication basket with current medication. Removed during the 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>	<p>10/27/21</p> <p>21 OCT 28 P 3:27</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Resident #1 - No physician order for full side rail use.</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;">YES, SIDE RAILS WERE REMOVED IN THE LATE AFTERNOON OF SEPT. 22, 2021 RIGHT AFTER INSPECTION.</p>	<p style="text-align: center;">10/27/2021</p>

STATE OF HAWAII
TERRI M. HARRIS
STATE LICENSING

21 OCT 28 P 3:27

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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> (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 - No observations of the resident's tolerance to "low carbohydrate diet" ordered 5/10/21. No documentation of the type of meals served.</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>10/27/21</p> <p>STATE OF HAWAII DUTEREA STATE LICENSING</p> <p>21 OCT 28 P 3:27</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Second exit through the garage: Access to the area of refuge was obstructed by a car parked at the base of the ramp. Clearance was reduced to 17 inches and 26 inches due to the parked car.</p> <p>Parked car was moved during the inspection.</p>	<p>PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>10/27/21</p> <p style="text-align: right;">21 OCT 28 P 3:27</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF LAND AND NATURAL RESOURCES STATE LICENSING</p>

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Licensee's/Administrator's Signature: 

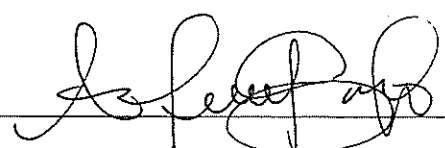
Print Name: ANTONETTE SARMIENTO

Date: 10/27/2021

Licensee's/Administrator's Signature: 

Print Name: ANTONETTE SARMIENTO

Date: 01/24/2022

Licensee's/Administrator's Signature: 

Print Name: ANTONETTE SARMIENTO

Date: 04/26/2022