

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina ARCH	CHAPTER 100.1
Address: 237 East Hind Drive, Honolulu, Hawaii 96821	Inspection Date: January 19, 2023 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.

2023 JAN 19 PM 3:08

	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 #2 – No initial (2-step) tuberculosis (TB) clearance available.</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, a second step was completed on 1/20/23 (read 1/23/23). I took my resident to Lanakila to complete this. Results were negative (0mm).</p>	<p>1/23/23.</p> <p style="text-align: right;">23 FEB -6 PM 57</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> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #4 – QuantiFERON-TB Gold (QFT) test done in December 2021 – negative. Physician signed TB document F on 8/26/2022; however, no new QFT or TB skin test done in December 2022. No annual TB clearance.</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. I took my resident to get a 2-step PPD (since I missed getting his annual TB clearance). We went to Lanakila 1/20/23 (read 1/27, and second step placed 1/27, clearance 1/30/23 - Omm.)</p>	<p>1/30/23</p> <p style="text-align: right;">23 FEB -6 PM 5:58</p>

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<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 – Monthly progress notes do not always include the resident's response to medications.</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>01/20/2023</p> <p>23 PRP-6 P12 399</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> (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 – Monthly progress notes list resident’s diet as, “regular, NAS 2GM;” however, last signed diet order is “regular.” Per PCG, resident is on a regular diet.</p>	<p style="text-align: center;">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>01/20/2023</p> <p style="text-align: right;">23 FEB -6 PM 2:59</p>

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Licensee's/Administrator's Signature: Lan Chen

Print Name: Lan Chen

Date: 01/30/2023

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

23 FFP-6 P12:59

Licensee's/Administrator's Signature: Lan Chen

Print Name: Lan Chen

Date: 3/10/23

23 MAR 13 PM 2:28
STATE ENGINEERS