

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Elderly Care LLC	CHAPTER 100.1
Address: 1193 Ala Napunani Street, Honolulu, Hawaii 96818	Inspection Date: January 12, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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>FINDINGS No record that the Primary Care Giver (PCG) trained Substitute Care Giver (SCG) #1, #2, #3 to make prescribed medication available to residents.</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>-SCG #1, #2 and #3 was trained by PCG on 1/15/2023 regarding medication administration. Includes in training the 6 rights: right resident, medication, route, dosage, time, and documentation.</p>	<p>1/15/2023</p> <p>23 FEB 21 PM 4:00</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> No record that the Primary Care Giver (PCG) trained Substitute Care Giver (SCG) #1, #2, #3 to make prescribed medication available to residents.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-The PCG shall train all AEO substitute caregivers regarding residents medication administration and will ensure to fill up the DHCA Primary and Substitute Caregiver Training form that includes in the training the 6 rights: resident medication route dosage time documentation</p>	<p align="center">2/20/2023</p> <p align="center">23 FEB 21 P4:00</p> <p align="center">STATE OF HAWAII DH-ORCA STATE LICENSING</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 – On 7/25/2022, physician ordered a special diet, as tolerated without added salt. Types of diet not clarified.</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>Diet clarified 01/18/2023; Resident transition to regular diet.</p>	<p>01/18/23</p> <p>23 FEB 21 PM 4:00</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 – On 7/25/2022, physician ordered a special diet, as tolerated without added salt. Types of diet not clarified.</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 to check all OTC medications and will be labeled upon admission and once received from family/ responsible party.</p> <p>-PCG to train SCB to also label all OTC medications with name of resident, b-day, frequency, and dosage once received and/or picked up.</p>	<p>01/15/23</p> <p>23 FEB 21 P4:00</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 #1 – No labels for medication bottles of Calcium 600mg + Vitamin D3 12.5mg and Aspirin 81mg.</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>- PCG labeled the Ca 600 mg + Vit-D 125 mg and ASA 81 mg labeled with:</p> <ul style="list-style-type: none"> - Name of the resident - Birthday - Frequency and dosage <p>on 1/12/2023</p>	<p>1/12/23</p> <p>23 FEB 21 P4:00</p> <p>STATE OF HAWAII DOH-OSHA STATE LICENSING</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 #1 – No labels for medication bottles of Calcium 600mg + Vitamin D3 12.5mg and Aspirin 81mg.</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 check all admission paper, physician notes, discharge summary and after visit summary to prevent missing documentation.</p> <p>- PCG to train SCG to label all OTC medications with name of resident, birthday, frequency, and dosage once received and/or picked up.</p>	<p>2/20/2023</p> <p>STATE OF HAWAII DH-ONCA STATE LICENSING 23 FEB 21 PM 4:00</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 – Physician’s notes dated 7/18/2022 included “Calcium-Vitamin D (Calcium 600+D), 1 tab Oral TWICE DAILY, OTC.” No record that the medication was given to the resident until 8/1/2022.</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>23 FEB 21 P4:00</p> <p>STATE OF HAWAII DOH-PRCA STATE LICENSING</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 – Physician's notes dated 7/18/2022 included "Calcium-Vitamin D (Calcium 600+D), 1 tab Oral TWICE DAILY, OTC." No record that the medication was given to the resident until 8/1/2022.</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 will check all admission paper physician notes, discharge summary, and after visit summary to prevent missing documentation.</p> <p>-PCG will train SCG to also check these documents during admission to avoid any discrepancies or information that need some clarification will be caught right away.</p>	<p>2/20/2023</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>23 FEB 21 P4:00</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 – On 9/27/2022, physician changed the order for Calcium-Vitamin D (Calcium 600+D) from BID to QD. Per medication administration record (MAR), the dosage was changed on 8/1/2022.</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>23 FEB 21 P 4:00</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 – On 9/27/2022, physician changed the order for Calcium-Vitamin D (Calcium 600+D) from BID to QD. Per medication administration record (MAR), the dosage was changed on 8/1/2022.</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>-When new order/changes received re: resident's medication. The person (PCG/SCG) who received the order shall complete the PDS (TORB-telephone order read back), asked the MD or MD's medical assistance to fax medication list - includes the new order, update MAR and document in progress note.</p> <p>-PCG or SCG shall verify the order, check the MAR and progress notes if documented, on the same day the order received. Medication orders will be checked by the end of month for accuracy.</p>	<p>2/20/2023</p> <p>23 FEB 21 P4:00</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 – Multivitamin with minerals (Ocu vite), Lorazepam 1mg, Ticagrelor 90mg, and Clopidogrel 75mg were listed in most current physician's medication list dated 10/5/2022. Medication not available at home.</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>-On the day of admission, Multivitamin with mineral (Ocu vite), Lorazepam 1mg, Ticagrelor 90mg, Clopidogrel 75 mg are not in the medication list. Afterwards, there's a change of PCP/APRN and when they check the record these meds still on the list although these meds are discontinued already. So, medication list reviewed and signed by resident's new APRN on 1/27/2023. Multivitamin with mineral (Ocu vite) and Lorazepam 1mg, updated MAR as instructed; ticagrelor 90mg and Clopidogrel 75 mg discontinued.</p>	<p>2/20/2023</p> <p>23 FEB 21 P4:00</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 – Multivitamin with minerals (OcuVite), Lorazepam 1mg, Ticagrelor 90mg, and Clopidogrel 75mg were listed in most current physician's medication list dated 10/5/2022. Medication not available at home.</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/SCG would ask MD/PCP office to fax a new updated medication list whenever new medications have been ordered, to ensure that any discontinued medication will be removed in the list so that PCP/MD and care home medication list are updated.</p> <p>-2 person: PCG and SCG to check that all medications brought by resident/residents' responsible party is correct and available. If meds are not available, PCG/SCG to contact MD for ordering meds to preferred pharmacy.</p>	<p>2/20/2023</p> <p>23 FEB 21 P4:00</p> <p>STATE OF HAWAII DOH-DHCA NURSING LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u> 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>FINDINGS Resident #1 – Multivitamin with minerals (Ocuvite), Lorazepam 1mg, Ticagrelor 90mg, and Clopidogrel 75mg were listed in most current physician's medication list dated 10/5/2022. Not recorded in MAR.</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>- Medication list reviewed and signed by residents' APRN on 1/27/2023. Multivitamin with mineral (Ocuvite) and Lorazepam 1mg added to MAR as instructed. Updated family for supplies.</p> <p>- Ticagrelor 90 mg and Clopidogrel 75 mg discontinued.</p>	<p>1/27/2023</p> <p>23 FEB 21 P4:00</p> <p>STATE OF HAWAII DOH-SHCA STATE LICENSING</p>

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<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 – Multivitamin with minerals (Ocuville), Lorazepam 1mg, Ticagrelor 90mg, and Clopidogrel 75mg were listed in most current physician's medication list dated 10/5/2022. Not recorded in MAR.</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 check new medication order and/or other new documents and will train SCG to make sure all residents medication is encoded in MAR.</p> <p>-PCG and SCG to clarify medication list to PCP/MD every at end of month before encoding MAR to avoid discrepancies and information that need some clarification will be caught right away.</p>	<p>2/20/2023</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>23 FEB 21 P4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)</p> <p>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 – Psychosocial assessment not recorded in admission assessment.</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 BOH-CHCA STATE LICENSING</p>	<p>23 FEB 21 P 4:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)</p> <p>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 – Psychosocial assessment not recorded in admission assessment.</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 incomplete documentation during admission:</p> <p>-PCG to check and enter resident's information.</p> <p>-PCG to train SCG to check and verify that all sections are filled out correctly.</p>	<p>2/20/2023</p> <p>23 FEB 21 P4:00</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)(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><u>FINDINGS</u> "HEIGHT AND MONTHLY WEIGHT RECORD" for two (2) current residents was recorded partially.</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>-PCG and SCB completed the section that has been available infor- mation. For height and weight section, it wasn't recorded because resident refuse to cooperate in taking his height and weight.</p> <p>STATE OF HAWAII DOH-EHCA STATE LICENSING</p>	<p>2/01/2023</p> <p>23 FEB 21 P 4:00</p>

	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 "HEIGHT AND MONTHLY WEIGHT RECORD" for two (2) current residents was recorded partially.</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 missing documentation, PCG and/or SCG to check and verify that all papers are completed. If unable to complete some section due to certain reasons, like needs to follow up/verify with the MD, waiting for MD's call/fax, or resident is uncooperative. A progress note shall be made includes the reason, then complete section once information become available.</p> <p>- Height will be check and enter upon admission & yearly/residents' birthday.</p> <p>- Weight upon admission and every 1st day of the month.</p>	<p>2/20/2023</p> <p>23 FEB 21 P4:01</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 – The order was Hydrochlorothiazide 25mg tabs, 1 tab daily as needed for edema. Per MAR, the medication was given daily. Observation of the resident not recorded.</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-SICA STATE LICENSING</p>	<p>23 FEB 21 P 4:01</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 – The order was Hydrochlorothiazide 25mg tabs, 1 tab daily as needed for edema. Per MAR, the medication was given daily. Observation of the resident not recorded.</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 MAR, all PRN's shall have an observation targeting its indication right below the said medication. This way, an observation will be recorded right away as soon as PCG or SCG administer the PRN meds. A progress note shall be completed as well to explain further why a PRN medication is given, then follow up notes for the effectiveness of it.</p>	<p>2/20/2023</p> <p>STATE OF HAWAII JON-ORICA STATE LICENSING</p> <p>23 FEB 21 P 4:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – The resident visited emergency department on 11/2/2022 for head injury. Incident report was generated but not completed.</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>23 FEB 21 P 4:01</p>

STATE OF HAWAII
DOH-01CA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – The resident visited emergency department on 11/2/2022 for head injury. Incident report was generated but not completed.</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 missing documentation - PCG shall complete incident report as soon as it's generated. - PCG to train SCG to fill out incident report and to double check if all sections are filled out correctly. - PCG shall check and update the residents' binder every month.</p>	<p>2/20/2023</p> <p>23 FEB 21 P 4:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1)</p> <p>Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u></p> <p>In Permanent Resident Register,</p> <ul style="list-style-type: none"> - One (1) discharged resident not recorded - "Admitted from" not recorded for two (2) current residents - "Religion" and "Referred by" not recorded for one (1) discharged resident and one (1) current resident 	<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>Missing information in Register was completed on 1/15/2023.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>1/15/2023</p> <p>23 FEB 21 P4:01</p>

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<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> In Permanent Resident Register,</p> <ul style="list-style-type: none"> - One (1) discharged resident not recorded - "Admitted from" not recorded for two (2) current residents - "Religion" and "Referred by" not recorded for one (1) discharged resident and one (1) current resident 	<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 missing documentation, PC6 shall check all the needed admission papers. This includes but not limited to Permanent register. If some information is unknown, PC6/SC6 shall gather the needed information as soon as possible, either from resident, residents' responsible party or residents' MP/ADRN.</p> <p>-PC6 to train SC6 to double check all documents for admission and discharge papers shall be completed during the admission and discharge day.</p>	<p>2/20/2023</p> <p>23 FEB 21 P4:01</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

Annabelle Chang

2/20/2023

STATE OF HAWAII
DH-01CA
STATE LICENSING

23 FEB 21 P4:01