

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aloha House, Inc.	<b>CHAPTER 98</b>
<b>Address:</b> 4593 Ike Drive, Makawao, Hawaii 96768	<b>Inspection Date:</b> February 13, 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.**

STATE OF HAWAII  
DOH-SDS-A  
STATE LICENSING

23 MAR 13 AM 30

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><b><u>FINDINGS</u></b> Resident #2 &amp; Resident #3 – no documented evidence of a physician notification of admission within five (5) days of admission to facility.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 MAR 13 08:30</p> <p>STATE OF HAWAII DOH-ERCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #2 &amp; Resident #3 – no documented evidence of a physician notification of admission within five (5) days of admission to facility.</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>Individual records will have documented evidence of provider/physician notification of admission within 5 days of admission. Record will contain the consumer name, date of admission; and provider/physician will signature receipt and date for the client record. The Program Director will ensure the completion of these activities.</p>	<p>Immediately and ongoing</p> <p>23 MAR 13. A8:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (11) Individual records shall be kept on each resident which contain the following:</p> <p>Height and weight, which shall be recorded, upon admission and thereafter, quarterly;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence of a height and weight on day of admission on file.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 MAR 13 08:30</p> <p>STATE OF HAWAII DOH-PHC STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Multivitamin 1 tab PO qd” and “Vitamin C 500mg 1 tab PO qd.” No documented evidence that resident either received or refused the medication on the January 2023 and February 2023 medication administration record (MAR).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 MAR 13 A8:30</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Multivitamin 1 tab PO qd” and “Vitamin C 500mg 1 tab PO qd.” No documented evidence that resident either received or refused the medication on the January 2023 and February 2023 medication administration record (MAR).</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All PRN and prescribed medications will be administered as ordered; and documentation on the MAR will indicate resident receipt or refusal. The record of each medication utilized by the resident will be complete.</p> <p>The Program Director will ensure the completion of these tasks.</p>	<p>Immediately and Ongoing</p> <p>23 MAR 13 18:30</p> <p>STATE OF HAWAII DOH-EICA STATE LICENSING</p>

Licensee's/Administrator's Signature: Jul R. Cunningham

Print Name: Jul Cunningham

Date: 3/7/23

STATE OF HAWAII  
DOH-ASDA  
STATE LICENSING

23 MAR 13 A8:30