

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag III	CHAPTER 100.1
Address: 1050 18th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 7, 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.

MAR 15 2023

	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 – Current cycle menus not being followed.</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>Resident #1 -</p> <p>We have instructed all care givers to start following the menus.</p> <p>If we are not following the current menu because a resident requested something else we will document the substitution.</p> <p>We will make a list each month, and if we deviate from the menu, we will write down the date, and what the resident, actually was fed.</p>	<p style="text-align: right;"><i>12/13/22</i></p> <p style="text-align: right;">MAR 15 2023</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 – Current cycle menus not being 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>Resident # 1-</p> <p>We are in contact with a dietitian to update/modify the existing menu.</p> <p>We will ask the dietitian to approve a list of alternate, foods that we regularly serve as substitutions.</p> <p>If a resident request a meal different from the menu, we will document the date and substitution that was fed, to the patient.</p> <p>The menus are currently being updated with our dietitian. In the meantime, we will continue to follow the menus we currently have.</p> <p>The primary care giver will also verify that the substituted, care givers are following the current menu by checking, what's being served randomly each week.</p> <p style="text-align: right;">MAR 15 2023</p>	<p style="text-align: right;">1/10/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #1 – No menu substitutions 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>Resident #1.</p> <p>We will sit down with all care givers and let them know that if the menu is not followed for some reason, the resident, date, time, and what was served instead of what's on the menu, needs to be documented.</p> <p>We will file these substitution lists in our care home binder.</p>	<p>1/15/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) 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 – Diet order from 3/7/2022 = Regular, pureed with nectar thick liquids. Resident was served half of a ham and cheese sandwich (whole) at lunch.</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>Resident #1 –</p> <p>Yes. We verified Physicians diet order from admission date. 1. On admission date, March 8, 2022,</p> <p>Dr. Yatsushiro ordered. patient to go back on a regular diet.</p> <p>Please see attachment.</p>	<p style="text-align: right;">1/18/23</p>

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<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 – Diet order from 3/7/2022 = Regular, pureed with nectar thick liquids. Resident was served half of a ham and cheese sandwich (whole) at lunch.</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>Resident # 1-</p> <p>We will print out a list of all residents ordered diet and keep it in the kitchen when preparing food.</p> <p>The PCG will do random, checks of what is being served to the residents to ensure the proper diet ordered is being followed.</p> <p>When a resident requires a change in diet, the physician will be notified immediately, and we will document the discussion with Physician.</p>	<p>12/8/22</p>

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<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 – Medication order for Tylenol = 325 mg – 2 tabs orally every six hours as needed for pain. Medication label = 325 mg – 2 tabs orally every day for pain. Medication order and label do not mach.</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>Resident #1- Tylenol prescription label 325 mg – 2 tabs orally every six hours as needed for pain is now labelled correctly on prescription bottle per the medication orders.</p>	

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<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 – Sertraline 25 mg on medication orders from 3/17/2022; however, medication did not appear on March 2022 medication administration record, and no order to discontinue medication 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>Resident #1- Yes. We clarified the admission summary list and medication orders from the primary physician.</p> <p>On March 8, 2022, Admitted from Halenani: 1. Sertraline was not included on the medication list. 2. Dr. Yatsushiro ordered to stop Sertraline.</p> <p>Please see attachment.</p>	<p>1/18/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed by a physician or APRN every 4 months.</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>	

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<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 and #3 – No annual tuberculosis 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>11-100.1-17</p> <p>Resident #2-</p> <p>Yes. TB test taken on 12/20/22. TB, reading on 12/22/22.</p> <p>Please see attachment.</p> <p>Resident #3</p> <p>TB test negative on June 23, 2022. This TB result was in patient's chart.</p> <p>The patient's TB examination was done in June 23, 2022. The issued TB result shows 2021. It should be 2022. I went to Lanakila Health Center to correct the TB examination date: however, the patient passed away, and due to confidential reasons, the clerk would not reissue the correct 2022 TB date examination.</p> <p>Please see attachment.</p>	<p>12/20/22</p>

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Licensee's/Administrator's Signature: _____



Print Name: _____

NESTOR CALUCAG

Date: _____

3/15/23

MAR 15 2023