

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Harmony	CHAPTER 100.1
Address: 1631 Owawa Street, Honolulu, Hawaii 96819	Inspection Date: October 10, 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.

11/02/22 11:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(1) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1 and SCG #2 – No current documented evidence stating no prior felony or abuse convictions in a court of law.</p> <p>Please provide copies of Fieldprint results with your plan of correction.</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>THE PCG, SCG #1, and SCG #2 HAD THEIR FINGER, ^{PRINTS} DONE @ IMAGE CITY, INC.</p> <p>ATTACHED ARE THE RESULTS OF THE FINGER PRINTS FOR TINA RHODES DIAZ, OMAR CARINO DIAZ AND MILIONBA FETALCAIGA TOLUAO.</p>	<p style="text-align: center;">1/17/23</p>

JAN 30 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1 and SCG #2 – No current documented evidence stating no prior felony or abuse convictions in a court of law.</p> <p>Please provide copies of Fieldprint results with your plan of correction.</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 MAKE SURE THAT EVERY DOCUMENT THAT IS REQUIRED BY THE DEPARTMENT WILL BE DEALT WITH RIGHT AWAY. PCG WILL MAKE A CHECKLIST FOR DOCUMENTATIONS THAT NEEDS TO BE UPDATED AND CORRECTED .</p>	<p style="text-align: right; font-size: 2em;">1/17/23</p> <p style="text-align: right; font-size: 1.2em; margin-top: 20px;">JAN 30 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Physician order dated 9/16/22 for “Cholecalciferol, Vit D3, 75mcg (3,000 unit) oral tab. Take 6,000 unit by mouth daily,” however no recordation of ordered medication on medication administration record (MAR) from 9/17/22 to 10/10/22 (date of inspection).</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>	

JAN 30 2023

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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 – Physician order dated 9/16/22 for “Cholecalciferol, Vit D3, 75mcg (3,000 unit) oral tab. Take 6,000 unit by mouth daily,” however no recordation of ordered medication on medication administration record (MAR) from 9/17/22 to 10/10/22 (date of inspection).</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>THE PCG & SCG WILL CHECK THE PROGRESS NOTES OF RESIDENTS AFTER EACH CLINICAL VISIT OR NEW PHONE ORDER BY THE PHYSICIAN. ANY NEW TREATMENT OR MEDICATION ORDERED WILL BE UPDATED AND CHARTED IN THE RESIDENT'S CHART BY THE PCG OR SCG. THE PCG WILL MAKE A CHECKLIST/MEMO FOR CURRENT TREATMENT & MEDICATION ORDERED BY THE PHYSICIAN. PCG WILL CONDUCT A CHART AUDIT WEEKLY. PCG WILL SCHEDULE A MONTHLY TRAINING FOR SCG REGARDING PHYSICIAN NEW TREATMENT & MEDICATION ORDERS, DOCUMENTS & NEW RULES REQUIRED BY THE DEPT. OF HEALTH.</p>	<p style="text-align: right;">2/15/23</p> <p style="text-align: right; font-size: small;">23 FEB 24 01:57</p>

Licensee's/Administrator's Signature: _____

~~_____
T. Rhodes~~

Print Name: TIWA RHODES DIAZ

Date: 1/17/23

Licensee's/Administrator's Signature: _____



Print Name: _____

TINA RHODES DIAZ

Date: _____

FEBRUARY 15, 2023

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