

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Ohana Care	CHAPTER 100.1
Address: 3846 Noeau Street, Honolulu, Hawaii 96816	Inspection Date: October 11, 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.**

23 FEB 24 PM 2:27  
STATE OF HAWAII  
DEPARTMENT OF HEALTH  
COMMUNITY CARE LICENSING DIVISION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) #1 – No annual physical examination available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1-1  Care Giver (SCG#1) was an inactive SCG. She resigned a month before annual inspection. Her file of requirements was pulled out of the records. - (12/21/2022)</p>	<p style="text-align: right; font-size: 1.2em;"><i>12/21/2022</i></p> <p style="text-align: right; font-size: 0.8em;">23 FEB 24 PM 2:27  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Substitute Care Giver (SCG) #1 – No annual physical examination available.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1.2 In the future, the PCG will make note to review every month that the SCG requirements are up to date. And give the SCG a verbal reminder to provide updated documents three months before the expiration of the care giver's requirements. If the caregiver is un able to obtained by the expiration, they will <i>not be allowed to</i> work – ( 12/21/2022)</p>	<p style="text-align: center;">23 FEB 24 PM 2:27</p> <p style="text-align: center;">OFFICE OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> SCG #1 – Annual tuberculosis clearance not signed by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>2.1 Care Giver (SCG#1) was an inactive SCG. She resigned a month before annual inspection. Her file of requirements was pulled out of the records. – (12/21/22)</p>	<p style="text-align: center;">23 FEB 24 P12:27</p> <p style="text-align: center; font-size: small;">STATE LICENSING</p>

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	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><b><u>FINDINGS</u></b> Menus not written one week in advance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>3.1 Menu was printed and posted by the dining room for the residents to see.</p>	<p style="text-align: right;"><i>12/24/2022</i></p> <p style="text-align: right;">'23 FEB 24 11:27 STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> No menus posted in kitchen or dining area.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>4.1 Menu was printed and posted by the dining room for the residents to see.</p>	<p style="text-align: right;"><i>12/19/2022</i></p> <p style="text-align: center;">23 FEB 24 PM 2:27</p> <p style="text-align: center;">STATE LICENSING</p>



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	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><b><u>FINDINGS</u></b>  Resident #1 – Medication label for Acetaminophen says, "Please see attached for detailed instructions." No dosage information available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>5.1  I called the doctor's office to request an updated order with correction.  The pharmacy then made a new label base on the new doctor's written order to ensure they print it the right way as ordered.</p>	<p style="text-align: right;"><i>12/11/2022</i></p> <p style="text-align: right;">23 FEB 24 11:27</p> <p style="text-align: center; font-size: small;">STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – 12/1/2021 order for Acetaminophen = <u>500 mg</u> orally in the morning, in addition, may give 1 tab three times daily as needed for pain. Medication administration record = 500 mg orally as needed, in addition, okay to give extra 1 tab orally three times daily as needed. Medication order and MAR did not match. (Order updated 8/9/2022).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 FEB 24 PM 2:28</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Medications not reevaluated and signed every four (4) months from 2/4/2022 to 8/9/2022.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 FEB 24 11:28</p> <p style="text-align: right; font-size: small;">STATE BOARD OF NURSING 100-001A STATE LICENSING</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)(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><b><u>FINDINGS</u></b> Resident #1 – No monthly progress note for January 2022.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">'23 FEB 24 12:28</p> <p style="text-align: right; font-size: small;">STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – Not all monthly progress notes included observations of the resident's response to diet and medications.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11.2 In the future, the PCG will ensure that all SCG are trained on how to write a progress note monthly. I (PCG) will insert the instructions on how to write a progress note in every resident's folder. I will be responsible to review the progress notes every end of monthly.</p>	<p style="text-align: right;"><i>12/21/2022</i></p> <p style="text-align: right;">23 FEB 24 PM 2:28</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> No signaling devices available in two (2) resident bathrooms.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>12.1 Signaling device was installed immediately after inspection.</p>	<p style="text-align: right;"><i>02/19/2022</i></p> <p style="text-align: right;">'23 FEB 24 11:28</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPT. OF HEALTH STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> No signaling devices available in two (2) resident bathrooms.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>12.2 Remind all SCG to always monitor and ensure that there is always a signaling device available for the residents to use at all times and make sure that it is all working by checking it monthly during fire drills.</p>	<p style="text-align: right;">12/14/2022</p> <p style="text-align: right;">23 FEB 24 P12:28</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>

Licensee's/Administrator's Signature: *Ninan Barnes*

Print Name: NINAN BARNES

Date: 02/23/2023

23 FEB 24 12:28  
STATE OF MISSISSIPPI  
DEPARTMENT OF  
STATE LICENSING