

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Loumaile Cottage</b>	<b>CHAPTER 100.1</b>
<b>Address: 1118 Kaili Street, Honolulu, Hawaii 96817</b>	<b>Inspection Date: September 13, 2022 Annual</b>

**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.**

RECEIVED  
STATE LICENSING SECTION  
SEP 15 2022

23 APR 15 10:03

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #2 – First Aid certificate expired on 2/2022.</p> <p><b>Please send a copy with your plan of correction.</b></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>Yes. We hosted a First Aid/CPR training class through the Red Cross, and renewed their expired certificate.</p>	<p>09/21/22</p> <p>12/11/22</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF EDUCATION</p> <p style="text-align: right; font-size: x-small;">23 MAR 15 AM 10:03</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><b><u>FINDINGS</u></b> SCG #1 &amp; SCG #2 – No documented evidence of PCG training.</p> <p><b>Please send a copy with your plan of correction.</b></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>Yes. PCG went through training with SCG #1 &amp; #2 and completed required forms.</p>	<p>09/21/22</p> <p style="text-align: right; font-size: small;">STATE REGISTRY DIVISION OF SOCIAL SERVICES 23 MAR 15 AM 10:03</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #2 – Cardiopulmonary resuscitation (CPR) certificate expired on 2/2022</p> <p><b>Please send a copy with your plan of correction.</b></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>Yes. We hosted a First Aid/CPR training class through the Red Cross, and renewed their expired certificate.</p>	<p>09/21/22</p> <p>11/12/22</p> <p style="text-align: right;">23 MAR 15 AM 03</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DEPARTMENT OF LABOR</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b> Resident #2 – Physician order dated 5/27/22 for “Carbamide Peroxide (ear drops) 6.5% Otic drop; Instill 5 drops into affected ear(s) 2 times a day, up to 4 days as needed.” Medication not recorded on medication sheet for May 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 MAR 15 NO 103</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN BOA STC STATE LIAISON</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. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #1, Resident #2, and Resident #3 – Observed white correction tape to make changes on residents' medication sheets and progress notes.</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: center;">23 MAR 15 10:03</p> <p style="text-align: center;">STATE OF CONNECTICUT  DEPARTMENT OF  CORRECTIONS</p>

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Licensee's/Administrator's Signature: Maile J. Drake

Print Name: Maile T. Drake

Date: 1/10/23

STATE OF OHIO  
DEPARTMENT OF  
STATE LICENSING

23 MAR 15 10:03