

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ligaya Navasca Dom Home, LLC (DDDH)	CHAPTER 89
Address: 99-058 Upapalu Drive, Aiea, Hawaii 96701	Inspection Date: December 14, 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 APR 22 P2:26
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p>FINDINGS PCG, RA#1 & RA#2 – No current fieldprint background checks available for review.</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><i>I have obtained copies of the fieldprint results for PCG, RA#1, RA#2. They are all green lights. A copy is located in the Care Home Binder. I have attached copy of the fieldprint results for your reference.</i></p> <p style="text-align: right;"><i>[Signature]</i></p>	<p style="text-align: right;"><i>12/27/22</i></p> <p style="text-align: right;">23 MAR 22 P 2:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> PCG, RA#1 & RA#2 – No current fieldprint background checks available for review.</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><i>To avoid this deficiency in the future, I have developed a log that all PCG, RA and all people 18+ years old who live in the house to remind me to have current results for the first two consecutive years and every other year.</i></p> <p style="text-align: right;"><i>mu</i></p>	<p style="text-align: right;"><i>12/27/22</i></p> <p style="text-align: right;">23 MAR 22 P 2:26</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes do not consistently note observations or actions taken (if applicable) on all the items required in the above chapter rule.</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>	<p style="text-align: right;">23 MAR 22 P2:27</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes do not consistently note observations or actions taken (if applicable) on all the items required in the above chapter rule.</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><i>To avoid this deficiency in the future, I have developed a log that observations of the resident response to treatments, medications, diet, provision of care, response to activities, programs, indications of illness or injury, unusual skin problems, change in behavior patterns, noting the date, time and action taken to remind me that it needs to be maintained.</i></p> <p style="text-align: right;"><i>mu</i></p>	<p style="text-align: right;"><i>12/27/23</i></p> <p style="text-align: right;">23 MAR 22 P 2:27</p>

Licensee's/Administrator's Signature: *[Handwritten Signature]*

Print Name: LIGAYA NAVASCA

Date: 3/20/2023

23 MAR 22 P2:27
STATE OF MAINE
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STATE LICENSING