Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Superior Care Group L.L.C.	**CHAPTER 100.1**
Address: **2115 A Gertz Lane, Honolulu, Hawaii 96819**	**Inspection Date: February 7, 2023 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 and SCG #2 – No current tuberculosis (TB) screen for symptoms consistent with pulmonary TB. **Submit a copy for each with the plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This deficiency has been corrected. SCG #1 and SCG #2 has submitted a TB clearance and it has been documented and filed in the care home's binder.	2·9·23 3·6·23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 and SCG #2 – No current tuberculosis (TB) screen for symptoms consistent with pulmonary TB. **Submit a copy for each with the plan of correction (POC).**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this deficiency does not happen again, the licensee/PCG is responsible to obtain documented evidence from all personnel annually to certify that they are free of infectious diseases and have also gotten TB clearance. I can create an alert on my mobile device one month prior to it expiring, reminding me to notify my personnel on obtaining their annual medical clearances required for them to provide service in the care home.	~~3/6/23~~ 3/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** The medication cabinet was unsecured. The key was in the locking device during the inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This deficiency has been corrected and addressed to the responsible individuals. The key has been removed after being secured and kept in its designated spot for security and safe-keeping.	2-7-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** The medication cabinet was unsecured. The key was in the locking device during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure this deficiency does not happen again, I have recently made an area with a cabinet-counter type storage that is secured and staff controlled. Only trained personnel will have access to this storage and will follow an acceptable procedure for storing, administering, and documenting the medication given to the resident. The personnel is responsible to ensure that the storage is locked and secured and that the key is returned to its designated location only they are accessible to.	3/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 – No inventory of valuables.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This deficiency has been corrected and addressed. A current inventory of resident #1's valuables has been assessed and documented in the resident's binder.	2.7.23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 – No inventory of valuables.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this deficiency does not happen again, I have created a checklist for myself to complete upon admission, readmission, transfer, and annually for each resident. The licensee/PCG is responsible to record and document all changes and maintain individual records for each resident and ensure that their inventory ~~and~~ of money and valuables are current. I have set a reminder to myself to have this done at least once a year.	3/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1 – No monthly weight for January 2023. The primary care giver (PCG) stated that the resident is unable to stand for weights.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	2.7.23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1 – No monthly weight for January 2023. The primary care giver (PCG) stated that the resident is unable to stand for weights.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** If unable to stand up for weight check I will use BCM (Arm circumference measurement) or bring it to the doctor to check weight, I will post a reminder note to do this on my general care home binder.	04/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; **FINDINGS** Resident #1 – No documented evidence that the resident/resident's family were informed of charges for services.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This deficiency has been corrected and addressed to the resident and his family. A complete copy of the care home's policies, procedures, and the rights and responsibilities of the resident has been provided to the resident and his family including the charges for services. A copy will be filed as documented evidence with both parties signing their copies in agreement.	2.7.23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate; **FINDINGS** Resident #1 – No documented evidence that the resident/resident's family were informed of changes for services. STATE LICENSING DOH-0107 STATE OF HAWAII '23 MAR 29 P2:19	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this deficiency does not happen again, the licensee/PCG is responsible to provide the resident and resident's family a copy of the written policy and procedures at the time of admission. They will be fully informed orally and in writing regarding the services available and its fees. I will create an admission checklist to remind myself that the resident and resident's family have acknowledged and agree to pay a fee for services rendered. I will record any changes and file as documented evidence.	3/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; **FINDINGS** There was a bag of trash obstructing access to the area of refuge from the back exit. There were two (2) wheelchair dependent residents. Corrected during the inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	2·7·23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; **FINDINGS** There was a bag of trash obstructing access to the area of refuge from the back exit. There were two (2) wheelchair dependent residents. Corrected during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this deficiency does not happen again, I will create appropriate signage and post them around the facility to remind the personnel to always check and maintain clear pathways at all times.	3/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – No documented evidence of RN Case Manager (CM) training for the PCG and SCG regarding: • Liquid medication. • Safe transfer for wheelchair dependent and bed-ridden residents.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This deficiency has been corrected, the resident's case management and delegated RN has provided documentation and training for the PCG/SCG regarding the resident's liquid meds and safe transfer for w/c dependent residents. The RN has signed off and confirmed the training on case management record sheet. Training had already been completed.	12-20-23 SB 11-20-22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – No documented evidence of RN Case Manager (CM) training for the PCG and SCG regarding: • Liquid medication. • Safe transfer for wheelchair dependent and bed-ridden residents. STATE LICENSING DSHR-100.15 STATE OF HAWAII 23 MAR 29 P2:19	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this deficiency does not happen again, I will make sure that a resident's CM develops an interim care plan within 48 hours of admission and a care plan seven days prior to admission. The CM will coordinate proper training for the PCG and SCG and have the training recorded and documented in the E-ARCH resident's binder when training is completed. I will create another reminder to have this done before the resident gets admitted.	3/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – No mobility care plan. CM notes reflected the resident is "mostly wheelchair bound."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency has been corrected and addressed to resident's case management. CM has updated resident's mobility care plan, and has provided documentation in regards to the resident's care plan.	2.20.23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – No mobility care plan. CM notes reflected the resident is "mostly wheelchair bound."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this deficiency does not happen again, I will review the care plan provided by the CM monthly, thoroughly and address any other specific needs for an ARCH resident as changes occur so that the CM can update their care plan appropriately to help remind myself and CM, I will write down notes and go over with the case management. I will post a reminded note on residents binder cover to do this.	04/30/23

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'23 APR 20 A11:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – No nutrition care plan to address the following: • The PCG reported that the resident is unable to stand for monthly weights. • The PCG reported that resident requires supervision during meals and may need to be fed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This deficiency has been corrected and addressed by CM. CM has provided a nutrition care plan and recorded the care plan in resident's binder. CM has trained PCG/SCG on how to record resident's weight gain, by checking arm circumference if unable to stand. CM also monitors resident during meals and records any changes as it occurs.	2-20-23

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☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – No nutrition care plan to address the following: • The PCG reported that the resident is unable to stand for monthly weights. • The PCG reported that resident requires supervision during meals and may need to be fed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a reminder note on 4/20/23 to review the care plan with the case manager at every monthly visit to ensure physicians orders, diet orders, and health status are accurately reflected in the plan. I will post a reminder note on residents binder cover to do this.	

STATE OF HAWAII
STATE LABORATORIES

'23 APR 20 A11:59

Licensee's/Administrator's Signature: _____

Print Name: Shanelle C. Baxa

Date: 3-6-23

Licensee's/Administrator's Signature: _____

Print Name: Shanelle C. Baxa

Date: 03/20/23

Licensee's/Administrator's Signature: _____

Print Name: Shanelle Mack

Date: 04/20/2023