STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vilas Home Care Inc. III	**CHAPTER 100.1**
Address: **2435 Kula Kolea Drive, Honolulu, Hawaii 96819**	**Inspection Date: October 20, 2021 Initial**

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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 - No physical examination prior to first contact with residents. **Submit a copy with the plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I now have a copy of SCG #1 physical exam and have attached a copy of the SCG #1's physical exam with this POC.	1-25-22

22 JAN 25 P4:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type 1 ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type 1 ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #1 - No physical examination prior to first contact with residents. **Submit a copy 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?** For Before the caregiver start work at the home use a checklist to make sure I have all the health clearances. Double check that copie's of health clearances are in the ARCH binder.	6-22-22

	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** SCG #1 - No annual tuberculosis (TB) clearance. **Submit a copy with the POC.** Household member - No annual TB clearance. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I now have a updated copy of my SCG #1 and household member annual TB clearance and attached a copy of both TB clearances with this POC.	1-25-22

STATE OF HAWAII '22 JAN 25 P4:12

	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** SCG #1 - No annual tuberculosis (TB) clearance. **Submit a copy with the POC.** Household member - No annual TB clearance. **Submit a copy with the 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 prevent this from happening again in the future, I will check my care home binder at the beginning of each month, If a SCG or household member's TB clearance are a month from expiring, I will notify my SCG ~~of~~ or household member to go and take an annual TB clearance. Once they completed their TB clearance, I will ask them for a copy and place it inside my care home binder.	1-25-22

22 JUN 25 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #2 - No documentation of training by the primary care giver (PCG) to make prescribed medication available to the residents. **Submit a copy of the training with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have a copy of the train for my SCG # 2 on making prescribed medication available to the residents and have made a copy and attached it with this POC.	1-25-22

22 JAN 25 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #2 - No documentation of training by the primary care giver (PCG) to make prescribed medication available to the residents. **Submit a copy of the training with the 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 prevent this from happing agani in the futu before an admissioi/re admissioi of a resident, I will train all my SCGs on maky medicatmi available to residents and documnt it and plac it inside my care home bindin.	1-25-22

'22 JAN 25 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Meal served was not nutritionally adequate as the menu is not current to National Dietary Guidelines and portion sizes were small.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Obtained a Service of a consultant dietician to provide nutrition in servic for PCG and SCG. Now utilizing dietician developed menu incorporating residents food preferences based on OICA menu guidelines.	1-25-22

STATE OF HAWAII
2022 JAN 25 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Meal served was not nutritionally adequate as the menu is not current to National Dietary Guidelines and portion sizes were small.	**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 prevent this from happening again in the future I will use the dietician developed menu to ensure that the residents are receiving adequate portion sizes.	1-25-22

'22 JAN 25 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. **FINDINGS** Resident #1 - "Honey consistency" ordered 7/8/21; however, the thickening agent was not specified.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Im now using the correct thickeny container which states the different types of thickeny agents which should be used accordy to the special dict ordrs	1-25-22

STATE OF HAWAII
22 JAN 25 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. **FINDINGS** Resident #1 - "Honey consistency" ordered 7/8/21; however, the thickening agent was not specified.	**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 prevent this from will happening again I ~~need~~ to or to clarify call the PCP what thickening agent to use per the consistency order.	6-22-22

22 JUN 22 P12:43

	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** Resident #1 - Unused "Humalog" pens (one box + 3 pens) dispensed on 4/22/21and "Lantus Solostar" pens (4 pens) dispensed on 10/4/21 were not stored in the refrigerator as instructed on the manufacturer's box. However, the opened insulin pen was stored in the refrigerator. The date the insulin pens were opened was not indicated on the pen. Once opened, the pen should be discarded after 28 days. On 10/21/21, the PCG was instructed to contact the pharmacy to check on the effectiveness of the unused insulin pens that was not stored in the refrigerator.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I contacted the pharmacy on 10/21/21 to check on the effectiveness of the unused insulin pens that were not stored in the refrigerator. the pharmacist stated that the insulin pens that unused were stored inside the fridge are not effective and I ordered updated insulin and placed them inside the fridge. I also discard the opened insulin pen inside the fridge to the hazardous contain.	1-25-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Start Cephalexin 500 mg po TID" ordered 8/12/21. The medication record noted "for 7 days;" however, the medication was initialed as taken for five (5) days. The physician order did not indicate the number of days the medication was to be taken.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-CMCA STATE LICENSING '21 NOV 29 P4:28	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Start Cephalexin 500 mg po TID" ordered 8/12/21. The medication record noted "for 7 days;" however, the medication was initialed as taken for five (5) days. The physician order did not indicate the number of days the medication was to be taken.	**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 prevent this from happening again, I will check the medication record daily to make sure that the SCGs initial the medication record when medication taken by the resident.	6-22-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Discontinue dulcolax" ordered 7/13/21 and 9/20/21; however, the medication record noted that the medication was taken by the resident from admission on 8/7/21 through 10/19/21.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I remove the dulcolax from the medication cabinet and corrected the medicine record to show that the dulcolax was discontinued.	1-25-22

STATE OF HAWAII '22 JAN 25 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Discontinue dulcolax" ordered 7/13/21 and 9/20/21; however, the medication record noted that the medication was taken by the resident from admission on 8/7/21 through 10/19/21.	**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 prevent this from happening again in the future on the day that a medication is discontinued by the physician, I will immediately document on the medicine records that the medicine was discontinued and remove the medication from the residents other medications to ensure that its not given and initialed as tattered on the medicine records.	1-25-22

22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Ventolin HFA aerosol CFC free 90 mcg/inh 2 puffs 4 times a say" ordered 8/19/21. The label noted "every 6 hours;" however, the medication record noted the medication is taken by the resident "8 a.m./12 noon/4 p.m./8 p.m."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called the PCP and the Physician's order is still ventolin HFA aerosol CFC 90 mcg inhal 2 puffs 4 times a day. The case management fixed the medication record to match the order. I now have the corrected copy of the medication record.	1-25-22

STATE OF HAWAII
'22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DEPT. OF HUMAN SERVICES
SPECIFICATIONS BRANCH

'22 JUN 22 P12:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Ventolin HFA aerosol CFC free 90 mcg/inh 2 puffs 4 times a say" ordered 8/19/21. The label noted "every 6 hours;" however, the medication record noted the medication is taken by the resident "8 a.m./12 noon/4 p.m./8 p.m."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** when we received the medication list from the case mgt. agency I will checked if its accurate and matches the MD order if not need to call them and correct it	6-22-22

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING BRANCH

'22 JUN 22 P12:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - No progress notes for September 2021. Resident #1 - No observations of resident's tolerance to nectar consistency liquids.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	'22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - No progress notes for September 2021. Resident #1 - No observations of resident's tolerance to nectar consistency liquids.	**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 prevent this from happening again in the future. I will check at the beginning at the month in my residents charts to make sure I have a progress note. Also once a resident is first taking a medicine or special diet, I will write the observation of the resident tolerance to the medication or diet in my progress note + place the notes inside the resident binder.	1-25-22

STATE OF HAWAII
'22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 - No documentation of honey consistency liquids provided.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCQ STATE LICENSING	21 NOV 29 P4:28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 - No documentation of honey consistency liquids provided.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Documentation of honey consistency liquids ~~was~~ are using thick it was added in the MAR.	6-22-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident # 1- Progress notes were not signed by the individual making the entry. Initials were used.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident # 1- Progress notes were not signed by the individual making the entry. Initials were used.	**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 prevent this from happening again in the future when there is a SCG or another individual begins documenting in the progress notes, I will check myself then progress notes and check to see if it was signed by them & if there is no signature myself and my SCGs will ask them to sign it.	1-25-22

STATE OF HAWAII
'22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 - No financial agreement. **Submit a copy with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I had obtained a copy of the Financial agrmnt, and now is placed inside my residents binder, the copy was attached. STATE OF HAWAII DEPT OF HEALTH STATE LICENSING	1-25-22 '22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 - No financial agreement. **Submit a copy with the 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 prevent this from happening again in the future on the 1-25-22 day of the residents admission I will review the residents check list to ensure that I have all the documents needed from the resident and place them inside the residents' chart.	

STATE OF HAWAII
DOH
'22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 - The inventory of possessions did not include the resident's wheelchair. The SCG stated that the wheelchair being used by the resident belonged to the resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have added his personal wheelchair to the residents inventory of possessions.	1-22-25

'22 JUN 25 P4:13

STATE OF HAWAII
DOH-RMSB
STATE FACILITIES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 - The inventory of possessions did not include the resident's wheelchair. The SCG stated that the wheelchair being used by the resident belonged to the resident.	**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 prevent this from happening again in the future on the day of a residents admission I will follow the residents admission checklist to ensure I have the inventory worksheet, I will then document all of their personal belongings and date it if there are more personal belongings brought into the facility after the admission, I will document it right away in the residents inventory.	1-25-22

STATE OF HAWAII
DEPT. OF HUMAN SERVICES
STATE HOSPITAL

'22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #2 - No documentation of training for colostomy care. **Submit a copy of the training for each SCG with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have trained my SCGs' on resident no. 2's, colostomy care and have documented it and have attached a copy of the trainy along with this POC. STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES	1-25-22

'22 JAN 25 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #2 - No documentation of training for colostomy care. **Submit a copy of the training for each SCG with the 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 prevent this from happening again on the day of admission if a resident has a specialized care, I will train my SCGs on the same day and document it.	11-28-21

STATE OF HAWAII
DOH-PUBLIC
STATE LIBRARY

'21 NOV 29 P4:28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) 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: **FINDINGS** Resident #1 - No written policies regarding the resident's rights & responsibilities.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I reviewed the written policies with residents family and have them sign it then placed the signed policies by the residents binder. STATE OF HAWAII DOH/OHCA STATE LICENSING '22 JAN 25 P4:14	1-25-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) 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: **FINDINGS** Resident #1 - No written policies regarding the resident's rights & responsibilities.	**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 prevent this from happening again in the future on the day of admission, I will promptly review the policies with the resident, resident family and a legal guardian and have them sign it. I will then place the signed policies in the resident binder. STATE OF HAWAII DOH CBCL STATE LICENSING '22 JAN 25 P4:14	1-25-22

	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 documentation that the resident, resident's family were informed of related charges.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I did make one for the resident and informed legal guardian, family for related changes. STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING '21 NOV 29 P4:29	11-28-21

	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 documentation that the resident, resident's family were informed of related charges.	**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 prevent this from happening again in the future, when there is a change of related charges I will immediately provide a written statement of the changes to the resident/resident family and have them sign it once they sign the written statement of the related changes, I will place a copy of it inside the resident binder. STATE OF HAWAII DEPT OF HSA STATE LICENSING '22 JAN 25 P4:14	1-22-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: 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. **FINDINGS** No signaling device in the resident's bathroom.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I did put signaling device in the residents bathroom. STATE OF HAWAII DOH-OCCL STATE LICENSING '21 NOV 29 P4:29	11-29-21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: 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. **FINDINGS** No signaling device in the resident's bathroom.	**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 prevent this from happening again in the future I have instructed my SCG's to check every room and form that there is functional device available for the residents. I will also check everytime I go from that form is one signaling device.	1-25-22

STATE OF HAWAII
DOH DMC
STATE LICENSING
'22 JAN 25 P4:14

Licensee's/Administrator's Signature: Anabel Vila

Print Name: Anabel Vila

Date: 11-28-21

Licensee's/Administrator's Signature: Anabel Vila

Print Name: Anabel Vila

Date: 1-5-2022

Licensee's/Administrator's Signature: Anabel Vila

Print Name: Anabel Vila

Date: 6-22-22