

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Maunalei Hale</b>	<b>CHAPTER 89</b>
<b>Address: 3460A Maunalei Avenue, Honolulu, Hawaii 96816</b>	<b>Inspection Date: May 23, 2023 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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-2 <u>Definitions.</u> As used in this chapter, unless a different meaning clearly appears in the context:</p> <p>"Resident" is an adult with developmental disabilities who is unrelated to the caregiver, resides in a domiciliary home for a fee, is unable to live independently, requires supervision, care and training, and who does not require care by a licensed nurse.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No Physician signed order stating how many hours the resident can be unsupervised.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<p>§11-89-8 Provision for services and review. (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b><u>FINDINGS</u></b> Certified Care Giver (CCG) – Needs six (6) more hours of in-service/continuing education credits.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<p>§11-89-14 Resident health and safety standards. (c)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – There is no signed Physician’s order stating that it is okay for the resident to self-administer their own medication.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident's medication orders are not being reviewed and renewed every three months.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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	<p>§11-89-15 Recreational and social activities. (b) The caregiver shall provide and document social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interest, needs, capabilities, and service plan.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented activities schedule.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<p>§11-89-17 <u>General operational policies.</u> (b) Upon admission, there shall be written documentation that the resident, guardian, or next of kin was fully informed of policies governing the resident's care.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No signed documentation that the resident or their representative was fully informed of the care home policies governing resident's care.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a current Physician signed diagnosis.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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	<p>§11-89-18 Records and reports. (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No emergency information sheet.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<p>§11-89-19 <u>Nutrition.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches, and all other poisons shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Toxic chemicals unsecured under sink in kitchen and in hallway closet.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<p>§11-89-20 <u>Resident accounts.</u> (a) The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No financial statement stating who will be responsible for the resident's funds and property.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_