

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AAA Care Home	CHAPTER 100.1
Address: 4368 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: February 10, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 MAR 16 09:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – 8/3/2022 and 12/15/2022 signed medication orders for Docusate Sodium = 100 mg – 1 capsule orally, hold if continued loose bowel movement. Medication administration record (MAR) = Docusate Sodium 100 mg po bid. MAR did not accurately reflect medication orders.</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>STATE OF HAWAII DEPT. OF HEALTH COMMUNITY CARE LICENSING 23 MAR 16 09:11</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed every four (4) months. Medication orders from After Visit Summary on 5/23/2022 did not include a physical or electronic signature from the physician.</p>	<p style="text-align: center;">PART I</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: center;">STATE OF HAWAII DOH-PSYA STATE LICENSING</p> <p style="text-align: right;">23 MAR 16 A9:11</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Pre-poured medications in a pink cup found unsecured on computer desk. (Medications were removed during annual inspection.)</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>STATE OF HAWAII DOH-OSCA STATE LICENSING</p> <p>23 MAR 16 A9:11</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – On 12/15/2022 signed medication orders. Atorvastatin = 20 mg – 1 tablet po qd. December 2022 MAR = Atorvastatin 40 mg 1 tablet po qd. MAR did not accurately reflect medication order.</p>	<p style="text-align: center;">PART I</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: center;">23 MAR 16 19:11</p> <p style="text-align: center;">STATE OF HAWAII DOH QMCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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:</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes did not adequately describe observations of the resident's response to diet and medications.</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF CONNECTICUT DOH-00004 STATE LICENSING</p>	<p>'23 MAR 16 A9:11</p>

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<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><u>FINDINGS</u> White out used on multiple resident records.</p>	<p style="text-align: center;">PART I</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 16 A9:11</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHHS STATE LICENSING</p>

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Licensee's/Administrator's Signature: _____

Melita Manalang *3/14/23*

Print Name: MELITA MANALANG

Date: 03/14/2023

STATE OF HAWAII
DCH-SECA
STATE LICENSING

23 MAR 16 A9:12