

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Allcare Senior Services, Inc.</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-920 Kumuao Street, Waipahu, Hawaii 96796</b>	<b>Inspection Date: January 27, 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.**

23 FEB 13 P 4:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No documented evidence of initial (2-step) tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) 1. P.C.G. <sup>DID</sup> GET A COPY FROM LANDMARK HEALTH CARE.</p> <p>2) enclosed a copy of 2 step TB clearance. ATTACHMENT A1</p>	<p style="text-align: right;">2/9/23</p> <p style="text-align: right;">23 FEB 13 P 4:02</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE INSPECTION</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #2 – No training by PCG to make prescribed medications available to residents.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) SCG #2, <sup>was</sup> (has been) trained on 2/26/22, this form was misfiled on original folder.</p> <p>2) Attachment #2</p>	<p style="text-align: right;">2/9/23</p> <p style="text-align: right;">23 FEB 13 P4:02</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIAISON</p>

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	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><b><u>FINDINGS</u></b> Resident #1 – Order for Bisacodyl (Dulcolax) 10 mg, changed on 1/23/2023 to twice a day as needed. Medication administration record (MAR) does not reflect this change and currently states, “Bisacodyl 10 mg once a day as needed.”</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) <del>PURTS</del> 1 DISCONTINUED (DC) "BISACODYL 10 MG ONCE A DAY"</p> <p>2) 1, <del>then changed</del> TO "BISACODYL 10 MG, 2 X A DAY, AS NEEDED (PRN)"</p> <p>3) ATTACHMENT #3</p>	<p style="text-align: right;">2/9/23</p> <p style="text-align: right;">23 FEB 13 P 4:02</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DHHS STATE LICENSING</p>

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☒	<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><b><u>FINDINGS</u></b> Resident #1 – Risperidone ordered on 3/3/2022 = “0.5 mg – ½ tab orally at bedtime and 0.5 mg – ½ tab once a day as needed for anxiety or insomnia.” March 2022 MAR stated, “Risperidone 0.5 mg – take 1 tab orally every night at bedtime and take ½ tab orally once a day and ½ tab orally as needed for anxiety or insomnia.” MAR did not accurately reflect medication order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No initials on MAR for various medications and for multiple months. For example, no initials on MAR for Sertraline in February or March 2022 despite medication being routine. No initials on MAR for Pramipexole or Risperidone in March and April 2022, despite being routine.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes do not include observations of the resident's response to diet or medications.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Inventory of resident's possessions not current as last update was on admission (9/14/2021).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">INVENTORY OF RESIDENT #1 HAS BEEN CORRECTED UPON HER DISCHARGE ON 2/1/23. PERSONAL RECORDING INVENTORY HAS BEEN RECORDED AND GIVEN TO RESIDENT ON DAY OF DISCHARGE.</p>	<p style="text-align: center;">2/1/23</p> <p style="text-align: center;">'23 FEB 13 P 4:03</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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Licensee's/Administrator's Signature: Christi Davis

Print Name: CHRISTIE DAVIS

Date: 2/9/23

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

23 FEB 13 P4:03



Licensee's/Administrator's Signature: Christie L. Garcia

Print Name: CHRISTIE L. GARCIA

Date: 6/28/23

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

23 JUN 28 P2:43