

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estabillo Adult Residential Care Home	CHAPTER 100.1
Address: 92-691 Paakai Street, Kapolei, Hawaii 96707	Inspection Date: February 6, 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.

MAY 22 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3, and #4 – No Fieldprint background check available.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>> Primary Care Giver, SCG #1, 2, 3 and 4 had their Fieldprint background checks completed. All Care Givers had a green light determination.</p>	<p align="center">5/22/23</p>

MAY 22 2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(i) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3, and #4 – No Fieldprint background check available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>7 I made a checklist with all required staff clearances and added Fieldprint to it. I will review all clearances every January, prior to my annual inspection, to ensure all documents are current readily available. I will also have one substitute care giver review all clearances as well to ensure nothing is missing.</i></p>	<p><i>5/22/23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness</u>, (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit not maintained as multiple medications included with the kit were not removed.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>> Yes, I removed the medication and treatment from the first aid kit which is not belong to the first aid kit.</p>	<p>Completion Date</p> <p>03/02/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit not maintained as multiple medications included with the kit were not removed.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>7 In the future, If I buy a new First Aid kit, I will check and remove any medication & treat- ment even/ointment in the kit before placing in the Medicine Cabinet.</p>	03/02/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the nonstandard "low fat diet" ordered, was clarified with a physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>7 Yes, I clarified with the PCP and waiting for the documentation of standard diet order.</p>	03/02/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the nonstandard "low fat diet" ordered, was clarified with a physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>7 Every January and July, I will review all residents records to ensure a diet type is available and signed. If there is a non-standard diet ordered, I will follow up with the physician immediately for clarification.</p>	5/22/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Special diet menu did not reflect “low fat” diet ordered on 2/28/2022.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>7 Yes, I clarified with the PCP regarding Low fat diet ordered on 2/28/2022. See attached Physicians notes.</p>	03/02/23

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Special diet menu did not reflect “low fat” diet ordered on 2/28/2022.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>7 Every January and July, I will review all residents records to ensure a diet type is available and signed. If there is a non - standard diet ordered, I will follow up with the physician immediately for clarification. In addition, I will also review and revise my menu quarterly to ensure special diets are included if applicable.</p>	<p>5/22/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - Acetaminophen listed on monthly medication administration records (MARs) from February 2022 to present, however, no documented evidence of medication order from physician or APRN.</p>	<p align="center">PART I</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>7 Yes, attached after visit summary dated 3/13/22 of Acetaminophen, however the requested an updated prescription from his PCP.</p> <p>7 See attached new doctor's order dated 3/2/23</p>	<p>03/22/23</p>

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<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 – Acetaminophen listed on monthly medication administration records (MARs) from February 2022 to present; however, no documented evidence of medication order from physician or APRN.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Every other month, I will do a medication reconciliation with another substitute care giver and we will review all residents medication orders and compare it to the medication administration record and medication label to ensure there are no errors.</i></p>	<p>5/22/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) 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 – Nasacort 55 mcg nasal spray found with resident's medications; however, no documented evidence of medication order from physician or APRN.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>> Yes, I requested an updated prescription of Nasacort from his PCP.</p>	<p>03/02/23</p>

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<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 – 7/19/2022, Levothyroxine medication order states, “25 mcg – take 1 tab by mouth every morning with 150 mcg tablet.” July 2022 MAR states, “Levothyroxine 150 mcg po daily and Levothyroxine 25 mcg – take ½ tab po daily with 150 mcg tab.” MAR did not accurately reflect the physician’s order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>7 Every other month, I will do a medication reconciliation with another substitute care giver and we will review all residents medication orders and compare it to the medication administration record and medication label to ensure there are no errors.</p>	<p>5/22/23</p>

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<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 – 12/27/2022, Levothyroxine medication order states, "150 mcg 5 days per week and 175 mcg 2 days per week." MAR only states, "Levothyroxine 150 mcg po 1 tab daily." Per PCG, 175 mcg are given on days the resident returns home; however, there is no indication of this in MAR.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>7 Yes, I corrected the MAR and wrote Levothyroxine 150 mcg 5 days per week and Levothyroxine 175 mcg 2 days per week and the Legend H which is home, take Levothyroxine 175 mcg are given on days the resident returns home on Saturday and Sunday.</p>	03/02/23

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<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 – 12/27/2022, Levothyroxine medication order states, "150 mcg 5 days per week and 175 mcg 2 days per week." MAR only states, "Levothyroxine 150 mcg po 1 tab daily." Per PCG, 175 mcg are given on days the resident returns home; however, there is no indication of this in MAR.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>7 Every other month, I will do a medication reconciliation with another substitute care giver and we will review all residents medication orders and compare it to the medication administration record and medication label to ensure there are no errors.</p>	<p>5/22/23</p>

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<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 by a physician or APRN every four (4) months.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will make a list of all residents and the month their medication reevaluation is due. I will review this list monthly to ensure all medications orders for residents are reevaluated and signed every 4 months.</i></p>	<p>5/22/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – Unsigned medication orders emailed by physician but not signed within four (4) months.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>7 I will make a list of all residents and the month their medication reevaluation is due. I will review this list monthly to ensure all medications orders for residents are reevaluated and signed every 4 months.</p>	<p>5/22/23</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 from January to May 2022 incomplete.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>7 The PCG will add progress notes to a monthly checklist. This checklist will be reviewed on the last day of each month. I will also have a SGG double check all progress notes at the end of each month to ensure accuracy and completion.</i></p>	<p><i>5/22/23</i></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 – June 2022 monthly progress note did not include the resident's fungal issue in which medication was prescribed.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>7 I will add progress notes to a monthly checklist. This checklist will be reviewed on the last day of each month. I will also have a SCG double check all progress notes at the end of each month to ensure accuracy and completion.</i></p>	<p><i>5/22/23</i></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><u>FINDINGS</u> Resident #1 – Only date on resident's inventory of possessions is resident's admission date. Unable to determine if inventory of possessions is current.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>> Yes, I updated the resident's inventory of possessions by putting date and year.</p>	<p>03/02/23</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><u>FINDINGS</u> Resident #1 – Only date on resident's inventory of possessions is resident's admission date. Unable to determine if inventory of possessions is current.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>> I will add residents inventory of possessions to a monthly checklist. This checklist will be reviewed on the last day of each month. I will also have a SCG double check all residents inventory of possessions at the end of each month to ensure ^{an} accuracy and completion.</p>	5/22/23

Licensee's/Administrator's Signature: M. Estabillo

Print Name: MARY ANN N. ESTABILLO

Date: 5/22/23

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