

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hawaii Loa Care Services LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 272 Panio Street, Honolulu, Hawaii 96821</b>	<b>Inspection Date: February 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.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

23 JUN 28 P 3:34

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b> PCG – No documented evidence of any continuing education hours.</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>Yes, the deficiency was resolved and corrected.</p> <p>All CEU received has been put into a page protector for PCG document evidence of continuing education hours.</p> <p>Please see attached CEUs totaling 8 hours.</p>	<p style="text-align: center;">3/3/23</p> <p style="text-align: right; vertical-align: bottom;"> <b>STATE OF HAWAII</b>  <b>DOH-OHCA</b>  <b>STATE LICENSING</b> </p> <p style="text-align: right; vertical-align: bottom;"><b>23 JUN 28 P 3:34</b></p>

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	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> PCG – No documented evidence of initial (2-Step) TB 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>Yes, the deficiency has been corrected.</p> <p>PCG 2-step TB Clearance was removed with expired TB documents when new updated TB documents were added.</p> <p>The 2-step was put back into the caregiver ARCH file.</p> <p>Please see attached 2-step document.</p>	<p style="text-align: center; vertical-align: top;">3/3/23</p> <p style="text-align: right; vertical-align: bottom;"> <b>23 JUN 28 P 3:34</b>  STATE OF HAWAII  DOH-DHCA  STATE LICENSING </p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> No documented evidence of first aid certification.</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>Yes, the deficiency was corrected.</p> <p>The substitute caregiver in training produced a copy of First Aid Certification dated 7/26/22.</p> <p>Please see certificate attached.</p>	<p style="text-align: center;">3/3/23</p> <p style="text-align: right; vertical-align: bottom;"> <b>23 JUN 28 P 3:35</b>            STATE OF HAWAII            DOH-DHCA            STATE LICENSING         </p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (1)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #2 – No documented evidence of cardiopulmonary resuscitation certification.</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>Yes, the deficiency was corrected.</p> <p>The substitute caregiver in training produced a copy of the CPR Certification dated 7/26/22.</p> <p>Please see certificate previously attached.</p>	<p style="text-align: center;">3/3/23</p> <p style="text-align: center;"><b>23 JUN 28 P 3:35</b></p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #2 -- No documented evidence of cardiopulmonary resuscitation certification.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Although substitute caregiver was in training and never left alone for a period of less than 4 hours, all substitute caregivers will submit CPR Certification prior to any training in the care home is scheduled.</p> <p>The caregiver Requirement Checklist will be completed and reviewed by the PCG prior to hire to ensure all substitute caregivers required documents are obtained before training starts.</p>	<p style="text-align: center;">3/3/23</p> <p style="text-align: right;">23 JUN 28 P 3:35</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b>FINDINGS</b>  Resident #2 – No documented evidence of diet type upon admission.</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>	<p style="text-align: right;">73 JUN 28 P 3:35</p> <p style="text-align: right;">STATE OF HAWAII  DOH-DHCA  STATE LICENSING</p>

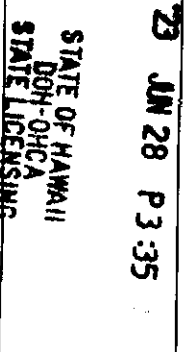
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  Resident #1 – Memantine medication label = 10 mg orally twice daily. Medication order from 2/15/2023 = Memantine 10 mg orally every evening. Medication label does not reflect medication order.</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>Yes, deficiency was corrected.</p> <p>A directions changed sticker noting "Directions changed, refer to new order date, 2/15/23" was placed on the medication bottle.</p>	<p style="text-align: center;">2/27/23</p> <p style="text-align: right;"> <b>23 JUN 28 P 3:35</b>  STATE OF HAWAII  DOH-DHCA  STATE LICENSING </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><b><u>FINDINGS</u></b> Resident #1 – Camphor/Menthol 0.5%/0.5% lotion did not appear on signed medication orders since 12/20/2022; however, it is still being listed every month on medication administration record (MAR).</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>Yes, the deficiency was corrected.</p> <p>A late entry was made in the medication records noting that Camphor/Menthol 0.5% / 0.5% lotion was discontinued on medication records from 12/20/22 - 2/28/23.</p> <p>Starting 3/1/23 medication record does not contain medication Camphor/Menthol.</p>	<p style="text-align: center;">2/28/23</p> <p style="text-align: center;"><b>23 JUN 28 P 3:35</b></p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Levocetirizine listed as PRN on MAR since June 2022; however, medication was not changed from routine to PRN until 12/20/2022.</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>Yes, deficiency was corrected.</p> <p>Levocetirizine medication listed on MAR was updated with a late entry that Levocetirizine was a routine medication NOT PRN from June 2022-12/20/2022.</p>	<p style="text-align: center;">2/28/23</p> <p style="text-align: right;"> <b>73 JUN 28 P 3:35</b>  <small>STATE OF HAWAII  DOH-DHCA  STATE LICENSING</small> </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><u>FINDINGS</u> Resident #1 – Levocetirizine listed as PRN on MAR since June 2022; however, medication was not changed from routine to PRN until 12/20/2022.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Levocetirizine was originally called in and administered by the son/POA of Resident #1, who is a physician at Queens. He verbally told me it was PRN. PCG notified Queens PCP of medication order was signed but not stated as PRN medication.</p> <p>PCG will thoroughly check Physicians Orders and ask for clarification for any discrepancies. Any medication updated will be noted immediately on the MAR.</p> <p>PCG will add: confirm medication orders, medication record, and medication label are correct to monthly PCG checklist.</p>	<p>2/28/23</p> <p style="text-align: right;"><b>23 JUN 28 P 3:35</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 – No signed, accurate list of medication orders available upon resident's admission.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 JUN 28 P 3:35</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No signed, accurate list of medication orders available upon resident’s admission.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The admission checklist will be utilized which will ensure that a complete and accurate list of the residents current medication is available upon admission.</p> <p>All admission orders will be verified with the physician prior to admission. PCG and SCG will verify the completion or identify any orders that are incomplete. Incomplete orders will be returned to the physician for completion.</p>	<p style="text-align: center;">2/27/23</p> <p style="text-align: center;"><b>23 JUN 28 P 3:36</b></p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No May 2022 MAR in resident’s record.</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>Yes, the deficiency was corrected.</p> <p>May 2022 MAR was placed in the residents record with a late entry note on MAR that medications were administered by residents family and private caregiver upon admission on 5/21/22 - 5/31/22,</p> <p>Family administered medication between 5/21/23 - 5/31/22 as medication received for residence was prepacked by the pharmacy for residence convenience while she was living independently.</p> <p>PCG notified the family on 5/21/22, MD, and Pharmacy on 5/23/22 that medications cannot be administered by Hawaii Loa Care without properly labeled medication. Medications will need to be filled in labeled bottles.</p>	<p style="text-align: center;">3/6/23</p> <p style="text-align: right;">23 JUN 28 P 3:36</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHHS STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No May 2022 MAR in resident’s record.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Prior to admission, the potential residents physician will be notified that all medications administered by Hawaii Loa Care must be individually labeled and cannot be accepted in a mixed prepackage for AM, NOON, PM as we are unable to clearly identify each medication tablet/capsule that has been prepackaged together. Also, when medication changes are made we cannot identify which table/capsule is the changed or discontinued.</p>	<p style="text-align: center;"><b>23 JUN 28 P 3:36</b></p> <p style="text-align: center;">STATE OF HAWAII DBH-QHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – No documented evidence of resident's current inventory of possessions available.</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>Yes, the deficiency was corrected.</p> <p>Resident's current inventory was made and put into residents chart.</p>	<p style="text-align: center;">2/27/23</p> <p style="text-align: right;">73 JUN 28 P 3:36            STATE OF HAWAII            DPH-086A            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – No documented evidence of resident's current inventory of possessions available.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Residents Inventory will be placed back into the residents chart after any updates.</p> <p>It will be added to the substitute caregiver training checklist to provide training on properly returning all documents in the residents chart including inventory list.</p> <p>PCG will add to monthly checklist: Confirm that the inventory and possession documents are updated current and available.</p>	<p style="text-align: center;">2/27/23</p> <p style="text-align: right;">73 JUN 28 P 3:36</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Susan K Halvorsen

Print Name: Susan Halvorsen

Date: June 28, 2023

23 JUN 28 P 3:36  
STATE OF HAWAII  
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STATE LICENSING