

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Na'Koa Healthcare Services, LLC	CHAPTER 100.1
Address: 98-111 Kauike Drive, Pearl City, Hawaii 96782	Inspection Date: May 24, 2023 Initial

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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

23 AUG -8 P1:14
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUL 21 P3:40
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member (HM) #1 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC),</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><i>Household member #1 isn't living in the home anymore. He moved out sometime April 2023.</i></p>	<p><i>8/8/23</i></p>

23 AUG -8 P1:11

STATE OF HAWAII
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23 JUL 21 P3:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member (HM) #1 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC),</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>In the future every time there's a new household who will live in the home 18 years or older, I will require them to get Physical exam every year.</i></p> <p><i>I will use household member check list to obtain required documents. I will remind to update clearances 2 months prior to inspections.</i></p>	<p>8/8/23</p> <p>23 JUL 21 P3:24</p>

23 AUG -8 P1:11

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Resident #1 – No menu for “Regular Soft Diet” ordered on 11/8/2022.</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><i>I made a Regular Soft Diet Menu and post it for caregivers to follow for clients who eat soft diet.</i></p>	<p><i>8/8/23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #3 – Lunch was takeout Chinese food from family. No menu substitution recorded.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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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 – No documented evidence that “Cardiac diet, Cubed texture, Thin consistency” was provided from admission 5/18/2022 to 11/8/2022.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<div data-bbox="220 272 262 308" data-label="Image"><input checked="" type="checkbox"/></div> <div data-bbox="289 1047 331 1323" data-label="Text">23 AUG -8 P1:11</div> <div data-bbox="388 1096 472 1291" data-label="Text">STATE OF HAWAII DOH-OHCA STATE LICENSING</div>	<p data-bbox="294 272 934 422">§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 data-bbox="294 454 934 576"><u>FINDINGS</u> Resident #1 – No documented evidence that “Cardiac diet, Cubed texture, Thin consistency” was provided from admission 5/18/2022 to 11/8/2022.</p>	<p data-bbox="1281 272 1396 300">PART 2</p> <p data-bbox="1228 341 1459 373"><u>FUTURE PLAN</u></p> <p data-bbox="976 414 1711 519">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p data-bbox="976 600 1774 1258">In the future, I have to make sure that I'm giving the right diet ordered by Doctor. And update order every 3 to 4 months. I will document the diet is provided to the resident on the monthly progress note. If I need more information about diet I will contact the OCHA nutritionist.</p> <div data-bbox="1648 1136 1732 1339" data-label="Text">STATE OF HAWAII DOH-OHCA STATE LICENSING</div>	<p data-bbox="1753 698 1879 763">8/8/23</p> <p data-bbox="1795 1104 1837 1380">23 JUL 21 P3:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</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>FINDINGS Cleaning agents, laundry detergent, and bleach were stored in an unlocked closet by kitchen. Care giver locked the cabinet during inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – Lidocaine 4% Top Patch did not have a label. Corrected during inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #2 – External and internal medication stored in the same container.</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>I brought a container or bin that I could separate External & Internal medication. 8/8/23 I separated the^{the} medications and stored.</p>	<p>23 JUL 21 P 3:24</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><u>FINDINGS</u> Resident #1 – There are two different orders dated 11/8/2022. “Lidocaine 4% Top Patch Apply 1 patch affected area to left upper calf and left upper arm daily. On at 8am and off at 8pm” and “1 patch to arm daily for pain, PRN.” Medication administration record (MAR) said to apply at 8am and off at 8pm, PRN. Please clarify with 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><i>I clarified with Physician and said to follow the order “1 patch to arm daily for pain PRN”. I updated my MAR and medication list. And to make sure that my medication list matches the doctor's order. I will update my record every month & update any changes.</i></p>	<p><i>8/8/23</i></p>

23 AUG -8 P1:12

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div style="text-align: right;">23 AUG 8 P 1:12</div> <div style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</div>	<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Physician's order dated 11/8/2022 was "Metoprolol Succinate 25mg, <u>2 tabs</u> PO daily, used to treat HBP and HHR, hold for SBP<115 or HR<55." Also, there is a visit summary dated 11/8/2022 which stated "take <u>1 tablet</u> by mouth daily for blood pressure and heart. Hold for systolic blood pressure less than 115 or heart rate less than 55." Medication bottle label reads "Take <u>1 tablet</u> by mouth daily for blood pressure and heart. Hold for systolic blood pressure less than 115 or heart rate less than 55." Please clarify with physician for the number of tablets.	<div style="text-align: center;">PART 1</div> <div style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></div> <div style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</div> <p style="text-align: center;"><i>I clarified ^{the order} with the Doctor and order said.</i></p> <p style="text-align: center;"><i>"Take metoprolol¹ Succinate 25 mg, ¹ 2 tabs PO daily. Hold for SBP <115 or HR <55.</i></p> <div style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</div>	<div style="text-align: center;">8/8/23</div> <div style="text-align: right;">23 JUL 21 P 3:24</div>

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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>FINDINGS Resident #1 – Physician’s order is to hold Metoprolol Succinate if SBP<115 or HR<55. Per MAR, the medication was given on 3/3/2023, 3/4/2023, 3/14/2023, 3/16/2023, 3/18/2023, and from 3/26/2023 to 4/1/2023, when recorded HR was less than 55.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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 – Medication last reviewed and signed by physician on 11/8/2022. Not reviewed for a period of six (6) months.</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 align="center"><i>I brought resident #1 to his PCP on June 28, 2023 got his medication reviewed and signed the updated medication list</i></p>	<p align="center"><i>8/8/23</i></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 – In MAR, Metoprolol Succinate was left blank from 4/2/2023 to 4/30/2023. PCG stated that the resident refused the medication, but it was not recorded.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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23 JUL 21 P 3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – In MAR, Metoprolol Succinate was left blank from 4/2/2023 to 4/30/2023. PCG stated that the resident refused the medication, but it was not recorded.</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 sure to record and document every time the client will refuse to take medication. I will review documents monthly, I will document as needed.</i></p>	<p><i>8/8/23</i></p>

23 AUG -8 P1:12

STATE OF HAWAII
DOH-OHCA
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STATE OF HAWAII
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23 JUL 21 P3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – MAR listed “Metoprolol Succinate 25mg, PO, 2 tabs, QD for BP & HR. Hold for SBP <115 or HR<55. Per Primary Care Giver (PCG), 1 tab was given as ordered and medication label reads.</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><i>I updated MAR according to the Doctor's order. "Metoprolol Succinate 25 mg 1 tab PO QD. Hold for SBP <115 or HR <55.</i></p>	<p><i>8/8/23</i></p>

23 AUG -8 P1:12

STATE OF HAWAII
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23 JUL 21 P3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – MAR listed “Metoprolol Succinate 25mg, PO, 2 tabs, QD for BP & HR. Hold for SBP <115 or HR <55. Per Primary Care Giver (PCG), 1 tab was given as ordered and medication label reads.</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>In the future I will update MAR, and watch it with the Doctor's order and the medication bottle. And check V/S every time before medication is given. I will make sure to update my record at least every month.</i></p>	<p><i>8/8/23</i></p>

23 AUG -8 P1:12

STATE OF HAWAII
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23 JUL 21 P3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Progress notes last recorded on 1/31/2023.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

23 AUG -8 P 1:12

STATE OF HAWAII
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23 JUL 21 P 3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="222 277 264 310" data-label="Image"><input checked="" type="checkbox"/></div> <div data-bbox="285 1024 327 1308" data-label="Text">23 AUG -8 P1:12</div> <div data-bbox="369 1081 464 1284" data-label="Text">STATE OF HAWAII DOH-OHCA STATE LICENSING</div>	<p data-bbox="296 277 747 334">§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p data-bbox="296 367 947 578">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 data-bbox="296 610 432 643"><u>FINDINGS</u></p> <p data-bbox="296 643 905 675">Resident #1 – Progress notes last recorded on 1/31/2023.</p>	<p data-bbox="1283 269 1398 302">PART 2</p> <p data-bbox="1230 342 1461 383"><u>FUTURE PLAN</u></p> <p data-bbox="978 415 1713 529">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p data-bbox="978 561 1755 1211"><i>In the future I will write a progress note regarding clients. In any observation about clients, I will make sure write it in my progress note and document all necessary events pertaining clients. And to update record every month. I will document progress note first day of the month.</i></p> <div data-bbox="1650 1114 1734 1317" data-label="Text">STATE OF HAWAII DOH-OHCA STATE LICENSING</div>	<div data-bbox="1755 732 1902 813" data-label="Text">8/8/23</div> <div data-bbox="1776 1073 1839 1357" data-label="Text">23 JUL 21 P3:23</div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – Per MAR, resident is not taking Metoprolol Succinate since 4/2/2023. No progress notes were made.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

21:14 8-9-23

STATE OF HAWAII
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STATE OF HAWAII
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STATE LICENSING

23 JUL 21 P3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Per MAR, resident is not taking Metoprolol Succinate since 4/2/2023. No progress notes were made.</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>In the future I will write a progress note and document every month for my record. I will review and document progress note every first day of the month</i></p>	<p><i>8/8/23</i></p>

'23 AUG -8 P1:13

STATE OF HAWAII
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STATE OF HAWAII
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'23 JUL 21 P3:23

	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><u>FINDINGS</u> Height and monthly record form not documented.</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><i>In the height & weight record. I documented each client's height & weight every month. And also Religion.</i></p>	<p><i>8/8/23</i></p>

23 AUG -8 P1:13

STATE OF HAWAII
DOH-CHCA
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STATE OF HAWAII
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23 JUL 21 P3:23

	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><u>FINDINGS</u> Height and monthly record form not documented.</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>In the future, I will make sure that height & weight are taken & documented every month. In addition I will record weight on the first day of the monthly.</i></p>	<p>8/8/23</p>

23 AUG -8 P1:13

STATE OF HAWAII
DOH-OHCA
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STATE OF HAWAII
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23 JUL 21 P3:23

	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><u>FINDINGS</u> Resident #1 – Medication list in emergency information sheet not up to date.</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><i>I updated Resident #1's medication list in emergency information. And filed.</i></p>	<p><i>8/8/23</i></p>

23 AUG-8 P1:13

STATE OF HAWAII
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STATE OF HAWAII
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23 JUL 21 P3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div style="text-align: right;">23 AUG -8 P1:13</div> <div style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</div>	<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #1 – Medication list in emergency information sheet not up to date.	<div style="text-align: center;">PART 2</div> <div style="text-align: center;"><u>FUTURE PLAN</u></div> <div style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</div> <div style="text-align: center;"> <p>In the future, I will update medication list every month and filed for reference. and also I will review & update medication list every 15 day of the month. And after doctor's office visit.</p> </div> <div style="text-align: right;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-ONCA STATE LICENSING</div> </div>	<div style="text-align: right;">23 JUL 21 P3:23</div> <div style="text-align: center;">8/8/27</div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register,</p> <ul style="list-style-type: none"> • “Discharged to” and “Discharged Date” not recorded for two (2) discharged residents. • “Religion” nor recorded for three (3) current residents. • “Referred by” not recorded for one (1) current resident. 	<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><i>I updated my Permanent Resident Register. I wrote down all the things missing in the registration sheet for reference</i></p>	<p><i>8/8/23</i></p>

23 AUG -8 P1:13

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In Permanent Resident Register,</p> <ul style="list-style-type: none"> • "Discharged to" and "Discharged Date" not recorded for two (2) discharged residents. • "Religion" not recorded for three (3) current residents. • "Referred by" not recorded for one (1) current resident. 	<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>In the future, when there's a new resident who is admitted in the ARCH. I will make sure to take all the necessary information and record it on the registration form and to make sure it will be updated every month. I will review a week after admission.</i></p>	<p><i>8/8/23</i></p> <p>23 JUL 21 P3:23</p>

23 AUG-8 P1:13

STATE OF HAWAII
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STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p>FINDINGS In the posted fire escape plan, one (1) of two (2) designated exits has stairs and cannot be used for ambulatory residents.</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><i>I made a ramp ^{up} on the exit that has a stairs and it can be used for ambulatory residents.</i></p> <p><i>There are 2 exit available for ambulatory residents. The fire escape plan is updated & corrected. And post it on the wall. Resident reoriented about the ^{new} fire escape plan</i></p>	<p><i>8/8/27</i></p>

23 AUG -8 P1:13

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23- <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><u>FINDINGS</u> In the posted fire escape plan, one (1) of two (2) designated exits has stairs and cannot be used for ambulatory residents.</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>In the future ^{if} there's a stairs for ambulatory that it should not be used ^{if} for it I make sure that that should not be used for exit for ambulatory residents I updated fire escape plan and posted on the wall permanently.</p>	<p>8/8/23</p> <p>23 JUL 21 P 3:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested for February 2023, March 2023, and April 2023.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

23 AUG -8 P1:13

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested for February 2023, March 2023, and April 2023.</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>In the future, I will test the smoke detectors and record, to when its tested. I will make sure to test it every month.</i></p>	<p>23 JUL 21 P 3:23</p>


23 AUG-8 PT:13

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23 AUG -8 P1:13

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DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: 
Print Name: LOUIE CAYUGAN-FLORES
Date: 7/15/23
8/8/23 LF

23 JUL 21 P3:23
STATE OF HAWAII
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STATE LICENSING