

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nenita's	CHAPTER 100.1
Address: 5193 Likini St., Honolulu, HI 96818	Inspection Date: September 27, 2022 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
DOH-ORCA
STATE LICENSING

23 JUN 28 P 3:09

	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, SCG#2, SCG#3, and SCG #4: No evidence of fieldprint background check available for review.</p>	<p style="text-align: center;">PART I</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>- tried to do, went for fingerprint background check w/ my husband Oct 18, 2023 Sub CG # 2 = SCG # Mar 22, 2013 but thought that result would come in to D&H OCHA my daughter tried to pull out results but unable to</p>	

	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, SCG#2, SCG#3, and SCG #4: No evidence of fieldprint background check available for review.</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>-to prevent this from happening again I have a check list that includes caregivers residents and household members names and all the annual requirements. List includes CPR/FIRST AID medical clearance, TB clearance, Fieldprint clearance and PCG training. Will refer to this checklist at least 3 months prior to my annual inspection to ensure all clearances are updated</p> <p>-SCG #4 no longer works in my care home</p>	<p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">JUN 30 08:00</p> <p style="text-align: right;">6/28/23</p>

	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><u>FINDINGS</u> SCG#1 – No evidence of annual tuberculosis (TB) clearance. SCG#4 – No evidence of history of positive TB skin test.</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, corrected</p> <p>- I have obtained a copy of SCG #3 CPR certificate and has filed it in the care home binder</p>	<p>23 JUN 28 P 3:09</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>6/28/23</p>

	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><u>FINDINGS</u> SCG#1 – No evidence of annual tuberculosis (TB) clearance. SCG#4 – No evidence of history of positive TB skin test.</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>- to prevent this from happening again, I have a checklist that includes caregivers, residents and household members names, and all the annual requirements. List includes CPR / FIRST AID medical clearance, TB clearance field print clearances and PCG training. Will refer to this checklist at least three months prior to my annual inspection to ensure all clearances are updated</p> <p>- SCG#4 no longer works in my care home</p>	<p style="text-align: right;">23 JUN 30 08:00</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> SCG#3 – Do documented evidence of current First Aid Certification.</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><i>-yes, corrected</i></p> <p><i>-SCG#3 works in another care place where she's also required to get certified on FIRST AID, completed 3/17/2022, brought certificate to me & had it filed into CH binder</i></p>	<p style="text-align: right;"><i>6/28/2023</i></p> <p style="text-align: right;">23 JUN 28 P 3:09</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA 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><u>FINDINGS</u> SCG#3 – Do documented evidence of current First Aid Certification.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- to prevent this from happening again, I have a checklist that includes care givers, residents and household members names and all the annual requirements. List includes CPR / FIRST AID, medical clearance, TB Clearance, Field print clearance and PCG training. Will refer to this checklist at least three months prior to my annual inspection to ensure all clearances are updated.</p>	<p align="center">23 JUN 28 P 3:09</p> <p align="center">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p align="right">6/28/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> SCG#4 -- No documented evidence of PCG training to make prescribed medications available and how to record such action.</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>SCG #4 no longer works in my care home 6/28/23</p>	<p>23 JUN 28 P 3:09</p> <p>STATE OF HAWAII DDH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> SCG#4 – No documented evidence of PCG training to make prescribed medications available and how to record such action.</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>- to prevent this from happening again, I got a check list that includes caregivers, residents and household members names and all the annual requirements. List includes CPR / FIRST AID, medical, TB clearances, field print clearances and PCG training. Will refer to this at least three months prior to my annual inspection to ensure all clearances are up to date</p>	<p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: right;">6/28/23</p>

23 JUN 28 P 3:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (c) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG#3 – No documentation of current CPR certification.</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, corrected - I have obtained a copy of SCG #3 CPR cert and have filed it in the case home binder</p>	<p style="text-align: right;">23 JUN 28 P 3:08</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (D)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (c) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG#3 -- No documentation of current CPR certification.</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>to prevent this from happening again I have a checklist that includes caregivers, residents and household members names and all the annual requirements. List includes CPR/FIRST AID, medical/TB clearance, Field print clearance and PCG training. Will refer to this checklist at least three months prior to my annual inspection to ensure all clearances are updated</p>	<p>23 JUN 28 P3:08</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>6/28/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer to measure hot and cold temperatures available.</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 did</p> <p>- went to buy one</p>	<p style="text-align: right;">Sept 30, 2023</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>§11-100.1-14 <u>Food sanitation</u>. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer to measure hot and cold temperatures 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>-to prevent this from happening again, I have an environmental checklist that includes</p> <ul style="list-style-type: none"> ① metal stem thermometer ② refrigerator temperature ③ toxic chemicals and cleaning agents shall be properly labeled and sealed ④ all bells functional ⑤ walkways clear ✓ free of clutter <p>-I will check use this checklist daily</p>	<p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>JUN 28 P 3:08</p> <p>6/28/23</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><u>FINDINGS</u> Two can of roach spray located in residents' room.</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>- roach spray is now in a lockable closet</p>	<p>6/28/2023</p> <p>23 JUN 28 P3:08</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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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> (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 - Emergency information incomplete</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 did</p> <p>- I filled up the rest of information to complete emergency information</p>	<p>6/28/2023</p> <p>23 JUN 28 P 3:08</p> <p>STATE OF HAWAII DOH-CHCA 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><u>FINDINGS</u> Resident #1 – Emergency information incomplete</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>- to prevent this from happening again, I'd refer to the admission checklist provided to us by DOH-OHCA</i></p>	<p><i>6/28/2023</i></p> <p>23 JUN 28 P3:08</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>, (1) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>Injectable medications shall be administered by a licensed nurse, unless physician orders permit an expanded ARCH resident to self-inject. The registered nurse case manager may delegate this task according to rules established by the Board of Nursing. The licensee or primary care giver shall maintain written policies and procedures outlining this responsibility;</p> <p>FINDINGS Resident #1 – Resident started on sliding scale insulin in March of 2022. PCP does not have current RN license and is administering insulin to Resident who cannot self-administer.</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 talked to son, POA, would not like his dad moved to another care place, thought of writing asking for a waiver then there was a conference between resident's PCP & geriatrician & I had. Both doctors agree! to d/c insulin injections and glucose checks given his golden age</p>	<p>Dec 5, 2022</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

23 JUN 28 P3:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (1) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>Injectable medications shall be administered by a licensed nurse, unless physician orders permit an expanded ARCH resident to self-inject. The registered nurse case manager may delegate this task according to rules established by the Board of Nursing. The licensee or primary care giver shall maintain written policies and procedures outlining this responsibility;</p> <p><u>FINDINGS</u> Resident #1 – Resident started on sliding scale insulin in March of 2022. PCG does not have current RN license and is administering insulin to Resident who cannot self-administer.</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>- to prevent this from happening again, will not admit nor keep resident on sliding scale</p> <p>- do not admit residents w/ injectable insulin unless</p> <ol style="list-style-type: none"> 1- the resident is capable of self-administering their insulin 2- there is a physician's order saying that the resident is capable of self-administering their insulin 3- resident's guardian or POA for health care provides written permission allowing resident to self-administer their insulin 	<p>23 JUN 30 08:00</p> <p>STATE OF HAWAII DOH-CHIEF STATE LICENSE</p> <p>6/28/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-89 <u>Medications</u>. (1) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>Injectable medications shall be administered by a licensed nurse, unless physician orders permit an expanded ARCH resident to self-inject. The registered nurse case manager may delegate this task according to rules established by the Board of Nursing. The licensee or primary care giver shall maintain written policies and procedures outlining this responsibility;</p> <p><u>FINDINGS</u> Resident #2 - PCG does not have current RN license and is administering insulin to Resident. No order from Physician for resident to self-inject.</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 got it corrected - got geriatric doctor who we visited in person on May 17, 2023 to write that resident can self administer insulin</p>	<p>5/17/2023</p> <p>23 JUN 28 P 3:07</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-89 <u>Medications</u> (1) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>Injectable medications shall be administered by a licensed nurse, unless physician orders permit an expanded ARCH resident to self-inject. The registered nurse case manager may delegate this task according to rules established by the Board of Nursing. The licensee or primary care giver shall maintain written policies and procedures outlining this responsibility;</p> <p><u>FINDINGS</u> Resident #2 - PCG does not have current RN license and is administering insulin to Resident. No order from Physician for resident to self-inject.</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>- To prevent this from happening again, I'll get a doctor's order that resident on injectable medicine to self inject</p> <p>- I developed written policy outlining this responsibility 6/28/23</p>	<p>23 JUN 28 P 3:07</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Venita V. Andrada, CH

Print Name: VENITA V. ANDRADA - TUBE

Date: 6/28/2023

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUN 28 P 3:07