## 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, III 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.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-3 Licensing. (b)(1)(1) Application.  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:  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;  FINDINGS  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.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Tried to do, went for finger print background Oct 18, Sub CG # 2 : SGG # Mar >> , but thought that result would come in to Doff Oct 19, my daughter tried to pull out results but unable to	N23 2013

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-3 <u>Licensing</u> , (b)(1)(I) Application.	PART 2 S S	<u> </u>
In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall	FUTURE PLAN	JUN 30
provide any information required by the department to demonstrate that the applicant and the ARCII or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	A8 20
Documented evidence stating that the licensec, 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;  FINDINGS  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.	-to prevent this from happening again I have a checklist that includes care rivers resided and household new bers name and all the annual requirement ist includes CPR/FIRST MP medical clearance, tiel print clears clearance, tiel print clears and PCG training. Will refer to this checklist at least 3 months bnoir to my annual inspection to my annual inspection one updated	
	-\$CG #4 no lunger works in my care home	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (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.  FINDINGS SCG#1 – No evidence of annual tuberculosis (TB) clearance.  SCG#4 – No evidence of history of positive TB skin test.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Yes, corrected  I have obtained a copy of SCG #3 CPR certificate and has filed to un the care home binder	TOTALE OF HAWAII

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-9 Personnel, staffing and family requirements. (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.  FINDINGS SCG#1 - No evidence of annual tuberculosis (TB) clearance.  SCG#4 - No evidence of history of positive TB skin test.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  - to prevent this from happening again, I have a checklist the includes caregiver, resident and household neablers name out all the annual required the includes cpr terrest ALY medical clearances and PCG training. Will refer this checklist at least three months prior to a annual inspection to annual inspection to a sure all clearances are updated  -SCG# 4 no longer works in my care tome.	nance

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (e)(3)	PART 1	
The substitute care giver who provides coverage for a period less than four hours shall:	DID YOU CORRECT THE DEFICIENCY?	
Be currently certified in first aid;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
FINDINGS SCG#3 – Do documented evidence of current First Aid Certification.	yes, corrected	
	-SCG# 3 works in another	
	care place where she's	
	certified on FIRST AID	
	completed = 117/2022	
	to me I had it filed	
	mto CH binder	(e/38/W23
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:  Be currently certified in first aid;  FINDINGS SCG#3 - Do documented evidence of current First Aid Certification.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THATE  IT DOESN'T HAPPEN AGAIN?  To provent this from the preming again that a checking that include care givers, residents and hurchold members name and all the annual requires to include chearance to the field print chearance to the freed print chearance to the this checking that at the checking of the prior to my annual inepection to ensure all chearances are updated.	STATE OF HAWAII

	PLAN OF CORRECTION	Completion Date
Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  SCG #4 no longer works in my care hom	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	23
RULES (CRITERIA)  §11-100.1-9 Personnel, staffing and family requirements. (e)(4)  The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  FINDINGS  SCG#4 – No documented evidence of PCG training to make prescribed medications available and how to record such action.	PLAN OF CORRECTION  PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  to project this from leagues again, I get a checklist that includes care nivers, residents and hotsehold members names and all the annual taquiraments hist includes CPR   FIRST A medical, to clear ancer Field print clear ancer and PCG training. Will refer to this at least three months prior to me annual inspection to ensure all clearances.	Completion Pate OCH-OHCA INTELICENSING	73 JIN 28 P3 08
	are up to date	6/28/2	مر

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (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:  Be currently certified in cardiopulmonary resuscitation;  FINDINGS SCG#3 – No documentation of current CPR certification.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  - yes, currected  - I have obtained a copy of SCG # 3 CPR cert and have filed at in the cace home binder	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
$\square$	§11-100.1-9 Personnel, staffing and family requirements. (f)(1)	PART 2	2
	The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements	FUTURE PLAN	1s 22
	specified in subsection (e) shall:	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	Be currently certified in cardiopulmonary resuscitation;	PLAN: WHAT WILL YOU DO TO ENSURE THATE IT DOESN'T HAPPEN AGAIN?	28 양당.
	FINDINGS SCG#3 No documentation of current CPR certification.	to prevent this from happe	E B 23 1 28 1 28 1 28 1 28 1 28 1 28 1 28 1
		that includes a checklish	-
		residents and howevered	
		numbers haves and all +	h
		List in cluder CPR FIRST AN	v
		medical/troclearances	• <i>5</i> .
		Field print charging and	
		16 training. Will reflex	
		three months	
		anneal inspection to ence	_
		all clearances are updated	6/28/20)

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.  FINDINGS No metal stem thermometer to measure hot and cold temperatures available.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY  Yes, I did  went to buy one	Sept 30, 20
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	RULES (CRITERIA)	PLAN OF CORRECTION	Compl	
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	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.	PART 2	STATE	Ę
	FINDINGS	<u>FUTURE PLAN</u>		28
	No metal stem thermometer to measure hot and cold temperatures available.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	SING	P3 38
		to prevent this from hyppening	\	
		mental Checklist text	-	
		Onetal Stem Hermoneter		
		(3) toxic chemicals and	G	
		cleaning agents shell		
		and secured to and		
		D walk ways tchar &		
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		check hot daily	<b></b> ( 1	

RULES (CRITERIA)	PLAN OF CORRECTION	Comple	
§11-100.1-14 Food sanitation. (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.  FINDINGS Two can of roach spray located in residents' room.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  TOOCH Sprong is now in a lockable closet	Ce (28)	
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5.4	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
All red availal placen	20.1-17 Records and reports. (f)(4) al rules regarding records:  cords shall be complete, accurate, current, and readily ble for review by the department or responsible ment agency.  INGS ent #1 - Emergency information incomplete	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  - YES, I did  - I filled up the rest of information to complete energency information	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (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.  FINDINGS Resident #1 — Emergency information incomplete	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date
	heppening again, I'd refer to the ordaisson checklist provided to us by DOH-OHCA	6/28/2023
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:  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;  FINDINGS  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.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY  - I talked to son, POA, would not like his clad moved to anoth care place, then ght of writing acking for a wanter then there was a conference the residents PCP & geria from 1 Thad. Both chickort agree to all insular in profices and glucuse checks given his golden age	Detween an
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-89 Medications. (1) In addition to the requirements in subchapter 2 and	PART 2	8
subchapter 3, the following shall apply to an expanded ARCH:	FUTURE PLAN	JUN 30
Injectable medications shall be administered by a licensed nurse, unless physician orders permit an expanded ARCH	USE THIS SPACE TO EXPLAIN YOUR FUT TO PLAN: WHAT WILL YOU DO TO ENSURE THAT	) A8
resident to self-inject. The registered nurse case manager may delegate this task according to rules established by the	IT DOESN'T HAPPEN AGAIN?	8
Board of Nursing. The licensec or primary care giver shall maintain written policies and procedures outlining this responsibility;	to prevent this from happen	ing
FINDINGS	orgain, will not admit no	
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-	keep resident on sliding	6/24/2/23
administer.	- do not admit residents w/	1
	injectable insulin unless	
	1. The resident is capable of self-administering their	
	2" there is a physician's order	
	capable of self administers their insulin	79
	3-residents quardian or POA	
	written permission allowing	5
	their insulin administ	w/

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-89 Medications. (1) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	
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;  FINDINGS  Resident #2 - PCG does not have current RN license and is administering insulin to Resident. No order from Physician for resident to self-inject.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  - yes, I get it corrected  got geri atric ductor  who we visited in person on may 17,2023 to write  that resident can  self administes insular	5717/2023
		23 JM 28 P3 57  STATE OF HAWAII DON-ONCA STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-89 Medications. (1) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:	PART 2 <u>FUTURE PLAN</u>	
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;  FINDINGS  Resident #2 - PCG does not have current RN license and is administering insulin to Resident. No order from Physician for resident to self-inject.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  To passet this from happen a gain, I'll get a doctory order that venident on injectable medicine to self inject  I developed written policy outlining this responshi	STATE OF HAWAII

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Licensee's/Administrator's Signature: Work of Dead - Tuste

Print Name: Work 1. 40,02404 - Tuste

Date: (488170) 3