

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Eldercare, Inc #1	CHAPTER 100.1
Address: 94-379 Oililua Place Waipahu, Hawaii 96797	Inspection Date: October 12, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 - No evidence of fieldprint background check results.</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>Deficiency was corrected. First Fieldprint background check results was not printed on time therefore results not available. Second Fieldprint background check results were done, results printed and placed on carehome binder available for inspection for Primary Caregiver. Substitute Care Giver #1, #2 and #3</p>	<p style="text-align: center;">10/26/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 - No evidence of fieldprint background check results.</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 similar deficiency in the future I have placed a reminder on my calendar the due date and year of the next fieldprint .</p>	<p style="text-align: center;">10/26/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 Physician summaries over the course of the inspection year mention various diet discussions and orders. Diet order needs clarification.</p> <ul style="list-style-type: none"> • 11/16/21 - Regular • 2/7/22 - Regular • 3/31/22 - "Pureed solids" • 4/30/22 - "Regular Puree" • 5/11/22 "MD discussed nectar liquid and pureed solids recommended" • 6/30/22 - "Regular chopped small soft" • 7/31/22 - "Regular soft chopped" • 9/30/22 - "Regular" 	<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>Deficiency was corrected. Clarified diet order for Resident #1 with PCP. Regular pureed diet with nectar liquid consistency.</p>	<p style="text-align: center;">4/14/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Physician summaries over the course of the inspection year mention various diet discussions and orders. Diet order needs clarification.</p> <ul style="list-style-type: none"> • 11/16/21 – “Regular” • 2/7/22 – “Regular” • 3/31/22 – “Pureed solids” • 4/30/22 – “Regular Puree” • 5/11/22 - “MD discussed nectar liquid and pureed solids recommended” • 6/30/22 – “Regular chopped small soft” • 7/31/22 – “Regular soft chopped” • 9/30/22 – “Regular” 	<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 similar deficiency in the future, I have added diet order into my checklist and must be checked on a monthly basis or every after change of residents feeding intolerance.</p>	<p>4/4/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 Progress note on 9/15/22 noted, "Tylenol two tabs given", however, this was not documented on the medication administration record.</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>Deficiency was corrected. Tylenol two tabs given on 9/15/22 was documented on the medication administration record as late entry for Resident #1.</p>	<p style="text-align: center;">10/13/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 -- Progress note on 9/15/22 noted. "Tylenol two tabs given", however, this was not documented on the medication administration record.</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 similar deficiency in the future I put a reminder on my daily checklist to double check my medication administration record for all routine and PRN medications that they are documented on time and substitute caregiver is assigned to double check for accuracy.</p>	<p style="text-align: center;">10/13/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - The following medication were kept among the resident's active medications but were expired:</p> <ul style="list-style-type: none"> • Gentamicin cream 1% cream, expiration date 7/30/22. • Triamcinolone 1% cream, expiration date 9/13/22. 	<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>Deficiency was corrected. Gentamicin cream and Triamcinolone cream were discarded and ordered a new refill of Gentamicin 1% cream and Triamcinolone 1% from the pharmacy placed in the medication container for Resident #1.</p>	<p style="text-align: center;">10/13/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (f) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - The following medication were kept among the resident's active medications but were expired:</p> <ul style="list-style-type: none"> • Gentamicin cream 1% cream, expiration date 7/30/22. • Triamcinolone 1% cream, expiration date 9/13/22. 	<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 similar deficiency in the future, I have placed a big note and added to the medication checklist, placed on the medication cabinet to check all medication expiration date on a daily basis.</p>	10/13/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, Resident #2, & Resident #3 "Physical exams" dated 9/14/22 for each resident does not include a review of systems.</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>Copy of this deficiency was copied and sent to the PCP for correction on Resident #1, Resident #2, Resident #3.</p>	<p style="text-align: right;">4/4/2023</p>

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	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, Resident #2, & Resident #3 "Physical exams" dated 9/14/22 for each resident does not include a review of systems.</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 similar deficiency in the future, caregiver should be trained to make sure that PCP fill out the physical exam properly.</p>	<p style="text-align: right;">4/4/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> SCG #1 - For Resident #1, Resident #2, and Resident #3, SCG #1 assessed, read, and documented tuberculosis (TB) skin test results without valid/current credentials to do so.</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>Deficiency was corrected. Resident #1, Resident #2, and Resident #3 were taken to Lanakila TB branch for TB skin test.</p>	<p style="text-align: center;">10/19/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> SCG #1 - For Resident #1, Resident #2, and Resident #3, SCG #1 assessed, read, and documented tuberculosis (TB) skin test results without valid/current credentials to do so.</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 similar deficiency in the future SCG#1 will not assess, read TB skin test results.</p>	<p>10/19/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2 – There are conflicting certifications for self-preservation on 9/14/22. One form says she is self-preserving, and another form says she is non-self-preserving.</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>Deficiency was corrected. Clarified with PCP and Resident #2 is non-self preserving.</p>	<p style="text-align: center;">4/4/2023</p>

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	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #2 -- There are conflicting certifications for self-preservation on 9/14/22. One form says she is self-preserving, and another form says she is non-self-preserving.</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 similar deficiency in the future , conflicting certification for self preservation has to be addressed to the PCP immediately.</p>	<p style="text-align: center;">4/4/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 RN CM care plan states "Potential for falls, implement use of bed alarm, body alarm, and baby monitor to alert care giver when resident gets out of bed without calling", however, none of those devices are currently in use for the resident.</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>Deficiency was corrected. Bed pad alarm was placed on Resident #1 bed.</p>	<p style="text-align: center;">10/16/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – RN CM care plan states “Potential for falls, implement use of bed alarm, body alarm, and baby monitor to alert care giver when resident gets out of bed without calling , however, none of those devices are currently in use for the resident.</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 similar deficiency in the future, sign saying check bed alarm is posted on Resident #1 bedside.</p>	<p style="text-align: center;">10/16/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities:</p> <p><u>FINDINGS</u> Resident #1 – No Case Management (CM) monthly progress note for October 2021, therefore, no evidence of face -to-face contact for that month.</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>RN Case Manager was notified , monthly progress note for October 2021 was placed on Resident #1 binder available for inspection.</p>	<p style="text-align: center;">10/15/2022</p>

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	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities:</p> <p><u>FINDINGS</u> Resident #1 -- No Case Management (CM) monthly progress note for October 2021, therefore, no evidence of face -to-face contact for that month.</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 similar deficiency in the future, I have added to my monthly checklist to remind RN Case Manager to leave her progress notes immediately after her visit and place it to resident's binder for inspection.</p>	<p style="text-align: center;">10/15/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-91 Professional misconduct. (b)(1) Misconduct includes, but is not limited to, the following:</p> <p>Procurement of license by fraud or misrepresentation:</p> <p><u>FINDINGS</u> SCG #1 – For Resident #1, Resident #2, and Resident #3, SCG #1 assessed, read, and documented tuberculosis (TB) skin test results without valid/current credentials to do so.</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>Deficiency was corrected. SCG#1 is now aware that she is not allowed to assess TB skin test results without valid/current credentials.</p>	10/19/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-91 Professional misconduct. (b)(1) Misconduct includes, but is not limited to, the following:</p> <p>Procurement of license by fraud or misrepresentation;</p> <p><u>FINDINGS</u> SCG #1 – For Resident #1, Resident #2, and Resident #3, SCG #1 assessed, read, and documented tuberculosis (TB) skin test results without valid/current credentials to do so.</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 similar deficiency in the future SCG #1 will not assess, read TB skin test results as she is aware that she has not valid/current credentials.</p>	<p>10/19/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-91 <u>Professional misconduct</u>, (b)(13) Misconduct includes, but is not limited to, the following: Conduct or character likely to deceive or defraud the public.</p> <p><u>FINDINGS</u> SCG #1 For Resident #1, Resident #2, and Resident #3, SCG #1 assessed, read, and documented tuberculosis (TB) skin test results without valid/current credentials to do so.</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>Deficiency was corrected . SCG #1 is now aware that she is not allowed to assess, read and document TB skin test results without valid/current credentials.</p>	<p style="text-align: center;">10/19/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-91 <u>Professional misconduct</u>, (b)(13) Misconduct includes, but is not limited to, the following:</p> <p>Conduct or character likely to deceive or defraud the public.</p> <p><u>FINDINGS</u> SCG #1 -- For Resident #1, Resident #2, and Resident #3, SCG #1 assessed, read, and documented tuberculosis (TB) skin test results without valid/current credentials to do so.</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 similar deficiency SCG #1 will not assess, read and document TB skin test results without valid/current credentials.</p>	<p>10/19/2022</p>

Licensee's/Administrator's Signature: Gerónimo Tenorio

Print Name: Gerónimo Tenorio

Date: 5/2/2023