

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Care LLC	CHAPTER 100.1
Address: 381 Wanaao Road, Kailua, Hawaii 96734	Inspection Date: March 2, 2023 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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> Substitute Care Giver #1 - No Fieldprint result.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Substitute Care Giver # 1 was ask to obtained Fieldprint . A copy of the result is attached.</p>	<p>5/1/23</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> Substitute Care Giver #1 – No Fieldprint result.</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 ensure that this would not happen again, the PCG will utilize the pre-employment and annual requirement care giver checklist and will make sure all SCG's requirement is current and in compliance with OHCA 's guidelines. A 30 day notice will be given to the SCG prior to their credentials is about to expire.</p>	<p>5/1/23</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">2023 MAY 18 10:11 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary Care Giver (PCG) – No continuing education courses within the last year.</p> <p>Please submit a copy with your POC.</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>The PCG made copies of the CEU's completed last year at work for RN license renewal. Copies if such CEU's are made and filed in the Care Home binder. All these CEU's which totaled more than six credit hours are now filed correctly for the department to inspect as required. The PCG will make sure all credit all CEU's required will be completed before the year ends. This process will apply to the PCG and all SCG. A reminder will be given to all caregivers on the the 15th day of November to all caregivers , including the PCG name sure CEU's are completed. Then a strict compliance of this CEU's completion should be fully completed by 31st day ^{of} December .</p>	<p style="text-align: right;"><i>5/16/23</i></p> <p style="text-align: right;">23 JUN 20 110 55</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>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current:</p> <p><u>FINDINGS</u> Primary Care Giver (PCG) - No continuing education courses within the last year.</p> <p>Please submit a copy with your POC.</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 ensure that this does not happen again, The PCG will make sure all his credentials and requirements are filled and updated in the Care Home Binder. Then credential checklist will also be utilized to keep all requirements are updated regularly.</p>	<p style="text-align: right;">3/15/23</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 current annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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 ensure that this does not happen again, The PCG will periodically audit that all SCG requirements are filed in the right place by utilizing the credential requirement checklist that is in place.</p> <p>This quarterly initiative will ensure that this credentials are filed in the proper area in the Care Home binder for the department to inspect.</p>	<p style="text-align: right; font-size: 1.2em;">3/15/23</p> <p style="text-align: right; font-size: 0.8em; margin-top: 100px;">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)(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 #1 - First aid class was taken online only.</p> <p>Please complete in-person class and submit a copy of a certificate with your POC.</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>SCG # 1 was ask to retake her First Aid class in a different setting and a copy of the certificate is attached.</p>	<p style="text-align: center;">5/10/23</p> <p style="text-align: center;">23 MAY 16 PM 11</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 #1 – First aid class was taken online only.</p> <p>Please complete in-person class and submit a copy of a certificate with your 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>To ensure that this does not happen again the PCG will continue to audit all credentials that the SCGs submitted by the SCG and will make sure that this credentials are obtained in manner that is in compliant with OHCA's credential requirements.</p>	<p>5/10/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> No record that PCG trained SCG #2 to make prescribed medication available to resident.	<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>SCG # 2 pre-employment records and credentials was removed from the Care Home Binder, since she never started working or not employed.</p>	<p style="text-align: right; font-size: 1.2em;">3/3/23</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> No record that PCG trained SCG #2 to make prescribed medication available to 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 ensure that it doesn't happen again , the PCG will make sure that the pre-employment checklist is utilized and fully completed before all SCG requirements are filed in the Care Home binder. Since SCG # 2 did not proceed with her employment at Pacific Care LLC, her pre-employment training record was removed from the binder.</p> <p>The utilization of the checklist for pre-employment training and credentials will be strictly utilized . If checklist is not completed , credentials and training documents will not be filed in the care home binder. This is ensure that only, fully trained and credentialed SCG will be allowed to work at Pacific Care LLC.</p>	<p style="text-align: right;">6/16/23</p> <p style="text-align: right;">73 JUN 20 AM 55</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA 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> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation:</p> <p><u>FINDINGS</u> SCG #1 – Cardiopulmonary resuscitation course was taken online only.</p> <p>Please complete in-person class and submit a copy of a certificate with your POC.</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>PCG # 1 . In the future all employees CPR card will be verified by the PCG (Otilio Gimang) to make sure the CPR card is a valid card as required by OHCA. A copy of the current CPR card is attached.</p>	<p style="text-align: right;">4/20/23</p> <p style="text-align: right; font-size: small;">23 Nov 16 PM 1:11</p>

	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 (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation:</p> <p><u>FINDINGS</u> SCG #1 – Cardiopulmonary resuscitation course was taken online only.</p> <p>Please complete in-person class and submit a copy of a certificate with your 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>To ensure that this does not happen again, the PCG will make sure that the CPR cards or credentials is obtained in person and is in compliant with the OHCA's requirement. If these credentials are not done in person the SCG will not allowed to work at Pacific Care LLC</p>	<p>4/20/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Fire drills were conducted between 9:32am and 6:15pm only.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">3/2/27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (c)</u> The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Fire drills were conducted between 9:32am and 6:15pm only.</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 ensure that this does not happen again, PCG and SCG will be conducting fire drills at different times of the day. It will be conducted from 0700 to 2000 .</p>	<p style="text-align: right;">3/25/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> , (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. <u>FINDINGS</u> Lunch menu included banana, but apple slices were served. Menu substitution not recorded. Per SCG, banana was given for breakfast instead of papaya. But menu substitution was not recorded.	<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 style="text-align: center;">To ensure that this does not happen again the PCG conducted a retraining of all PCG in documenting menu substitutes in the Menu substitute record sheet next to the actual menu. Continued effort from the PCG will ensure proper menu substitution documentation will be followed.</p>	<p style="text-align: center;">3/3/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #3 - No current annual diet order.	<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>Resident # 3 , The PCG ask the primary care physician for current diet order as shown in the annual physical exam. An order is obtained and filed in the Resident's chart.</p>	<p style="text-align: right; font-size: 1.2em;">3/25/23</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 #3 – No current annual diet order.</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 ensure that it doesn't again, the PCG will review the current annual physical examination record and make sure all entries are completed. This includes the Diet order , continuation or changes in the diet order should be reflected in the recent annual physical examination. A resident dietary list will be utilized and the PCG or the SCG will initial and date the diet the resident should have after reviewing the diet order. This diet checklist will be added to the existing monthly checklist that Pacific Care utilized.</p> <p>If the diet order is missing in the recent annual physical examination, the PCG will contact the primary care physician immediately and obtained an order.</p>	<p style="text-align: right;">6/16/23</p> <p style="text-align: right;">23 JUN 20 AM 55</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"/> §11-100.1-15 <u>Medications</u> . (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Unlabeled Bacitracin ointment tube was left in residents' bathroom #3. unlabeled Calmoceptine tube was left in resident bathroom #4.	<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 ensure that this does not happen again, all caregivers will conduct a thorough inspections every Sundays on all closets, resident dressers and bathrooms in the facility to ensure that no ointment or topical creams are stored . The PCG reemphasized to all visiting friends and family members that bringing in their own ointments or other topical remedies is prohibited in the facility without the knowledge of the staff Pacific Care LLC</p>	<p style="text-align: right;">3/5/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Most recent physician’s order 2-28 2023 was “Donepezil 5mg QDx30d then stop.” Medication bottle label was “take 1 tablet by mouth once a night at bedtime.” Order and bottle label do not match.	<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>Resident # 1, Donepezil 5 mg , a new medication bottle label stating the stop date as reflected in recent order on 2/28/2023 . The medication was discontinued 30 days from the 2/28/2023 as shown in most recent order.</p>	<p style="text-align: right; font-size: 1.5em;">3/3/23</p>

	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 – Most recent physician’s order 2/28/2023 was “Donepezil 5mg QDx30d then stop.” Medication bottle label was “take 1 tablet by mouth once a night at bedtime.” Order and bottle label do not match.</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 incident from happening again, The PCG and the SCG will conduct a monthly inspections on all medications on all residents , this is to ensure that all labels in the medications bottles are reflective of the recent orders. If a medication bottle is found labeled incorrectly the PCG or SCG will place the correct label if its over the counter medicine and have the pharmacy re-label the medication bottle if its pharmacy dispensed. This monthly inspections will be fully documented to ensure correct labels are placed . All SCG will be trained in this task as part of their employment orientation.</p>	<p style="text-align: right;">6/16/23</p> <p style="text-align: right;">23 JUN 20 A10 55</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	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 February and January 2023 medication administration record (MAR), Valacyclovir 500mg, 1000mg PO PRN for HSV did not indicate dosing frequency and administration instruction.</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 style="text-align: center;">Resident #1 - The PCG reviewed the recent order and revised the MAR that reflects the recent Physician order. The MAR now reflects the dosing frequency and administration instructions as written in the recent order.</p>	<p style="text-align: center;">3/3/23</p>

	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 February and January 2023 medication administration record (MAR), Valacyclovir 500mg, 1000mg PO PRN for HSV did not indicate dosing frequency and administration instruction.</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 style="text-align: center;">To ensure that it doesn't happen again , the PCG will do a monthly audit or check all MAR and made sure all medication orders should indicate dosing , frequency and administration instructions and properly transcribed into the MAR. A thorough inspections of all MAR and current medication orders by the PCG will ensure that this incident will not happen again.</p>	<p style="text-align: right;">6/16/23</p> <p style="text-align: right;">23 JUN 20 AIO 55</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications, (m)</u> 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. <u>FINDINGS</u> Resident #1 – Most recent order 2/28/2023 was “Valacyclovir 500mg, take 1000mg PO PRN for HSV lesion onset, take 500mg BID x 3 days. Start within 1 day of HSV lesion onset.” In December 2022 MAR, “Discontinued 2/13/2023” was noted. No discontinuation order on file.	<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>Resident # 1, Valacyclovir 500 mg , 1000 mg PO PRN is placed under the PRN in the patient MAR and the recent dose and frequency is reflected in the Medication Administration Record. The medication will be administered as needed .</p>	<p style="text-align: right; font-size: 1.5em;">3/13/27</p>

23 MAR 16 2027

	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 – Most recent order 2/28/2023 was “Valacyclovir 500mg, take 1000mg PO PRN for HSV lesion onset, take 500mg BID x 3 days. Start within 1 day of HSV lesion onset.” In December 2022 MAR, “Discontinued 2/13/2023” was noted. No discontinuation order on file.</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 ensure that it doesn't happen again if a medication is said to be discontinued all SCG will contact the PCG . The PCG and only the PCG will be allowed to discontinue any medications in the MAR. The PCG will personally review the current medication order before any discontinuation of any medications. If order clarification is needed , it must be done immediately by the PCG .</p>	<p style="text-align: right;">6/16/23</p> <p style="text-align: right;">23 JUN 20 AM 055</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. <u>FINDINGS</u> Resident #1 – No PCG's signature in Resident Financial Statement.	<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 style="text-align: center;">The PCG signed the financial agreement and filed in the Resident's chart.</p>	<p style="text-align: center;">3/3/27</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-1001-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. <u>FINDINGS</u> Resident #1 – No PCG's signature in Resident Financial Statement.	<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 incident from happening again, the PCG will continue to utilize the admission checklist and make sure all admission documents are signed filed appropriately and signed by the PCG.</p>	<p style="text-align: right;">3/2/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. <u>FINDINGS</u> Resident #1 – No record that 10lbs. weight loss from 128lbs. to 118lbs in 3 months was reported to physician.	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>3/3/23</p> <p>28 Nov 15 2023</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards, (c)</u> The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. <u>FINDINGS</u> Resident #1 - No record that 10lbs. weight loss from 128lbs. to 118lbs in 3 months was reported to physician.	<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>Resident #1 10 lb weight loss is reported to the Primary Care Physician . No orders given by the physician. Will continue to monitor Resident # 1 oral intake and continue to record weight every month and report any weight loss of more than 3 lbs to the Primary Care Physician. To prevent this incident from happening again, the PCG will make sure to review the monthly weight record of all residents and promptly report any weight loss of 3 lbs.or more to the primary care physician.</p>	<p style="text-align: right; vertical-align: middle;">3/3/23</p>

Licensee's/Administrator's Signature: Otilio M. Gimang D.
Print Name: OTILIO GIMANG JR
Date: 5/16/23

Licensee's/Administrator's Signature: Otilio M. Gimang D.
Print Name: OTILIO GIMANG
Date: 6/16/23

23 JUN 16 PM 09