

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yoon's Care Home	CHAPTER 100.1
Address: 1754 Komo Mai Drive, Pearl City, Hawaii 96782	Inspection Date: May 11, 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.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUN 26 P 1 56

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Per medication administration record (MAR), medications not administered as ordered on the following dates:</p> <ul style="list-style-type: none"> • “Finasteride 5mg 1 tab PO daily”, not administered on 3/1/22 as ordered • “Melatonin 3mg 1 tab PO at bed time insomnia”; not administered on 4/19/23 as ordered • “Tamsulosin 0.4mg 1 cap PO at bedtime”; not administered on 4/19/23 as ordered • “Wilexa Inhub 500-50mcg 1 puff po bid” – 8:00am daily dose not administered on 4/22/23-4/26/23 and 4/28/23-4/30/23 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Daily schedule of activities states, “12:00-1:00 Lunch tube-feeding”; however, resident eats food by mouth. Schedule of activities does not accurately reflect resident.</p> <p>Submit a revised copy of resident’s daily schedule of activities with plan of correction.</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;">I will post reminder note on my care home binder to create daily schedule of activity activities, that reflect resident's physical abilities and tailor activities specifically to the resident.</p>	<p style="text-align: right;">6/26/23</p> <p style="text-align: right;">23 JUN 26 P 1 55</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications not documented in monthly progress notes</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>	

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