

Office of Health Services  
23 AUG 25 11:47 AM

23 JUL 25 P1:57

State Licensing Section  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 888 Adult Residential Care Home	CHAPTER 100.1
Address: 98-550 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: June 15, 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-OHCA  
STATE LICENSING  
JUL 25 2023

	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> Household member #1 – No Fieldprint result.</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>Household member #1 was scheduled right away to get his fingerprint done. Document is now on file.</i></p>	<p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">AUG 25 AM 1:47</p> <p style="text-align: center;"><i>6/25/23</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">'23 JUL 25 P 1:57</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> Household member #1 – No Fieldprint result.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this deficiency from happening in the future. I will make sure everyone has a fingerprint completed of household members who reside in the facility for more than a month.</i></p> <p><i>I will use household members and caregiver checklist</i></p> <p><i>We will use gospel calendar to remind myself to update the result.</i></p> <p style="text-align: right;"><i>8/25/23</i></p>	<p style="text-align: center;">STATE OF HAWAII DOH-ONICA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONICA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 AM 1:47</p> <p style="text-align: center;">23 JUL 25 P1:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (a)            All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b>            Primary Care Giver - No current annual physical exam. The physical exam form was filled in and dated 4/20/2023, but not signed by the physician.</p> <p>Please submit a copy with your plan of correction (POC).</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>- Annual physical exam form was submitted to the doctor's office right away to be signed. Documents now is on file.            copy attached</i></p>	<p>23            AUG 25 AM 11:47</p> <p>23            JUL 25 P 1:56</p> <p><i>8/25/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Primary Care Giver – No current annual physical exam. The physical exam form was filled in and dated 4/20/2023, but not signed by the physician.</p> <p>Please submit a copy with your plan of correction (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><i>To prevent this deficiency from happening in the future. I will make sure to double check every detail before leaving in the office of a doctor and make sure it is signed. I will review all documents one month before inspection. I will update if need.</i></p>	<p>STATE OF HAWAII DOH-01CA STATE LICENSING</p> <p>23 AUG 25 AM 1:47</p> <p>STATE OF HAWAII DOH-01CA STATE LICENSING</p> <p>23 JUL 25 P1:56</p> <p><i>8/25/23</i></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> POC - No current annual tuberculosis (TB) clearance. TB Risk Assessment and Attestation Screening form was filed but patient's name not recorded.</p> <p>Household member (HIM) #1 - No annual/initial TB clearance.</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><i>Annual tuberculosis clearance name of a patient's name is already inputted the right person's name. Document is already on file.</i></p> <p><i>copy attached</i></p>	<p style="text-align: center;">23 AUG 25 AM 1:47</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 P 1:56</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;"><i>8/25/23</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <u>FINDINGS</u> PCG -- No current annual tuberculosis (TB) clearance. TB Risk Assessment and Attestation Screening form was filled but patient's name not recorded.  Household member (HM) #1 -- No annual/initial TB clearance.  Please submit a copy with your POC.	<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>To prevent this deficiency from happening in the future. I will double check every question is filled with the right information. before leaving the doctor's office</i></p>	<p style="text-align: center;">23 AUG 25 AM 1:47</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 P1 56</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;"><i>8/25/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b>  Lunch menu contained BBQ chicken. One resident was served fish sticks instead of BBQ chicken. No menu substitution recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">23  AUG 25 AM 1:47</p> <p style="text-align: center;">23  JUL 25 P 1:55</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e)            Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u>            Lunch menu contained BEQ chicken. One resident was served fish sticks instead of BBQ chicken. No menu substitution recorded.</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 deficiency from happening in the future. Menu for residents who preferred no meat meal. Separate menu will be created for substitution meal. I used menu substitution record. I trained substitute caregiver to document whenever substitution is provided to the resident.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>23 AUG 25 AM 1:48</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>23 JUL 25 PM 1:55</p> <p style="text-align: right;"><i>d/uster</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b>  Resident #1 - Physician's diet orders were as follows:  6/24/2022: Cardiac Mechanical Soft, Bite size, thin liquids  3/20/2023: heart healthy  5/5/23/2023: regular</p> <p>There were no menus for special diets that were ordered in the past</p>	<p>PART I</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 AUG 25 AM 1:48</p> <p style="text-align: center;">STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p> <p>23 JUL 25 P1:55</p> <p style="text-align: center;">STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u>  Resident #1 - Physician's diet orders were as follows:  6/24/2022: Cardiac Mechanical Soft. Bite size thin liquids  3/20/2023: heart healthy  5/23/2023: regular</p> <p>No documented evidence that special diets were provided.</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>To prevent this deficiency from happening in the future. Facility will make sure every change of a resident's diet will be recorded on the progress note of the resident's chart, and update menu as soon as possible. I will document on the progress note what diet he is on every month.</i></p>	<p style="text-align: right;">STATE OF HAWAII  DH-ONCA  STATE LICENSING</p> <p style="text-align: right;">23 AUG 25 AM 1:48</p> <p style="text-align: right;"><i>8/25/23</i></p> <p style="text-align: right;">STATE OF HAWAII  DH-ONCA  STATE LICENSING</p> <p style="text-align: right;">23 JUL 25 P 1:55</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><b>FINDINGS</b> Four (4) Glade spray cans were left in two (2) residents' bathrooms. PCCG secured it during inspection.</p>	<p>PART I</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 AUG 25 AM 11:48</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>23 JUL 25 P 1:55</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>§11-100.1-14 <u>Food sanitation.</u> (1) 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> Four (4) Glide spray cans were left in two (2) residents' bathrooms. PCG secured it during inspection.</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 defectiveness from happening in the future. Facility will check every chemicals that our Lanan resident will put away in a secured place for safety. Every morning, after leaving I will make sure to put away all chemicals into the storage and lock it.</p>	<p>23 AUG 25 AM 1:48</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>23 JUL 25 P 1:55</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</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><b>FINDINGS</b> Resident #1 - Physician's order dated 6/21/2023 included Losartan 25 mg, 1 tab, qd. Resident was admitted on 6/23/2023. There was an order to stop Losartan 25mg dated 7/6/2023. The medication was not listed in medication administration record (MAR). Per PCG, the resident did not have the medication at admission, but it was not recorded.</p>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 AUG 25 AM 1:48 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>23 JUL 25 P 1:55 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 -- Physician's order dated 6/21/2023 included Losartan 25mg, 1 tab qd. Resident was admitted on 6/23/2023. There was an order to stop Losartan 25mg dated 7/6/2023. The medication was not listed in medication administration record (MAR). Per PCG, the resident did not have the medication at admission, but it was not recorded.</p> <p><i>If any medication is missing on the list. I will verify with the doctor and document it on the progress note within 24 hours.</i></p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this deficiency from happening in the future. Facility will double check every medication if all ordered or prescribed by the doctors. Do not allow family to bring medication that is not prescribed by doctors. Remove every medication that are not on the list of doctor's order after confirming the doctor. or double check with the doctor's record. I will check during admission assessment.</i></p> <p style="text-align: right;"><i>6/25/23</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-OSHA STATE LICENSING</p> <p>AUG 25 AM 1:48</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-OSHA STATE LICENSING</p> <p>JUL 25 PM 1:55</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies:  <u>FINDINGS</u> Resident #2 -- No initial TB clearance.  Please submit a copy with your POC	<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 style="text-align: center;"> <i>               TB clearance was requested to PCP - PCP decided to do it in a blood test. Resident did the procedure before inspection occurred but because PCP was on vacation. The result of report received it later. The document result was received on 7/24/23. The document is submitted and copy is on file.                 copy attached                8/25/23             </i> </p>	<p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: center;">23 AUG 25 AM 11:48</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 PM 1:55</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;  <u>FINDINGS</u> Resident #2 - No initial TB clearance.  Please submit a copy with your POC.	<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><i>To prevent this deficiency from happening in the future. Facility will make sure all necessary documents like TB clearance will be completed before PCP going to vacation. I will use the admission check list to obtain required documents.</i></p> <p style="text-align: right;"><i>6/25/23</i></p>	<p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">23 AUG 25 AM 1:48</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 P 1:55</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 1-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;  <u>FINDINGS</u> Resident #2 - No current annual Tb clearance. No current annual physical exam Resident #3 - No current annual physical exam.  Please submit a copy with your POC.	<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 style="text-align: center;">- Facility called PCP for scheduled right away to get resident's TB clearance and physical exam for resident #2 and resident #3. 6/16/23.</p> <p style="text-align: center;">copy attached 8/25/23</p>	<p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">23 AUG 25 AM 11:48</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 PM 1:55</p>

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis.  <u>FINDINGS</u> Resident #2 - No current annual Tb clearance. No current annual physical exam. Resident #3 - No current annual physical exam.  Please submit a copy with your POC.	<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>To prevent this deficiency from happening in the future. Facility will make sure all necessary documents will be updated annually and will make a reminder note to remind the facility by using my calendar.</i></p>	<p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">23 AUG 25 AM 11:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 P 1:53</p> <p style="text-align: right;"><i>8/25/23</i></p>

	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><b>FINDINGS</b> Resident #1 - This resident had Cystoscopy and transurethral resection of tumors on 3/20/2023. Observation and response to treatment not recorded in progress notes.</p>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 AUG 25 AM 11:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>23 JUL 25 P 1:53</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-109.1-17 <u>Records and reports.</u> (b)(3) During residence records shall include:  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.  <u>FINDINGS</u> Resident #1 - The resident had Cystoscopy and trans-urethral resection of tumors on 3/20/2023. Observation and response to treatment not recorded in progress notes.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this deficiency from happening in the future. All treatment or procedures to the resident will be documented every changes or no changes before and after the treatment or procedures in our progress notes. I need to review all document every end of the months. I will document as needed.</i></p> <p style="text-align: right;"><i>8/25/23</i></p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</div> <div style="text-align: center;"> <p><b>AUG 25 AM 9:49</b></p> <hr/> <p><b>23 JUL 25 P1:53</b></p> </div> <div style="writing-mode: vertical-rl; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</div> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents.</p> <p><b>FINDINGS</b> In Permanent Resident Register, "Religion" was not recorded for one (1) current resident. "Admitted from" was recorded as "care home." Previously resided facility names not recorded for two (2) current residents. Corrected during inspection.</p>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 AUG 25 AM 11:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>23 JUL 25 P 1:53</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-7 <u>Records and reports, (h)(1)</u> Miscellaneous records:  A permanent general register shall be maintained to record all admissions and discharges of residents;  <u>FINDINGS</u> In Permanent Resident Register, "Religion" was not recorded for one (1) current resident. "Admitted from" was recorded as "care home." Previously resided facility names not recorded for two (2) current residents. Corrected during inspection.	<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 deficiency from happening in the future, I will make sure to fill-in all information filled on the Register, and put n/a if any are not applicable. I will review all admission documents within one week all admission. I will complete the document and obtain required documents if needed.</p> <p style="text-align: right;">8/25/23</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>AUG 25 AM 1:49</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>JUL 25 PM 5:53</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> , (g)(3)(I) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  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:  <u>FINDINGS</u> Resident #2 - No self-preservation statement.  Please submit a copy with your POC.	<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;"><i>As soon as Dr. PCB returned from his vacation, Facility called the doctor office right away to schedule the resident's doctor's visit, and get the form filled. Resident visited the office 7/20/23 and form received on 7/25/23.</i></p> <p style="text-align: center;"><i>copy attached 6/25/23</i></p>	<p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">AUG 25 AM 11:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 P 1:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(I) 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 - No self-preservation statement.</p> <p>Please submit a copy 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><i>To prevent this deficiency from happening in the future. Facility will make sure to update every year before the PCP will take vacation. I will use admission checklist to obtain all required documents.</i></p> <p><i>6/25/22</i></p>	<p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>AUG 25 AM 1:49</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>23 JUL 25 PM 1:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> In resident's bedroom #3, bedsheet was placed directly on the waterproof mattress cover. A comfortable mattress pad was not provided.</p>	<p>PART I</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>A comfortable mattress pad was applied right after inspection on bedroom #3. 6/15/23</i></p>	<p>23 JUN 25 AM 11:49</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>23 JUL 25 PM 1:32</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p><i>6/15/23</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:  Bedroom furnishings:  Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;  <u>FINDINGS</u> In resident's bedroom #3, bedsheet was placed directly on the waterproof mattress cover. A comfortable mattress pad was not provided.	<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><i>To prevent this deficiency from happening in the future. Facility will apply every qualified residents but a complete comfort mattress occupied or non-occupied to get it always ready. I have enough supply of comfortable mattress on call for residents.</i></p> <p style="text-align: right;"><i>6/25/23</i></p>	<p style="text-align: center;">STATE OF HAWAII DH-CHCA STATE LICENSING</p> <p style="text-align: center;">AUG 25 AM 11:49</p> <p style="text-align: center;">STATE OF HAWAII DH-CHCA STATE LICENSING</p> <p style="text-align: center;">23 JUL 25 PM 1:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> PCG and Substitute Care Giver (SCG) #1 – Confirmed completed continuing education credits was nine (9) hours only. SCG #2 – Confirmed completed continuing education credits was five (5) hours only.</p> <p>Please submit a copy of additional credits completed to obtain 12 hours credits. The credits will not be counted toward 2024 annual inspection.</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;"><i>PCG and substitute care giver are scheduled to attend a in service training right away for school availability. All documents now are in filed and completed.</i></p> <p style="text-align: center;"><i>copy attached 8/25/23</i></p>	<p style="text-align: center;">AUG 25 AM 11:49</p> <p style="text-align: center;">23 JUL 25 P1:52</p>

STATE OF HAWAII  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> PCG and Substitute Care Giver (SCG) #1 – Confirmed completed continuing education credits was nine (9) hours only. SCG #2 – Confirmed completed continuing education credits was five (5) hours only.</p> <p>Please submit a copy of additional credits completed to obtain 12 hours credits. The credits will not be counted toward 2024 annual inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this deficiency from happening in the future, Facility will set a schedule reminder in the calendar to make sure all in service are completed hours are done before the date. I will review all the documents one month before the inspection. I will obtain all required documents as needed.</i></p> <p style="text-align: right;"><i>06/25/23</i></p>	<p style="text-align: center;">23 AUG 25 AM 1:49</p> <p style="text-align: center;">23 JUL 25 P 1:51</p>

Licensee's/Administrator's Signature: Victor Lafortera Jr

Print Name: Victor Lafortera Jr

Date: 7/25/23      8/25/23

23 AUG 25 AM 11:49  
STATE OF HAWAII  
DQH-DHCA  
STATE LICENSING

23 JUL 25 PM 1:51  
STATE OF HAWAII  
DQH-DHCA  
STATE LICENSING