Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family (DDDH)	**CHAPTER 89**
Address: **94-035 Nawaakoa Place, Waipahu, Hawaii, 96797**	**Inspection Date: October 23, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-3 Licensure. (d)(1) The caregiver and administrator shall also complete clearances from: Adult and child abuse and neglect registry. **FINDINGS** CCG #1, #2, #3, and HHM#2 – No fieldprint background check results (with APS, CAN, and fingerprint data bases checked) available for review. *All people living or working in the care home over the age of 18 must have background check results for two consecutive years and every other year thereafter. Please check OHCA website for most current information.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-3 Licensure. (d)(1) The caregiver and administrator shall also complete clearances from: Adult and child abuse and neglect registry. **FINDINGS** CCG #1, #2, #3, and HHM#2 – No fieldprint background check results (with APS, CAN, and fingerprint data bases checked) available for review. *All people living or working in the care home over the age of 18 must have background check results for two consecutive years and every other year thereafter. Please check OHCA website for most current information.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-9 General staff health requirements. (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis. **FINDINGS** HHM #1 – No documented evidence of initial physical exam for household member available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-9 General staff health requirements. (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis. **FINDINGS** HHM #1 – No documented evidence of initial physical exam for household member available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-9 General staff health requirements. (b) Any individual providing services to the residents who develops evidence of a communicable disease shall be immediately relieved of any duties relating to food handling or direct resident contact, or both, and shall continue to be relieved of duties until such time as a physician certifies it is safe for the individual to resume the duties. Undiagnosed skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of a communicable disease. **FINDINGS** • HHM #1 – No documented evidence of initial two-step TB clearance available for review. • HHM #2 – No proof of positive tuberculosis (TB) history. If appropriate proof cannot be located, HHM will require a TB skin test.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-9 General staff health requirements. (b) Any individual providing services to the residents who develops evidence of a communicable disease shall be immediately relieved of any duties relating to food handling or direct resident contact, or both, and shall continue to be relieved of duties until such time as a physician certifies it is safe for the individual to resume the duties. Undiagnosed skin lesions, respiratory tract symptoms or diarrhea shall be considered presumptive evidence of a communicable disease. **FINDINGS** • HHM #1 – No documented evidence of initial two-step TB clearance available for review. • HHM #2 – No proof of positive tuberculosis (TB) history. If appropriate proof cannot be located, HHM will require a TB skin test.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition. **FINDINGS** Resident #1 – Physician's signed order dated 10/25/22 reads, "Temazepam 30mg cap PO QHS". Order is renewed on 2/7/23, however, on 6/19/23 Physician signed order appears to change medication to a "PRN for sleep". Order change is written in an odd form with medication instructions on top and medication name on the bottom. Needs to be clarified.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition. **FINDINGS** Resident #1 – Physician's signed order dated 10/25/22 reads, "Temazepam 30mg cap PO QHS". Order is renewed on 2/7/23, however, on 6/19/23 Physician signed order appears to change medication to a "PRN for sleep". Order change is written in an odd form with medication instructions on top and medication name on the bottom. Needs to be clarified.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain: A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history; **FINDINGS** Resident #1 – No proof of positive tuberculosis (TB) history. If appropriate proof cannot be located, resident will require a TB skin test.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain: A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history; **FINDINGS** Resident #1 – No proof of positive tuberculosis (TB) history. If appropriate proof cannot be located, resident will require a TB skin test.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____