

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Residential Care of Maui LLC	CHAPTER 100.1
Address: 360 Hilo Place, Kahului, Hawaii 96732	Inspection Date: July 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
DHHS-CHCA
STATE LICENSING

23 AUG 28 P 1:42

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-9 Personnel, staffing and family requirements (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> Substitute Care Giver (SCG) #1 - No current annual tuberculosis clearance</p> <p>Please submit a copy with your plan of correction (POC)</p>	<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>Yes, I've double checked the record of the last TB clearance for SCG #1 and it is updated. Copy is in the ARCH Binder and it is available for the department to review.</p> <p>See attached.</p>	<p>7/11/23</p> <p style="text-align: right;">23 SEP 15 P 4:06</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> (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> Substitute Care Giver (SCG) #1 - No current annual tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (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>I created a reminder chart on the communication board, so it will be easier to check or to update all caregivers so that way they will be able to plan ahead to get their TB clearance on time.</p>	<p>7/11/23</p> <p style="text-align: right;">23 AUG 28 P 1:42</p> <p style="text-align: right;">STATE OF HAWAII DOH-BHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1⁹ <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 #? No first aid certification</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>Yes, I called SCG to remind if can provide a copy of updated First Ais Certification.</p> <p>I obtained a first aid certification copy. See attached.</p>	<p>7/11/23</p> <p style="text-align: right;">23 SEP 15 P 4:06</p> <p style="text-align: right;">STATE OF HAWAII DOH-085A 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> (c)(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 #2 - No first aid certification.</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>I will ensure to review ARCH Binder every end to make sure all staffing requirements are met.</p> <p>If the requirements need to be updated, I will let the substitute caregivers know 2 months prior to inspection.</p>	<p style="text-align: center;">7-11-23</p> <p style="text-align: right;">23 SEP 15 P4:07</p> <p style="text-align: right;">STATE OF ILLINOIS DOH-0002 STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> <u>811-10014-13 Nutrition (k)</u> Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 Physician's current order includes Glucerna 1 3 cans, po, QD, PRN. The type of Glucerna was not specified.</p>	<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>Yes, Resident #1 has an appointment with PCP scheduled on 8/8/23. Called and clarified with PCP regarding nutrition orders.</p> <p>I obtained a Physicians order.</p>	<p style="text-align: center;">7/12/23</p> <p style="text-align: center;">STATE OF HAWAII BOH-0801A STATE LICENSING</p> <p style="text-align: center;">23 SEP 15 P 4:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s current order includes Glucerna 1-3 cans, po, QD, PRN. The type of Glucerna was not specified.</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>I will ensure that all Physician's orders are specific specially when ordering nutritional supplements like Glucerna. Will also review residents chart every end of the month to see to it that the orders are written with in 4 months time to keep it updated. Updated Physician's orders are in the residents chart and is available to department to review.</p>	<p style="text-align: center;">8/8/23</p> <p style="text-align: center;">23 AUG 28 P 1 :41</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"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – No label for Cranberry, Aspirin 81mg, Melatonin 3mg, Iron 65mg, Tylenol 500mg, and MiraLAX powder.</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>Yes, I labeled all the over the counter medications and supplements and are stored them in the locked medication cabinet.</p>	<p>7/11/23</p> <p style="text-align: right;">23 AUG 28 P 1 :41</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-SHICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 -- No label for Cranberry, Aspirin 81mg, Melatonin 3mg, Iron 65mg, Tylenol 500mg, and MiraLAX powder.</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>Re-orient all staffing to make sure all over the counter medications or supplements are labeled the way it was ordered by the Physician. I will also double check to ensure that SCG's knows how to re-write orders correctly to avoid confusion and medication error.</p>	<p style="text-align: center;">7/12/23</p> <p style="text-align: center;">23 AUG 28 P 1:41</p> <p style="text-align: center;">STATE OF HAWAII DOH-08CA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 Physician's order is "METOPROLOL TARTATE 25mg, 9 tab. BID, HOLD IF HR > 65 AND/OR < 100." The medication bottle does not indicate blood pressure parameter.</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>Yes, I called Physician's office to clarify orders. 8/8/23 scheduled appointment.</p> <p>I obtained the Physicians order for blood pressure medication.</p>	<p>7/12/23</p> <p style="text-align: right;">23 SEP 15 P 4:07</p> <p style="text-align: right;">STATE OF HAWAII DON-ORCA STATE LICENSING</p>

RULES (CRITERIA)



§11-100.15 Medications. (a)
All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.

FINDINGS

Resident #1 - Physician's order is "METOPROLOL TARTATE 25mg / 1/2 tab, BID, HOLD IF HR<65 AND/OR >100". The medication bottle does not indicate blood pressure parameter.

PLAN OF CORRECTION

Completion Date

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

In the future, I will make sure to double check all medication bottle labels are indicated the correct instructions on how the Physician ordered it. And to make sure if Physicians office sends the Pharmacy electronically the orders the new script to make sure that they have to indicate the same instructions the way Physician ordered it.

Double check all medications every 2 weeks.

7/12/23

STATE OF HAWAII
DON-ORSA
STATE LICENSING

23 SEP 15 P4:07

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-106.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 Following medication orders do not include indication for as needed use: - Calmoceptine ointment - VITA & D ointment - Tylenol - Glucerna	<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>Yes, I called Physician's office to clarify medication orders if it is for as needed only for certain medications written on the MAR.</p> <p>I obtained the order for PRN indication.</p>	<p style="text-align: center;">7/12/23</p> <p style="text-align: center;">23 SEP 15 P4:07</p> <p style="text-align: center;">STATE OF HAWAII DH-082A 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>FINDINGS Resident #1 - Following medication orders do not include indication for as needed use:</p> <ul style="list-style-type: none"> - Calmoceptine ointment - VITA & D ointment - Tylenol - Glucerna 	<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 will make sure to check all PRN medications with the Physician and update MAR atleast every 4 months to keep medication order list are updated.</p>	<p style="text-align: center;">7/12/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

23 SEP 15 P 4:07

	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 – Two (2) different orders for two (2) medications were signed and dated by the same physician on 5/8/2023 for the following medication. Please clarify with the physician.</p> <p>-“Glipizide 2.5mg 1 tab PO QD for heart failure” -“GLIPIZIDE, 2.5mg 1 tab po QD HOLD IF PT NOT EATING”</p> <p>-“Metoprolol Tartrate 25mg, ½ tab BID, HOLD IF HR<65 AND/OR <100” -“Metoprolol 25 mg ½ tab PO BID for Hypertension.”</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>Yes, I called Md office and made clarifications with the medications mention.</p> <p>Made new updated medication list and reviewed by casemanager and signed by the Physician.</p>	<p>8/8/23</p> <p style="text-align: right;">23 AUG 28 P1:41</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DEPARTMENT OF HEALTH 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><u>FINDINGS</u> Resident #1 – Two (2) different orders for two (2) medications were signed and dated by the same physician on 5/8/2023 for the following medication. Please clarify with the physician.</p> <p>-“Glipizide 2.5mg 1 tab PO QD for heart failure” -“GLIPIZIDE, 2.5mg 1 tab po QD HOLD IF PT NOT EATING”</p> <p>-“Metoprolol Tartrate 25mg, ½ tab BID, HOLD IF HR<65 AND/OR <100” -“Metoprolol 25 mg ½ tab PO BID for Hypertension.”</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>I called case management agency to review medications in monthly basis and make an updated medication list every 4 months to avoid discrepancy.</p>	<p style="text-align: center;">7/12/23</p> <p style="text-align: right;">23 AUG 28 P 1:41</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – "SIMETHICONE 40MG/0.6ML, 1 BOTTLE 30ML PO Q4 HRS PRN FOR HEARTBURN, PRN" was listed in medication administration record (MAR) as current medication. The medication was discontinued on 9/1/2022.</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>Yes, I called MD office and Case manager to clarify medication.</p>	<p>7/20/23</p> <p style="text-align: right;">23 AUG 28 P 1:41</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT OF HEALTH 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 - "SIMLITHICONE 40MG/0.6ML, 1 BOTTLE/ 30ML PO Q4 HRS PRN FOR HEARTBURN, PRN" was listed in medication administration record (MAR) as current medication. The medication was discontinued on 9/1, 2022.</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>I will ensure to double check MAR once a month and notify MD and case manager if there are any deficiencies.</p> <p>If clarification is needed, I will contact Physician and case manager within 24 hours.</p>	<p style="text-align: center;">7/20/23</p> <p style="text-align: right;">23 SEP 15 P 4:07 STATE OF HAWAII DDH-ORCA STATE LICENSING</p>

	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><u>FINDINGS</u> In permanent resident register, "Admitted from" was not recorded for four (4) current residents.</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>Yes, wrote at the Resident Register where residents are admitted from.</p>	<p style="text-align: center;">7/11/23</p> <p style="text-align: right;">23 AUG 28 P 1:40</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DCH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (h)(1)</u> Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> In permanent resident register, "Admitted from" was not recorded for four (4) current residents.</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>I will review ARCH Binder every end on the month to ensure all records and reports are charted correctly and is updated in a timely manner like the General Register.</p>	<p style="text-align: center;">7/12/23</p> <p style="text-align: center;">23 AUG 28 P 1:40</p> <p style="text-align: center;">STATE OF IOWA BOH-010-A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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> Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided</p>	<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>Yes, I called Physicians office for clarification on how she wants us to check Glucose meter for the resident.</p> <p>I obtained Physicals order for PRN indication.</p>	<p style="text-align: center;">7/20/23</p> <p style="text-align: right;">23 SEP 15 P 4:07</p> <p style="text-align: right;">STATE OF HAWAII DOH-SDCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-70 <u>Resident health care standards</u>, (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> Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication 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>I will review and update medication orders every 4 months to avoid discrepancies.</p> <p>If I need clarification, I will contact Physicians within 24 hours.</p>	<p style="text-align: center;">7/20/23</p> <p style="text-align: right;">23 SEP 15 P4:07</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>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities. (a)(2)(E)</u> Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u> Surveillance cameras were used in bedroom #1 and #2. Consent documents were not available.</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>Yes, created a notification surveillance camera form. Explained to POA's and Guardians of residents regarding a camera installed in the residents room for safety monitoring purposes only.</p> <p>POA signed a consent documents.</p>	<p>7/20/23</p> <p>STATE OF HAWAII DOM-SHICA STATE LICENSING</p> <p>23 SEP 15 P 4:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u> Surveillance cameras were used in bedroom #1 and #2. Consent documents were not available.</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>Create a form for Surveillance Camera form to be signed by the POA's and Guardian of residents if agreed to have cameras installed in their families room for safety purposes. Copies are will be in the residents chart and are available for the department to review.</p>	<p>7/20/23</p> <p style="text-align: right;">23 AUG 28 P 1:40 STATE OF HAWAII DOM-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-106.1-83 <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><u>FINDINGS</u> SCG #2 -- Only 1.5 hours of continuing education credit can be confirmed, short for 10.5 hours.</p> <p>Please submit a copy with your POC.</p>	<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>Yes, I called SCG #2 to provide an updated copy of continuing education to complete staffing requirements.</p> <p>I obtained a copy of continuing education. See attached.</p>	<p>7/11/23</p> <p style="text-align: right;">23 SEP 15 P 4:07</p> <p style="text-align: right;">STATE OF HAWAII DOH-OSHA STATE LICENSING</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><u>FINDINGS</u> SCG #2 - Only 1.5 hours of continuing education credit can be confirmed, short for 10.5 hours.</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>I will make sure to double check staffing requirements to make sure it is complete and up to date. Completed copy of in-services is in the ARCH binder and is ready for the department to view.</p> <p>I will make sure to check monthly documents if requirements need to be updated. I will let substitute caregivers know 2 months prior inspection.</p> <p>See attached.</p>	<p style="text-align: center;">7/11/23</p> <p style="text-align: center;">23 SEP 15 P4:07</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 - No record that influenza and pneumococcal vaccination was provided or offered.</p>	<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>Yes, I called Physician's office and case manager agency to provide a copy for keep in the residents chart if it is available. Family was informed and if can provide a copy if is available.</p> <p>I obtained Physicians note stating resident will receive vaccination if available at the next appointment.</p>	<p>7/12/23</p> <p style="text-align: right;">23 SEP 15 P4:08</p> <p style="text-align: right;">STATE OF HAWAII BOH-SHC'S STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 <u>Admission requirements</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs <u>FINDINGS</u> Resident #1 - No record that influenza and pneumococcal vaccination was provided or offered.	<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 will review the Admission Requirements every end of the month to make sure all the requirements prior to admission are met.</p> <p>Review at admission and requirement list every end of the month.</p> <p>I will consult with the family if the vaccination was not done at admission.</p>	<p style="text-align: center;">7/20/23</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

23 SEP 15 P 4:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services</u>, (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 – Care plan does not include type of diet and consistency of the current special diet.</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>Yes, I called case manager regarding care plan that it doesn't include the type of diet and consistency of the current special diet.</p> <p>Care Plan is updated.</p>	<p style="text-align: center;">7/12/23</p> <p style="text-align: center;">23 SEP 15 P 4:08</p> <p style="text-align: center;">STATE OF HAWAII DOH-SICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - Care plan does not include type of diet and consistency of the current special diet.</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 will ensure that case manager are to include the type of diet and consistency of the current special diet on their care plan.</p> <p>I will review the care plan with the case manager when she visits the residents monthly.</p>	<p>7/20/23</p> <p>23 SEP 15 P 4:08</p> <p>STATE OF HAWAII DOH-DHPA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 - The case manager did not sign the monthly visit summaries of June 2023 and April 2023.</p>	<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>	<p>23 AUG 28 P1:39</p> <p>STATE OF HAWAII BOH-BOHA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 - The case manager did not sign the monthly visit summaries of June 2023 and April 2023.</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>I will ensure and double check every monthly visit of the case worker to make sure the monthly visit summaries are signed. Signed documents are in the residents chart and is ready for the department to review.</p> <p>I will review the documents after the case manager and if I need to update, I will contact the case manager within 24 hours.</p>	<p style="text-align: center;">7/20/23</p> <p style="text-align: right;">23 SEP 15 P 4:08 STATE OF HAWAII DOH-OSHA STATE LICENSING</p>

Licensee's/Administrator's Signature: *Roseminic UEP*
Print Name: ROSEMINIC UEP
Date: 8/23/23

23 AUG 28 P1:39
STATE OF HAWAII
DCH-DHCA
STATE LICENSING