

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zen Residences LLC	CHAPTER 100.1
Address: 98-343 Puahoku Place, Aiea, Hawaii 96701	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
DOH-CHCA
STATE LICENSING

23 AUG 25 AM 53

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS Resident #1 – Inventory of possession unavailable for admission/readmission on 4/18/23.</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>Inventory of possession has been checked and recorded.</p>	<p>07/12/23</p> <p style="text-align: right;"> 23 JUL 28 AM 1:45 <small>STATE OF HAWAII DEPARTMENT OF HEALTH STATE OF HAWAII</small> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies. (g)</u> An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS Resident #1 – Inventory of possession unavailable for admission/readmission on 4/18/23.</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 have added a reminder note to my "Admission/Re-admission List" after hospitalization. The list is placed on the wall near the kitchen counter to remind the PCG/CHO that an inventory of possessions needs to be re-checked and recorded upon re-admission. The staff has been informed, and the PCG will ensure that the inventory is complete.</p>	<p>07/12/23</p> <p style="text-align: right;">STATE OF HAWAII DORIS A 23 JUL 28 AM 4:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Menu posted did not meet dietary guidelines (portion sizing and specific food items unavailable). Unable to determine if dietary guidelines met for breakfast meals since breakfast was not included in menu.</p> <p>Submit a copy of revised menus with plan of correction.</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>Meet with DOH dietician for advisements. Menu is revised and included breakfast.</p>	<p>08/11/23</p> <p style="text-align: right;">23 AUG 25 AM 11 53</p> <p style="text-align: right;">STATE OF HAWAII HHS-ONHA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Menu posted did not meet dietary guidelines (portion sizing and specific food items unavailable). Unable to determine if dietary guidelines met for breakfast meals since breakfast was not included in menu.</p> <p>Submit a copy of revised menus 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>A DOH approved sample menu has been posted on the kitchen refrigerator. We will use sample to compare and guide us to make sure that all meals are complete and dietary guidelines are met. The same sample menu has been given to the vendor. Vendor agreed to follow DOH protocol by including missing information. This request has been added to my customer account. PCG will review menu prior to posting to ensure all menus include appropriate serving sizes and specific food items.</p>	<p>08/14/23</p> <p style="text-align: right;">23 AUG 25 A1 54</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Menu posted was incomplete and did not include breakfast meals. Submit a copy of revised menus with plan of correction.</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>Meet with DOH dietician for advisements. Menu is revised and included breakfast.</p>	<p>08/11/23</p> <p style="text-align: right;">23 AUG 25 AM 54</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menu posted was incomplete and did not include breakfast meals. Submit a copy of revised menus 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>A DOH approved sample menu has been posted on the kitchen refrigerator. We will use sample to compare and guide us to make sure that all meals are complete and dietary guidelines are met. PCG will review menu prior to posting to ensure all menus include appropriate serving sizes and specific food items.</p>	<p>08/14/23</p> <p style="text-align: right;">23 AUG 25 AM 11:53</p> <p style="text-align: right;">STATE OF HAWAII BOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Resident #1 – Two boxes of Ensure stored on floor in bedroom closet.</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>Ensure boxes were transferred to the closet shelves.</p>	<p>07/11/23</p> <p style="text-align: right;"> 23 JUL 28 AM 11:45 STATE OF HAWAII DHS-DHCA STATE LICENSING </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation. (a)</u> All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Resident #1 – Two boxes of Ensure stored on floor in bedroom closet.</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>A reminder is posted on the resident's room that ensure boxes must be stored on the shelves inside the closet. Also reminded resident's family to ask staff for help in storing the boxes. Staff in-serviced.</p>	<p>07/11/23</p> <p style="text-align: right;"> 23 JUL 28 AM 45 STATE OF HAWAII DHQ-DHCA STATE EMPLOYMENT </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Substitute Caregiver (SCG) reports food prepared for residents is cooked to 160°F. Minimum cooking temperature is 165°F.</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: right;">23 JUL 28 AM 1:45</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>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Substitute Caregiver (SCG) reports food prepared for residents is cooked to 160°F. Minimum cooking temperature is 165°F.</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;">Cooking temperature chart is posted on the kitchen cabinet to remind PCG/SCG of the right cooking temperature.</p>	<p style="text-align: center;">07/11/23</p> <p style="text-align: center;">23 JUL 28 AM 4:45</p> <p style="text-align: center;">STATE OF HAWAII DOI-ORCA 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 dated 5/19/23 states, "Lorazepam 1mg tab Take 1 tab PO Q 8hrs PRN"; however, PRN is missing. Medication order is incomplete.</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>Clarified and faxed the order to PCP. A new order was obtained from PCP with PRN indication included.</p>	<p style="text-align: center;">07/26/23</p> <p style="text-align: right;">23 AUG 25 AM 1:54 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>FINDINGS Resident #1 – Physician's order dated 5/19/23 states, "Lorazepam 1mg tab Take 1 tab PO Q 8hrs PRN"; however, PRN is missing. Medication order is incomplete.</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>Created a footnote on MAR that all medications with PRN must include specific parameters. Parameters must state what the medication is for, when, how much, and how often the medication may be administered.</p>	<p>07/12/23</p> <p style="text-align: right;">23 AUG 25 AM 54</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"/>	<p>§11-100.1-15 <u>Medications. (e)</u> 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 – Physician's order dated 5/19/23 states, "Levetiracetam 100mg/mL sol Take 10mL PO 2x/day"; however, medication administration record (MAR) shows medication was only administered once on 7/10/23.</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: right;">23 JUL 28 AM 7:45 STATE OF HAWAII DCH-DHCA STATE LICENSING</p>

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<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 – Physician’s order dated 5/19/23 states, “Levetiracetam 100mg/mL sol Take 10mL PO 2x/day”; however, medication administration record (MAR) shows medication was only administered once on 7/10/23.</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>A digital alarm has been added to mobile devices and carehome ipad to remind PCG/SCG to check/ recheck the MAR and mark them as complete. The alarm goes off at 9AM and 9pm every day.</p>	<p>07/11/23</p> <p style="text-align: right;">23 JUL 28 AM 1:44</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS Resident #1 – Primary caregiver (PCG) assessment unavailable for admission/readmission on 4/18/23.</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: right;">23 JUL 28 AM 11:44</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS Resident #1 – Primary caregiver (PCG) assessment unavailable for admission/readmission on 4/18/23.</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>Added a reminder note on my "Admission/Readmission List" after hospitalization. List is placed on the wall by the kitchen counter to remind CHO that a PCG Assessment must be filled upon resident's re-admission. PCG to check for completeness.</p>	<p>07/12/23</p> <p style="text-align: right;">23 JUL 28 AM 1:44</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>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1 – No documented evidence physician visit on 5/19/23 was noted in progress notes.</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 JUN 28 AM 4:44</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence physician visit on 5/19/23 was noted in progress notes.</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>A reminder note has been added to the Progress Note section, reminding CHO/PCG to document all physician visits.</p>	<p style="text-align: center;">07/11/23</p> <p style="text-align: center;">23 JUL 28 AM 1:44</p> <p style="text-align: center;">STATE OF HAWAII DOH-OPCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident reports stored in resident binder and not under separate cover.</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>Incident Report was removed from the resident's binder and put it back in the Incident Report folder.</p>	<p>07/11/23</p> <p style="text-align: right;">23 JUL 28 AM 1:44</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	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)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed of facility policies and rights prior to or at the time of admission/readmission on 4/18/23.</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 facility policies and rights acknowledgment form has been faxed to the resident's family for signature. Once the signed acknowledgment is received, it will be filed in the resident's binder as a record.</p>	<p>07/26/23</p> <p style="text-align: right;">73 JUL 28 AM 11:44 STATE OF HAWAII ODH-CHCA 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)(1)(A)</u> Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed of facility policies and rights prior to or at the time of admission/readmission on 4/18/23.</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 have placed a reminder note on my "Admission/Readmission List" after hospitalization. This list is positioned near the kitchen counter to remind the PCG that upon re-admission, the resident and their family will need to acknowledge and sign the facility policies and rights. The PCG is responsible for ensuring that this process is completed and all necessary signatures are obtained.</p>	<p>07/26/23</p> <p style="text-align: right;">23 JUL 28 AM 1:44 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.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed in writing of services and related charges at the time of admission/readmission on 4/18/23.</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 facility services and related charges acknowledgment form has been faxed to the resident's family for signature. Once the signed acknowledgment is received, it will be filed in the resident's binder as a record.</p>	<p style="text-align: center;">07/26/23</p> <p style="text-align: center;">73 JUL 28 AM 11:44</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"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed in writing of services and related charges at the time of admission/readmission on 4/18/23.</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 have placed a reminder note on my "Admission/Readmission List" after hospitalization. This list is positioned near the kitchen counter to remind the PCG that upon re-admission, the resident and their family will need to acknowledge and sign the services and related charges of the home upon re-admission. The PCG is responsible for ensuring that this process is completed and all necessary signatures are obtained.</p>	<p style="text-align: center;">07/12/23</p> <p style="text-align: right; vertical-align: bottom;"> 73 JUL 28 AM 11:44 STATE OF HAWAII DOH-OHCA STATE LICENSING </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS Eight (8) inch tear in screen of sliding door.</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>Screen door has been fixed.</p>	<p>07/26/23</p> <p style="text-align: right;">23 JUL 28 AM 1:44 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Eight (8) inch tear in screen of sliding door.</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>A house maintenance folder has been established to allow any staff member to document and report any maintenance requirements of the home. This folder will serve as a centralized location for recording maintenance needs, and it will help guide the handyman in determining which services need to be addressed.</p>	<p style="text-align: center;">07/21/23</p> <p style="text-align: right;"> 23 JUL 28 AM 11:44 STATE OF HAWAII DHHS-OMCA STATE LICENSING </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Improper sanitizing process of dishes and utensils reported by SCG. Per SCG, dishes are washed, soaked in bleach/water solution (1tsp bleach:3gal water) for 15-20 seconds, then washed again and set to air dry. Dishes are sanitized every three (3) days in bleach/water solution.</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 JUL 28 AM 1:44</p> <p>STATE OF HAWAII DON-ORICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Improper sanitizing process of dishes and utensils reported by SCG. Per SCG, dishes are washed, soaked in bleach/water solution (1tsp bleach:3gal water) for 15-20 seconds, then washed again and set to air dry. Dishes are sanitized every three (3) days in bleach/water solution.</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>A flyer detailing the proper sanitizing process for dishes and utensils has been posted on the side of the sink. This serves as a reminder to everyone about the correct method to sanitize these items.</p>	<p>07/26/23</p> <p style="text-align: right;">23 JUL 28 AM 1:14</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-DHCA STATE LICENSING</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><u>FINDINGS</u> Bedroom #1 – Plastic pillow protector not available on resident’s pillow.</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>Chair pillow has been covered by plastic pillow protector per recommendation.</p>	<p>07/11/23</p> <p style="text-align: right;">23 JUL 28 AM 11:44</p> <p style="text-align: right;">STATE OF HAWAII DOR-OLCA STATE LICENSING</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>FINDINGS Bedroom #1 – Plastic pillow protector not available on resident's pillow.</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>A reminder has been included on our "weekly task list" to ensure that all pillows are equipped with protectors, regardless of their location. Everyone will check the pillows at least once a week or during the scheduled linen change to ensure compliance with this requirement.</p>	<p>07/21/23</p> <p style="text-align: right;">73 JUL 28 AM 11:44</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Resident #1 – Signaling devices at bedside were out of reach for resident while in bed.</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>Cowbell was removed from the third rung and re-attached to the top rung of the bedrail per recommendation.</p>	<p>07/11/23</p> <p style="text-align: right;">73 JUL 28 AM 1:43 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Resident #1 – Signaling devices at bedside were out of reach for resident while in bed.</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>In addition to push button signalling devices, cowbells previously attached to bed railings have been permanently relocated to the top rung of the bedrail. Everyone have been trained to check these devices during every change of incontinent pads and when necessary.</p>	<p>07/11/23</p> <p style="text-align: right;">23 JUL 28 AM 1:43 STATE OF HAWAII DQH-OHCA 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>FINDINGS Resident #1 – The following medication/supplement orders for the following medications are not reflected in the care plan: ascorbic acid, multivitamin, zinc sulfate, lorazepam, levetiracetam, kaspargo sprinkle</p> <p>Submit revised care plan with plan of correction.</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>Meet with the RN Case Manager. All medication orders were added to the care plan.</p>	<p>07/24/23</p> <p style="text-align: right;">-23 AUG 25 AM 11 53 STATE OF HAWAII REG. NURSE STATE LICENSING</p>

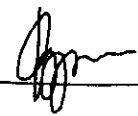
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration 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>FINDINGS Resident #1 – The following medication/supplement orders for the following medications are not reflected in the care plan: ascorbic acid, multivitamin, zinc sulfate, lorazepam, levetiracetam, kapsargo sprinkle</p> <p>Submit revised care plan 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>A reminder note has been placed on the "case management" divider for all expanded clients. This note serves as a reminder for the case manager to include all medication orders into the appropriate care plan.</p>	<p>07/24/23</p> <p style="text-align: right;">23 AUG 25 AM 1:53</p> <p style="text-align: right;">STATE OF HAWAII DPH-DHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: 

Print Name: Janah Jmani

Date: 7/26/20

23 JUL 28 AM 1:43
STATE OF HAWAII
D&H-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: 

Print Name: Jarah Jurani

Date: 08/14/23

23 AUG 25 AM 1:53
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STATE LICENSING