

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TLC Ohana Hale II, Inc.	CHAPTER 100.1
Address: 1185 Hoolaulea Street, Pearl City, Hawaii 96782	Inspection Date: September 8, 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1: No "oxygen in use sign" outside of bedroom.</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>Attached</i></p>	<p>10/16/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1: No "oxygen in use sign" outside of bedroom.</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>Attached</i></p>	<p>10/18/23</p>

TLC Ohana Hale II, Inc
1185 Hoolaulea Street
Pearl City, HI 96782

Inspection Date: September 8, 2023 Annual

Rules (Criteria)	Plan of Correction
11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. Findings: Resident #1: No "oxygen in use sign" outside of bedroom.	Part 1 "Oxygen use in sign" posted on resident's door.
11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS:: Resident #1: No "oxygen in use sign" outside of bedroom.	Part 2 - Future Plan Checklist will be utilized upon admission and when oxygen therapy is initiated. Signage will be inspected daily by staff to ensure proper signage in place when oxygen present in home. If sign is not visible, it shall be replaced and put at resident's door in a visible location.

Signature: _____

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (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> Resident #1: video recording device in resident bedroom. No documented evidence of consent by resident.</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>Attached</i></p>	<p><i>10/18/23</i></p>

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<p>11-100.1-21 Residents' and primary and care givers' rights and responsibilities. (a) (2)(E)</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 residents personal needs;</p> <p>FINDINGS Resident #1: video recording device in resident bedroom. No documented evidence of consent by resident.</p>	<p>Part 2</p> <p>Video surveillance consents shall be specific to each resident's wants/needs. Checklist shall be utilized upon admission. Consent forms shall be specific to each resident and signed by authorized representative. Checklist shall be located with admission documents.</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(B) Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><u>FINDINGS</u> Resident # 4, Resident #5: beds less than three feet apart.</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>Attached</i></p>	<p>10/18/2023</p>

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Rules (Criteria)	Plan of Correction
11-100.1-23 Bedrooms: Floor space: Beds shall be placed at least three feet apart in multiple occupant bedrooms: FINDINGS: Resident #4, Resident #5: beds less than three feet apart	Part 1 Consent obtained from family member that married resident #4 & #5 prefer bed in current position close together.
11-100.1-23 Bedrooms: Floor space: Beds shall be placed at least three feet apart in multiple occupant bedrooms: FINDINGS: Resident #4, Resident #5: beds less than three feet apart	Part 2 Checklist will be utilized on admission . Consent will be obtained upon admission regarding patient's preferences regarding bed placement.

Signature: 

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Licensee's/Administrator's Signature: _____



Print Name: _____

Lilabeth Caoile

Date: _____

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