

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Adult DD Domiciliary Home, LLC	CHAPTER 89
Address: 2235 Auhuhu Street, Pearl City, HI 96782	Inspection Date: April 27, 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
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (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.</p> <p>FINDINGS Resident #1 – HHM#1, HHM#2, & HHM#3 –</p> <p>1. No documented evidence of physical exam prior to first contact with residents.</p> <p>2. No documented evidence of proof of positive ppd.</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>1. Correction was already made. HHM#1, HHM#2 and does have Physical and Tuberculosis screening as required by the DEPT of EDUCATION before admitted at the school. HHM#3 Arrived FEB 2023 Form for tuberculosis screening was done by PCM and Annual Physical appointment was made but earliest was after inspection date forms added to file after the appointment.</p> <p>Current physical and TB Screening for the HHM#1,HHM#2,HHM#3 are also enclosed</p> <p>Documented Positive PPD was on file at the time of the inspection. See attached copy of PPD positive.</p>	<p>AUG 5,2023</p> <p>UG 5,2023</p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

23 OCT 31 AM 1:50

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 - HHM#1, HHM#2, & HHM#3</p> <p>1. No documented evidence of physical exam prior to first contact with residents.</p> <p>2. No documented evidence of proof of positive ppd.</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>1. To ensure that this does not occur again in the future, my new action plan includes:</p> <p>a. Before any individual moves in to facility, they will be examined by a physician prior to their first contact with resident of the home.</p> <p style="padding-left: 20px;">- The examination will include rule out communicable disease and tests for tuberculosis.</p> <p>b. I will confirm that individual has updated TB screening and/or TB clearance.</p> <p>c. I will include all supporting documents of Physical exam, Tuberculosis screening, and other relevant medical conditions in a binder with labels.</p> <p>d. I will also regularly review the binder to ensure that that Physical exam and TB screening is up to date</p> <p>e. Action plan is included in resident binder for review by all caregivers to make sure this deficiency does not occur.</p> <p>f. All caregivers will regularly review this action plan.</p>	<p>AUG 5,2023</p> <p>AUG 5 ,2023</p> <p>Correction Date: Oct 29,2023</p> <p style="text-align: right;">23 OCT 31 AM 1:50</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 order dated 3/10/22 and renewed every three months reads, "Ziprasidone 80mg capsule, take 1 capsule by mouth with dinner", however, resident is being administered medication at bedtime (9pm).	<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>1. This deficiency has been corrected. Patient's medical record binder has been updated to reflect that Ziprasidone 80mg is given with dinner per active physician order. See attached Copy of medication chart correction.</p>	<p style="text-align: center;">AUG 5, 2023</p>

STATE OF MARYLAND
BOARD OF
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 3/10/22 and renewed every three months reads, "Ziprasidone 80mg capsule, take 1 capsule by mouth with dinner", however, resident is being administered medication at bedtime (9pm).</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>1. To ensure that this does not occur again in the future, my new action plan includes:</p> <ul style="list-style-type: none"> a. I will periodically review all medications (including supplements) to ensure there is a current written physician's order. b. I will immediately copy, update and/or change patient's medication instruction in the medical chart to reflect the current medication instructions as written on medication label or physical physician order. c. Periodically review medication chart with the pharmacy instructions to confirm that patient's medical chart is current and accurate. d. Action plan is included in medication chart for review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan. 	<p style="text-align: center;">AUG 5, 2023</p> <p style="text-align: center;">Correction Date: Oct 29, 2023</p> <p style="text-align: center;">23 OCT 31 AM 11 51</p> <p style="text-align: center;">STATE OF MICHIGAN STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ol style="list-style-type: none"> 1. The April and May 2022 medication administration record (MAR) includes “Triamcinolone 0.1% cream apply to leg twice a day as needed”, however, there is no available signed Physician/APRN order. 2. This medication no longer appears on the MAR starting June 2022 to current; however, resident is still receiving medication intermittently. Medication is not being documented when given. 	<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 OCT 31 AM 51</p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p>FINDINGS Resident #1 –</p> <p>1. The April and May 2022 medication administration record (MAR) includes “Triamcinolone 0.1% cream apply to leg twice a day as needed”, however, there is no available signed Physician/APRN order.</p> <p>2. This medication no longer appears on the MAR starting June 2022 to current; however, resident is still receiving medication intermittently. Medication is not being documented when given.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this does not occur again in the future, my new action plan includes:</p> <p>a. Preparing medication lists ahead of medical appointments. b. Bringing list of medications with me to all medical appointments. c. Review current medication list with medical provider to ensure medication list is current and accurate. I will have a signed order on all current medications and instructions signed by the medical provider. d. If any medication changes are recommended by the medical provider (e.g. new medication, change of dose, or discontinuing of a current medication), I will request a physical physician signed order for medication and instructions. e. Any medication ordered by provider as PRN, will be included in medication record but only signed when given PRN. f. For every medication I add to the MAR, I will staple a copy of the physician's order to the MAR. Also for every medication I discontinue from the MAR, I will staple the physician's signed order to the MAR. g. Action plan is included in medication chart for review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan.</p>	<p>AUG 5,2023</p> <p>AUG 5,2023</p> <p>Correction Date: Oct 29,2023</p> <p style="text-align: right;">23 OCT 31 AM 1:51</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(11) Medications:</p> <p>Discontinued or outdated medications shall be disposed of by flushing down the toilet.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Lorazepam 1mg tab, take 2 tabs orally at bedtime and 1 tab orally daily as needed for agitation”. The bottle that was present in the resident’s medication box had expired on 5/12/2022.</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>To ensure that this does not occur again in the future, my new action plan includes:</p> <ol style="list-style-type: none"> a. I will review expiration date on medication bottle daily. b. I will review medication chart daily to confirm that all medications are current c. I will discard all expired or discontinued medications immediately. d. Medications will be disposed of by flushing down the toilet unless otherwise directed by patient's medical provider. e. Action plan is included in medication chart for review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan. 	<p style="text-align: center;">AUG 5, 2023</p> <p style="text-align: right;">Correction Date: Oct 29, 2023</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES STATE LICENSING</p> <p style="text-align: right; font-size: small;">23 OCT 31 AM 11:51</p>

9/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p>FINDINGS Resident #1 Resident is intermittently being administered Triamcinolone 0.1% cream to affected areas as needed, however, medication tube and/or box does not contain a pharmacy label.</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>1. This deficiency has been corrected. I asked the doctor to write another prescription with the correct label for the same medication. Now, the new medication has a current pharmacy label. The medication tube has not been separated from the box. See attached copy of pharmacy label on box</p>	<p>AUG 5,2023</p> <p style="text-align: right;">23 OCT 31 AM 51</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
	<p>§11-89-14 <u>Resident health and safety standards</u>, (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 - Resident is intermittently being administered Triamcinolone 0.1% cream to affected areas as needed, however, medication tube and/or box does not contain a pharmacy label.</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>1. To ensure that this does not occur again , new action plan is:</p> <p>a. Will not remove the pharmacy labels or throw away boxes of ointments/ topical medication/other relevant medications even the (PRN) or as needed medications, unless it is expired. -Never separate any medication that does not have proper pharmacy label from the box/container that has a pharmacy label. -Pharmacy label will be with the medicine at all times.</p> <p>b. All medications should have written physician's orders and be labeled with pharmacy medication instructions.</p> <p>c. All medications taken by the resident, will be recorded on resident's medication record and initialed with given by caregiver.</p> <p>d. Any medication ordered by provider as PRN, will be included in medication record but only signed when given PRN.</p> <p>e. Action plan is included in medication chart for review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan.</p>	<p>August 5,2023</p> <p style="text-align: right;">23 OCT 31 AM 11:51 STATE OF ILLINOIS STATE LICENSING</p>

3/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p>FINDINGS Resident #1 – Progress notes do not contain:</p> <ol style="list-style-type: none"> 1. Rationale for use of PRN Triamcinolone 0.1% cream as well as observations of resident's response to the PRN medication. 2. Notations regarding how resident is progressing towards his ISP goals. 	<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>1. This deficiency has been corrected. I included an after-the -fact report in caregiver note reflecting rationale for using Triamcinolone and observations of resident's response to the PRN medication.</p>	<p>AUG 5,2023</p> <p>AUG 5,2023</p> <p style="text-align: right;">23 OCT 31 AM 51</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF ALABAMA HEALTH CARE STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p>FINDINGS Resident #1 – Progress notes do not contain:</p> <p>1. Rationale for use of PRN Triamcinolone 0.1% cream as well as observations of resident's response to the PRN medication.</p> <p>2. Notations regarding how resident is progressing towards his ISP goals.</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>1. To ensure that this does not occur again , new action plan is:</p> <p>1. I will observe the resident's response to any medication treatment, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns.</p> <p>2. I will record any observations as mentioned above in my progress notes as needed.</p> <p>- In particular, I will note down the progress of any medication prescribed by the doctor and write it down on the back of my medication sheet.</p> <p>- I will record any notation, reactions, response and progresses in my caregiver notes.</p> <p>3. I will add it in his care givers notes and towards his ISP notes/plans and goals.</p> <p>4. Action plan is included in medication chart for review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan.</p>	<p>AUG 5,2023</p> <p>AUG 5,2023</p> <p style="text-align: right;">23 OCT 31 AM 51</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN NURSING STATE LICENSING</p>

Licensee's/Administrator's Signature: *IM Steffens - Crawford*

Print Name: IMELDA M. STEFFENS-CRAWFORD

Date: AUG 05, 2023

STATE OF HAWAII
DEPT. OF
STATE LICENSING

23 OCT 31 AM 51

Licensee's/Administrator's Signature: IMSteffens - Crawford

Print Name: IMELDA M. STEFFENS-CRAWFORD

Date: 10-29-23

23 OCT 31 AM 5:1

STATE OF OHIO
OH-BICA
STATE LICENSING

SUMMARY OF NEW ACTION PLANS

New Action plans:

- Create a checklist/tool of all individuals living in the household with required screening examination date
- I will confirm that individual has updated TB screening and/or TB clearance.
- I will include all supporting documents of Physical exam, Tuberculosis screening, and other relevant medical conditions in a binder with labels.
- I will also regularly review the binder to ensure that that Physical exam and TB screening is up to date

Checklist of individuals living in household

Name of Caregiver	Physical examination last date	Tuberculosis screening date	First Aid/CPR	Finger Print for Criminal Background
* redacted	September 19, 2023	Chest Xray: March 15, 2023 TB Risk assessment/ clearance: September 19, 2023	Aug 18, 2023	July 6, 2023
redacted	February 9, 2023	February 11, 2023	N/A	July 6, 2023
redacted	March 10, 2023	March 11, 2023	Aug 18, 2023	July 13, 2023
redacted	June 10, 2023	June 10, 2023	N/A	
redacted	May 20, 2023	May 20, 2023	N/A	
redacted	May 20, 2023	May 20, 2023	N/A	23

STATE OF CALIFORNIA
 HEALTH CARE LICENSING

JUN 31 AM 11:57

- Action plan is included in resident binder for review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan.
- I will periodically review all medications (including supplements) to ensure there is a current written physician's order.
- I will immediately copy, update and/or change patient's medication instruction in the medical chart to reflect the current medication instructions as written on medication label or physical physician order.
- Periodically review medication chart with the pharmacy instructions to confirm that patient's medical chart is current and accurate.
- Action plan is included in medication chart for Review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan.
- I will review expiration date on medication bottle daily.
- I will review medication chart daily to confirm that all medications are current
- I will discard all expired or discontinued medications immediately.
- Medications will be disposed of by flushing down the toilet unless otherwise directed by patient's medical provider.
- Action plan is included in medication chart for review by all caregivers to make sure this deficiency does not occur. All caregivers will regularly review this action plan.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 OCT 31 AM 5:57