

Rec'd 10/10/23

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Faithcare Senior Hale

CHAPTER 100.1

Address:  
1108 Gulick Avenue, Honolulu, Hawaii 96819

Inspection Date: July 24, 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.**

**RULES (CRITERIA)**



11 - 1001-9 Personnel, staffing and family requirements, etc.

The substitute care giver who provides coverage for a period less than five hours shall

Be trained by the primary caregiver to make prescribed medications available to residents and properly record such action

**FINDINGS**

Substitute Care Giver (SCG) - No record that Primary Care Giver (PCG) trained SCG to make prescribed medication available to residents

**PLAN OF CORRECTION**

**PART I**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

**SCG was provided training to make prescribed medications available to residents and properly filed on the ARCH binder.**

**Completion Date**

**8/31/23**

**RULES (CRITERIA)**



211-100.1-9 Personnel, staffing and family requirements  
100.30

The substitute care giver who provides coverage for a period  
less than four hours shall

Be trained by the primary care giver to make prescribed  
medications available to residents and properly record such  
action

**FINDINGS**

Substitute Care Giver (SCG) No record in Primary  
Care Giver (PCG) trained SCG to make prescribed  
medication available to residents

**PLAN OF CORRECTION**

**PART 2**

**FUTURE PLAN**

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

**Training documentation will be completed prior to  
the SCG's start of work. Training document will be  
part of the SCG checklist to be completed and to be  
filed at the ARCH binder.**

**Completion  
Date**

**8/31/23**

**RULES (CRITERIA)**

**PLAN OF CORRECTION**

**Completion  
Date**



211-140.1-3 Emergency care of residents and disaster preparedness (c)  
The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.

**PART I**

**FINDINGS**

Only the location where fire started was recorded in fire drill record. Participants' names were not recorded.

**Correcting the deficiency  
after-the-fact is not  
practical/appropriate. For  
this deficiency, only a future  
plan is required.**

**RULES (CRITERIA)**

211-001-2 Emergency care of residents and disaster preparedness (c)  
The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents not only in case of fire, explosion, or other civil emergencies occurring on or within the environs of the facility.

**FINDINGS**

Only the location where fire started was recorded in the drill record. Participant's names were not recorded.

**PLAN OF CORRECTION**

**PART 2**

**FUTURE PLAN**

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

**Completion Date**

**8/31/23**

**Emergency procedure details and not only the location where fire was started, will be included in the fire drill record; participant's name will be recorded in the form.**

**RULES (CRITERIA)**

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211-109-1.5 Medications (c)  
All medications and supplements such as vitamins, minerals, and formulas shall be made available as ordered by a physician or APRN.

**FINDINGS**

Resident E. Current physician's order dated 6/12/23 includes Ondansetron 4mg tablet 1 tablet by mouth every 8 hrs as needed and Senna and docusate 8 mg/500 mg tablet 1 tablet by mouth daily as needed. Senna and docusate for as needed use provided.

**PLAN OF CORRECTION**

**PART 1**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

PRN medications indication like ondansetron and Senna and docusate were clarified with the resident's PCF and updated at the resident's medication profile.

**Completion Date**

**8/31/23**

**RULES (CRITERIA)**



§11-100-15 Medications (c)

All medications and supplements (such as vitamins, minerals, and formulas) shall be made available as ordered by a physician or APRN.

**FINDINGS**

Resident L. Current physician's order dated 6/1/2022 includes "Ondansetron 4mg tablet - 1 tablet by mouth every 8 hrs. as needed" and "Sertraline and doxycycline 80mg/50mg tablet - 1 tablet by mouth daily as needed - No indication for as needed used provided.

**PLAN OF CORRECTION**

**PART 2**

**FUTURE PLAN**

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

**PRN medications indication will be clarified with the resident's PCP and will add it to the resident's medication profile. I will make a checklist and include medication clarification with PCP as part of the admission procedures.**

**Completion Date**

**8/31/23**

**RULES (CRITERIA)**

**PLAN OF CORRECTION**

**Completion  
Date**

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211.100.07 Records and reports *11/16/17*  
The licensee or primary care giver shall maintain medical records for each resident. On admission, readmission, or transfer of a resident there shall be made available to the licensee or primary care giver for the department's review.

Physician of APCN signed orders for diet, medications, and treatments.

**FINDINGS**

Resident 111 Physician's order in admission 11/13/17 for following medication:

- Ferrus sulfate - number of tablets
- Semi-cocaine - dosage and number of tablets
- Calc. and vitamin D - dosage and frequency, and number of tablets
- MV - dosage, frequency, and number of tablets

Medication order was obtained on 01/10/21

**PART I**

**Correcting the deficiency  
after-the-fact is not  
practical/appropriate. For  
this deficiency, only a future  
plan is required.**



**RULES (CRITERIA)**

**PLAN OF CORRECTION**

**Completion  
Date**

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103-100.01.7 *Records and reports.*

The licensee or primary care giver shall maintain fully dated records for each resident. On admission, re-admission, or transfer of a resident there shall be made available to the licensee or primary care giver for the department's review.

Physician or APRN signed orders for diet, medications, and treatments.

**FINDINGS**

Resident's Physician's order at admission 4/3/2023, not include the following medication:

- Ferron-gluconate - number of tablets
- Sertraline - dosage and number of tablets
- Calcium and vitamin D - dosage and frequency and number of tablets
- MVI - dosage, frequency, and number of tablets

Medication order was obtained on 6/1/2023

**PART 2**

**FUTURE PLAN**

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

**8/31/23**

**Admission medications' dosage, frequency and indication will be clarified with the resident's PCP, immediately after the resident admission to prevent medication errors; and file at the resident's binder. I will make a checklist to clarify medications with PCP as part of the admission procedures.**

**RULES (CRITERIA)**



§1-110(f)(7) Records and reports (b)(3)  
During residence records shall include:

Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medical or treatment interventions, any changes in condition or dimensions of illness or injury, behavior patterns including the date, time, and intensity of action taken. Discharge plans shall be completed immediately when no incident occurs.

**FINDINGS**

Resident #1 - No progress notes for admission on 5/1/20  
No May 2022 progress note.

**PLAN OF CORRECTION**

**PART I**

**Completion  
Date**

**Correcting the deficiency  
after-the-fact is not  
practical/appropriate. For  
this deficiency, only a future  
plan is required.**

**RULES (CRITERIA)**

**PLAN OF CORRECTION**

**Completion  
Date**

8

415.1001 - Records and reports (b)(2)  
During residence, records shall include:

Progress notes that shall be written on a monthly basis or more often as appropriate, shall include observations of the resident's response to medication treatments, diet care, or any changes in condition, indications of illness or injury, behavior patterns including the day, time, and any usual action taker. Documentation shall be completed immediately when any incident occurs.

**FINDINGS**

Resident: 1. No progress notes for admission on 8/31/23.  
No MDS 302's progress notes.

**PART 2**

**FUTURE PLAN**

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

**8/31/23**

**Resident's admission note will be completed at the admission day and should be filed at the resident's binder. I will make a checklist and put admission note as part of the admission to be completed.**

**RULES (CRITERIA)**

**PLAN OF CORRECTION**

**Completion  
Date**

2

STC 190.1.17 *Records and reports (R/R)*  
General rules regarding records

All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.

**FINDINGS**

Resident E Medication Emergency Information sheet is not up to date.

**PART I**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU  
CORRECTED THE DEFICIENCY**

**8/31/23**

Resident medication list in the Emergency Information sheet was updated accordingly and filed at the resident ARCH binder.

**RULES (CRITERIA)**

**PLAN OF CORRECTION**

**Completion  
Date**



*31-1001.07 Records and reports (1/03)*  
General rules regarding records

All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.

**FINDINGS**

Resident 1 - Medication list in Emergency Information sheet is not up to 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?**

**8/31/23**

**Resident medication list in the Emergency Information sheet will updated accordingly if there are changes in the resident's medications and to be filed at the resident's binder.**

**Emergency information sheet will be reviewed every other month or every after physician appts and as needed.**

**8/31/23**

**RULES (CRITERIA)**

**PLAN OF CORRECTION**

**Completion  
Date**

- ☐ 411.100 (1) Records and reports (b)(1)  
Miscellaneous records

A permanent general register shall be maintained to record  
admissions and discharges of residents.

**FINDINGS**

One (1) discharge resident was not recorded in Permanent  
Resident Register. Corrected during inspection.

**PART I**

**Correcting the deficiency  
after-the-fact is not  
practical/appropriate. For  
this deficiency, only a future  
plan is required.**

**RULES (CRITERIA)**



*42 CFR 400.417 Records and reports (b)(7)(C)*  
Miscellaneous records

A permanent general register shall be maintained to record all admissions and discharges of residents.

**FINDINGS**

One child source consistent with not recorded in the main resident register concerning admission.

**PLAN OF CORRECTION**

**PART 2**

**FUTURE PLAN**

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

Resident register will be updated accordingly in complete detail, if there are admissions/discharges. I will make a checklist and put the resident register as part of the admission/discharge.

**Completion Date**

**8/31/23**

**RULES (CRITERIA)**



410.100.1.10 Resident accounts (b)  
An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures and a current inventory of resident's possessions.

**FINDINGS**

Resident: No financial agreement.

**PLAN OF CORRECTION**

**PART I**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

Resident's financial agreement form was completed with the resident's family/representative and was filed accordingly at the resident's binder.

**Completion Date**

**8/31/23**



**RULES (CRITERIA)**



511-100-10 *Resident accounts (d)*  
An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.

**FINDINGS**

Resident 11 - No financial agreement

**PLAN OF CORRECTION**

**PART 2**

**FUTURE PLAN**

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

Resident financial agreement form will be part of the admission checklist to be completed during admission day and to be filed at the resident's binder.

**Completion Date**

**8/31/23**

Licensee's Administrator's Signature:



Print Name: JUN LYNARD TUGAS, PCG

Date: 8/31/23