

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Lehua Carehome	CHAPTER 100.1
Address: 984 Ala Lehua Street, Honolulu, Hawaii 96818	Inspection Date: October 19, 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  
DEPARTMENT OF  
STATE LICENSING

23 NOV -9 P2:27

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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><b><u>FINDINGS</u></b> Primary Caregiver (PCG) – Valid first-aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the deficiency was corrected. The first-aid certification is attached.</p> <p>A reminder is posted in a calendar to remind PCG about the next CPR and First Aid Training.</p> <p>It is also noted that a registered nurse acting as PCG are required by DOH to undergo CPR and First Aid every two (2) years.</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>11/5/2023</p> <p>23 NOV -9 P2:27</p>

2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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><b><u>FINDINGS</u></b> Primary Caregiver (PCG) – Valid first-aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>REMINDER is posted in a calendar when the next CPR and First Aid Training is due.</p>	<p style="text-align: center;">11/5/2023</p> <p style="text-align: center;">23 NOV -9 P 2:27</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES 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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> Substitute Caregiver (SCG) #1 – Documented evidence of primary caregiver training unavailable.</p> <p>Submit proof of caregiver training with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the deficiency was corrected. Training was provided by PCG Janette A. Valdez. Pls see attached.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">11/5/2023</p> <p style="text-align: center;">'23 NOV -9 P 2:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> Substitute Caregiver (SCG) #1 – Documented evidence of primary caregiver training unavailable.</p> <p>Submit proof of caregiver training with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All SCG's will be required to undergo skills check and competency training including registered nurse(s) as required by OHCA.</p> <p>The PCG will train SCGs everytime a new client is admitted to familiarize and train them for the required needs of the client, such as prescribing and recording medications.</p> <p>The PCG has worked as a Case Manager for Carehomes and Foster Homes and she is well qualified to provide competency training for SCGs. She has been attending in service training for caregivers, a yearly program by ARCA. She has been working with the Hale Lehua Carehome since 2014 and she is aware of her new responsibilities as a PCG.</p> <p>As a reminder, the PCG will create a "to do" lists to serve as reference during admission and for the yearly skills check and competency training. This will be part of the admission and yearly training of SCGs. It will be filed in the Hale Lehua Carehome binder together with other references.</p>	<p>11/22/23</p> <p style="text-align: right;">23 NOV 27 P1:57</p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LABORERS

2

	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><b><u>FINDINGS</u></b>            Resident #1 – Diet menu for “regular – pureed with pudding consistency liquid” includes inappropriate food items (e.g., soybeans, peas) not suitable for the prescribed diet.</p> <p>Submit a revised diet menu with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the deficiency was corrected. Please see the attached.</p> <p>Diet Menu for regular pureed was revised removing food items not allowed to be pureed.</p>	<p style="text-align: center;">11/5/2023</p> <p style="text-align: right; vertical-align: bottom;"> <small>STATE OF ILLINOIS            DEPARTMENT OF            STATE LICENSING</small>            23 NOV -9 P 2:26         </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><b><u>FINDINGS</u></b> Resident #1 – Diet menu for “regular – pureed with pudding consistency liquid” includes inappropriate food items (e.g., soybeans, peas) not suitable for the prescribed diet.</p> <p>Submit a revised diet menu with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Special diet menu is specially made for the specific needs of the resident.</p> <p>When preparing diet menu for regular - pureed with pudding consistency, it should not contain any hard food pieces, like grains &amp; seeds, fruit and vegetables with skins, dried fruits, pineapple, etc. Also food to avoid includes dry tough meats like bacon and hotdogs, bread products, peanut butter, soup with chunks of meat and vegetables.</p> <p>As a reminder, the PCG will create a reference guide to follow whenever a new diet menu is prescribed. This guide provides food items that are appropriate for the resident.</p> <p>In addition to the diet handouts provided during Diet Class, there are various diet menus available to download on the internet. The attached Patient and Caregiver Education guide from the Memorial Sloan Kettering Cancer Center is one example.</p>	<p>11/22/23</p> <p style="text-align: right;">23 NOV 27 P1:57</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK 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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 9/20/23 states, “Calcium PO take 125mg by mouth daily at 8am”; however, supplement not being provided per MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This order is a duplicate and it will be corrected during the resident's next visit to the doctor. We have communicated this to the MD's staff and also faxed an updated Medication List.</p> <p style="text-align: center;">Type text here</p>	<p style="text-align: center;">12/07/23</p> <p style="text-align: center;">23 DEC 13 P 1:17</p> <p style="text-align: center;">STATE OF MARYLAND 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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 9/20/23 states, “Calcium PO take 125mg by mouth daily at 8am”; however, supplement not being provided per MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>The resident refused to take this supplement that is why it was reduced from TID to daily. Although the changes were discussed during the office visit, they were not corrected/updated on the Medication List provided by the clinic.</p> <p>For future visits, the SCG/PCG who accompanies the resident will make sure that the Medication List printed at the clinic matches the Medication List taken to the clinic for updates and approval.</p> <p>Another SCG would also check the medication records before filing them to the resident's binder.</p>	<p>12/07/23</p> <p style="text-align: right;">23 DEC 13 P 1:17</p> <p style="text-align: right; font-size: small;">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> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date, and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record (MAR) does not include names of individuals administering medications</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the Medication Administration record has been corrected and updated.</p> <p>Medication Administration record ( MAR) were updated. Names of Caregivers were listed at the bottom of the MAR. ( See attached updated MAR)</p>	<p style="text-align: center;">11/5/2023</p> <p style="text-align: center;">23 NOV -9 P 2:26</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Medication administration record (MAR) does not include names of individuals administering medications</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>HALE LEHUA CARE HOME Medication Administration Record (MAR) templates have been updated to include current caregiver names. Caregivers will provide sample initials next to their names at the bottom of the form. Caregivers providing medications then initial the MAR corresponding to the medications given.</p> <p>Please see attached sample.</p>	<p>11/05/2023</p> <p style="text-align: right;">23 NOV -9 P2:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b>  Resident #1 – Daily schedule of activities states, “10:30-11:30 Games/Trivia”; however, games/trivia not provided and resident observed in bed during this time period.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>N/A</p> <p>Please see p13, Part 2</p>	<p style="text-align: center;">11/5/2023</p> <p style="text-align: center;">23 NOV -9 P 2:25</p> <p style="text-align: center;">STATE OF MICHIGAN  DEPT. OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b>  Resident #1 – Daily schedule of activities states, “10:30-11:30 Games/Trivia”; however, games/trivia not provided and resident observed in bed during this time period.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Plan of Care and Activities Schedule will be provided upon admission and determination of the client's needs and capabilities. To ensure that the schedule is being followed, the PCG &amp; SCG must coordinate and provide the required games/trivia to the resident at the scheduled time.</p> <p>The PCG will make copies of the Plan of Care and Activities for each resident and create a folder to serve as reference during the residents assigned activities.</p>	<p style="text-align: center;">11/22/23</p> <p style="text-align: center;">23 NOV 27 P 1:56</p> <p style="text-align: center;">STATE OF OHIO  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident Emergency Information Sheet is incomplete and does not accurately reflect resident.</p> <ul style="list-style-type: none"> <li>• Primary Care Provider information missing</li> <li>• Incomplete list of diagnoses</li> <li>• Tuberculosis information missing</li> <li>• Allergies information missing</li> </ul> <p>Submit an updated Resident Emergency Information Sheet with plan of correction</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident Emergency Information sheet is updated containing all pertinent information listed as missing. (See attached Resident Emergency Information)</p>	<p>11/5/2023</p> <p style="text-align: right;">23 NOV -9 P 2:25</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident Emergency Information Sheet is incomplete and does not accurately reflect resident.</p> <ul style="list-style-type: none"> <li>• Primary Care Provider information missing</li> <li>• Incomplete list of diagnoses</li> <li>• Tuberculosis information missing</li> <li>• Allergies information missing</li> </ul> <p>Submit an updated Resident Emergency Information Sheet with plan of correction</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The primary caregiver (PCG) is responsible for the admission of new client and the completion of all related documents such as the Resident Emergency Information Sheet.</p> <p>To ensure accurate and complete documentation, the licensee or an SCG will double check any missing data/information on the documents upon admission.</p> <p>As a reminder, the PCG will put up a note on the Ala Lehua Carehome binder that every time there is an admission, double checking of the documents will be required. This will be part of the admission process.</p>	<p style="text-align: center;">11/22/23</p> <p style="text-align: right;">23 NOV 27 P 1:56</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

2

Licensee's/Administrator's Signature: Romeo P. Valdez

Print Name: ROMEO P. VALDEZ

Date: 12/10/23

STATE OF UTAH  
DEPARTMENT OF  
STATE LICENSING

23 DEC 13 P1:17



Licensee's/Administrator's Signature: Romeo Valdez

Print Name: ROMEO VALDEZ

Date: 11/27/23

STATE OF HAWAII  
DEPARTMENT OF  
REVENUE  
STATE LENDING

23 NOV 27 P1:56

Licensee's/Administrator's Signature: *Romeo P. Vazquez*  
Print Name: ROME P. VAQUEZ  
Date: 11/7/2023

23 NOV -9 P2:25  
STATE OF HAWAII  
DMV-REGISTRATION  
STATE LICENSING