

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hanau Mua Connie's Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 2010 Puaala Lane, Honolulu, Hawaii 96819</b>	<b>Inspection Date: July 28, 2023 Annual</b>

**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 OCT -4 AM 1:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b> Household member (HM) #2 – No Fieldprint result.</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.</p> <p>Household member #2 Fingerprint was completed on 08/18/2023. Please see attached Fingerprint result. The Fingerprint result is also filed in primary caregiver records for future reference.</p>	<p style="text-align: center;">8/18/23</p> <p style="text-align: center;">23 OCT -4 AM 1:08</p> <p style="text-align: center;">STATE OF HAWAII BOH-SHA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b> Household member (HM) #2 – No Fieldprint result.</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>To prevent this deficiency from occurring in the future, I have created household members checklist to include a reminder to obtain Fingerprint for each household members. I will refer to this checklist monthly and all future add on household members.</p>	<p style="text-align: center; font-size: 24pt;"><i>8/18/23</i></p> <p style="text-align: center; font-size: 12pt;">       STATE OF HAWAII        DEPT. OF SOCIAL SERVICES        STATE LICENSING     </p> <p style="text-align: right; font-size: 12pt;">       '23 OCT -4 AM 1 :08     </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Substitute Care Giver (SCG) #1 – No current annual tuberculosis (TB) clearance. HM #1 – No current annual TB clearance. HM #2 – No initial and annual TB clearance. HM #3 (minor) – No TB clearance.</p> <p>Please submit a copy for each with your plan of correction (POC).</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 deficiencies were corrected.</p> <p><b>Substitute Care Giver #1</b> Tuberculosis (TB) clearance was completed 8/17/2023. <b>Household Member #1</b> Annual TB clearance was completed 7/30/2023. <b>Household Member #2</b> Initial and TB clearance were completed 8/17/2023. <b>Household Member #3</b> TB clearance was completed 8/17/2023.</p> <p>Please see attachments as requested. The documents are also filed in the primary care giver (PCG) chart for future reference.</p>	<p style="text-align: center; font-size: 1.5em;">8/17/23</p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:08</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII BOH - BHCA 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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No current annual tuberculosis (TB) clearance. HM #1 – No current annual TB clearance. HM #2 – No initial and annual TB clearance. HM #3 (minor) – No TB clearance.</p> <p>Please submit a copy for each with your plan of correction (POC).</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>To prevent this deficiency from occurring in the future, I have created household members and caregivers checklist to include reminders to obtain initial tuberculosis (TB) and annual TB clearances for each caregiver and household members. I will refer to this checklist monthly and all future add on household members.</p>	<p style="text-align: right; font-size: 1.5em;">8/17/23</p> <p style="text-align: right; font-size: 1.2em;">23 OCT -4 AM 1:07</p> <p style="text-align: right; font-size: 0.8em; transform: rotate(-90deg);">STATE OF HAWAII DAN O'DEA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Lunch menu was baked mahi, legumes, broccoli, oranges, eggplant, brown rice. Lunch served was salmon, fried shrimp, steamed vegetables, white rice, banana. No menu substitution recorded.</p>	<p style="text-align: center;"><b>PART 1</b></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 style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right; font-size: large;"><b>7/29/23</b></p> <p style="text-align: right; font-size: small;">23 OCT -4 AM 1:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Lunch menu was baked mahi, legumes, broccoli, oranges, eggplant, brown rice. Lunch served was salmon, fried shrimp, steamed vegetables, white rice, banana. No menu substitution recorded.</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>To prevent this deficiency from occurring in the future, I obtained a "substitution calendar" and placed it near the kitchen area for all caregivers to log all meal substitutions. This substitution calendar will be utilized only specifically when there is a meal substitution. We will refer to this substitution calendar each time there is a meal substitution being done.</p>	<p style="text-align: right; font-size: 24pt;"><b>7/28/23</b></p> <p style="text-align: right; font-size: 10pt;">       23 OCT -4 AM 1:07        STATE OF HAWAII        STATE LICENSING     </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b>FINDINGS</b>  Resident #1 and #2 – Type of diet not specified in the diet orders. Only food consistency was provided.</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.</p> <p>On 9/21/2023, I spoke with the primary care provider (Dr. Oleksandr Pishchalenko) clarifying the diet. Telephone order was obtained and filed in the resident's chart for reference.</p> <p>The same with resident #2, on 9/21/2023, diet order was obtained and filed in the resident's chart for reference.</p>	<p style="text-align: right; font-size: 1.5em;">9/21/23</p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:07</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII  DOH-ARCHA  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 and #2 – Type of diet not specified in the diet orders. Only food consistency was provided.</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>To prevent this deficiency from occurring in the future, I have updated my admission checklist to include a reminder to obtain the resident's type of diet (such as Regular or Diabetic) order prior to admission. We will refer to this checklist for all future admissions.</p>	<p style="text-align: center; font-size: 24pt;">7/28/23</p> <p style="text-align: right; font-size: 12pt;">23 OCT -4 AM 1:07</p> <p style="text-align: right; font-size: 8pt; transform: rotate(-90deg);">STATE OF HAWAII  DOH-DIHA  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator temperature is 50-degrees Fahrenheit.</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.</p> <p>On 7/27/2023, the staff and I have cleaned out the refrigerator and threw away unnecessary bottles (such as oyster sauce, honey jar) and large plastic containers (such as Tupperwares) that are cluttering and occupying large areas in the refrigerator. We have also minimized stocking the refrigerator drawers with fruits (apples and grapes) and vegetables (lettuce and tomatoes). After decluttering and removing plastics and bottles, the temperature has dropped from 50-degrees Fahrenheit to 45-degrees Fahrenheit.</p>	<p style="text-align: center; font-size: 1.5em;">7/27/23</p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:07</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII DOH-CDCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator temperature is 50-degrees Fahrenheit.</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>To prevent this deficiency from occurring in the future, I have created a <i>Daily Refrigerator Temperature</i> calendar to include daily reminder of normal range refrigerator temperature (45-degrees Fahrenheit or lower), daily refrigerator temperature log, actions done if temperature is above normal range, and staff initial. We will refer to this calendar daily.</p>	<p style="text-align: right; font-size: 1.5em;"><b>7/28/23</b></p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:07</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF IOWA DOH-0020 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><b>FINDINGS</b>  Medication cabinet was unlocked upon department arrival. Corrected during inspection.</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 style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p>	<p style="text-align: right; font-size: large;">7/27/23</p> <p style="text-align: right; font-size: small;">23 OCT -4 AM 1:07</p>

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<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><b><u>FINDINGS</u></b>  Medication cabinet was unlocked upon department arrival. Corrected during inspection.</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>To prevent this deficiency from occurring in the future, I placed a poster reminder, "<b>LOCK CABINET AT ALL TIMES</b>" on the medication cabinet door for all the caregivers to see and to remind them to lock the cabinet each moment when they're not administering medications. Please see attached picture as an illustration. We will refer to this poster reminder daily.</p> <p style="text-align: right;">STATE OF HAWAII  DOH-040-A  STATE LICENSING</p>	<p style="text-align: center;">7/27/23</p> <p style="text-align: center;">23 OCT -4 AM 1:07</p>

	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><b><u>FINDINGS</u></b>            Augmentin suspension and Megestrol syrup were stored in a plastic bag in refrigerator in kitchen. Medication was not stored in a locked container.</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.</p> <p>Immediately on 7/27/2023, the staff on duty stored the Augmentin suspension and Megestrol syrup in a locked container and placed in the refrigerator.</p>	<p style="text-align: center; font-size: 1.5em;">7/27/23</p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:07</p> <p style="text-align: right; font-size: 0.7em; transform: rotate(-90deg);">STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p>

	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><b><u>FINDINGS</u></b>            Augmentin suspension and Megestrol syrup were stored in a plastic bag in refrigerator in kitchen. Medication was not stored in a locked container.</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>To prevent this deficiency from occurring in the future, I provided an in-service to all caregivers on the topic of <i>Storing Medication Properly</i> and created a poster reminder that says, "Medications Needed To Be In The Refrigerator Must Store In The Lock Container". Each shift I will remind each caregiver and refer to the poster reminder. I will provide in-services weekly to all caregivers regarding how to store all medications properly, especially those that needs to be refrigerated, such as Augmentin suspension and Megestrol syrup.</p>	<p style="text-align: center;">8/1/23</p> <p style="text-align: center;">'23 OCT -4 AM 1:07</p>

STATE OF HAWAII  
 DHHS  
 BOARD OF HEALTH  
 STATE LICENSING

	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><b><u>FINDINGS</u></b>            Calmoceptine ointment tube without a cap was left in cabinet in residents' room #2 bathroom. Medication was secured during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></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 style="text-align: right; font-size: small;">STATE OF HAWAII            DHHS            STATE LICENSING</p>	<p style="text-align: center;"><b>7/27/23</b></p> <p style="text-align: center;">23 OCT -4 AM 1:07</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><b><u>FINDINGS</u></b>            Calmoceptine ointment tube without a cap was left in cabinet in residents' room #2 bathroom. Medication was secured during inspection.</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>To prevent this deficiency from occurring in the future, I provided an in-service to all caregivers on the topic of <i>Storing Medication Properly</i>. Each shift I will remind each caregiver how to store medications safety and properly. An in-service will be provided weekly or as often as needed to enforce storing medications safely and properly, especially those over the counter ointment such as Calmoceptine ointment.</p>	<p style="text-align: center;">7/29/23</p>

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 STATE LICENSING

	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 – Medication administration record (MAR) was initialed as Losartan 25mg in am, 12.5mg in pm, and Melatonin 3mg were given to resident on 7/23/2023. The medications were discontinued on 7/21/2023.</p>	<p style="text-align: center;"><b>PART 1</b></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 style="text-align: center;">'23 OCT -4 AM 1 :07</p> <p style="text-align: center;">STATE OF HAWAII DHHS 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 – Medication administration record (MAR) was initialed as Losartan 25mg in am, 12.5mg in pm, and Melatonin 3mg were given to resident on 7/23/2023. The medications were discontinued on 7/21/2023.</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>To prevent this deficiency from occurring in the future, I created a <b>New Order</b> checklist to include a reminder to inform all caregivers of the new orders and to update the Medication Administration Record (MAR). We will refer to this <b>New Order</b> checklist each time a new order is being written by a provider.</p>	<p style="text-align: center;">8/1/23</p> <p style="text-align: right;">23 OCT -4 AM 107</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DPT-OSHA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b>FINDINGS</b> Resident #1 – Discharged from hospital on 7/19/2023. MAR was not signed on 7/19/2023 and 7/20/2023. Per Primary Care Giver (PCG), telephone order to discontinue medication was received on 7/20/2023, but not recorded in physician's order sheet. Physician's written order was obtained on 7/21/2023.</p>	<p style="text-align: center;"><b>PART 1</b></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 style="text-align: center;">8/1/23</p> <p style="text-align: center;">*23 OCT -4 AM 1:07</p> <p style="text-align: center;">STATE OF HAWAII DH-CHSA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Discharged from hospital on 7/19/2023. MAR was not signed on 7/19/2023 and 7/20/2023. Per Primary Care Giver (PCG), telephone order to discontinue medication was received on 7/20/2023, but not recorded in physician's order sheet. Physician's written order was obtained on 7/21/2023.</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>To prevent this deficiency from occurring in the future, I created a <b>Telephone Order</b> checklist to include a reminder to inform all caregivers of the new orders and to update the Medication Administration Record (MAR). We will refer to this <b>Telephone Order</b> checklist each time a new order is being verbally ordered by a provider. The checklist will be placed in front of each resident's chart to serve as a reminder for all caregivers.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">8/1/23</p> <p style="text-align: right;">23 OCT -4 AM 1:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – On 7/21/2023, physician's written order to discontinue all medication except two (2) medications was received. MAR not updated.</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.</p> <p>Immediately on 7/27/2023, the Medication Administration Record (MAR) was updated. As ordered by the provider, all medications were discontinued except for the newly ordered two (2) medications (Augmentin Suspension and Megestrol Syrup). These two new medications were added to the MAR. Upon updating the MAR, I informed all the caregivers of the new orders. Updated July 2023 is filed in the resident's chart and is available for review.</p>	<p style="text-align: center;">7/27/23</p> <p style="text-align: right;">23 OCT -4 AM 1:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – On 7/21/2023, physician’s written order to discontinue all medication except two (2) medications was received. MAR not updated.</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>To prevent this deficiency from occurring in the future, I created a <b>New Order</b> check list to include a reminder to inform all caregivers of the new orders and to update the MAR immediately upon receiving the new orders. We will refer to this <b>New Order</b> check list each time a new order is being written by a provider.</p>	<p style="text-align: center;">7/21/23</p> <p style="text-align: center;">'23 OCT -4 AM 1:06</p> <p style="text-align: center;">STATE OF HAWAII DAN-OLGA 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)(6)  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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – There was a list of medication at initial admission on 7/15/2023, but it was not signed/dated by physician. Written order was obtained on 7/19/2023.</p>	<p style="text-align: center;"><b>PART 1</b></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 style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-DHEA  STATE LICENSING</p>	<p style="text-align: center; font-size: large;">8/1/23</p> <p style="text-align: right; font-size: small;">'23 OCT -4 AM 1:06</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – There was a list of medication at initial admission on 7/15/2023, but it was not signed/dated by physician. Written order was obtained on 7/19/2023.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from occurring in the future, I placed a copy of the admission check list in front of the resident's chart and care home binder. <i>Medication orders signed by the physician/APRN</i> was highlighted to serve as a reminder to obtain a signature for all medication orders. I will refer to this checklist during all future admissions.</p>	<p style="text-align: center; font-size: 24pt;">8/1/23</p> <p style="text-align: right; font-size: 12pt;">'23 OCT -4 AM 1:06</p> <p style="text-align: right; font-size: 8pt; transform: rotate(90deg);">STATE OF HAWAII  BERNICE A  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)(3) During residence, records shall include:</p> <p>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 plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1 – No progress notes.</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 style="text-align: right;">STATE OF HAWAII DHHS DHCA STATE LICENSING</p>	<p style="text-align: center;">8/1/23</p> <p style="text-align: right;">'23 OCT -4 AM 1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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 plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No progress notes.</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>To prevent this deficiency from occurring in the future, I revised the admission check list to include a reminder to create a progress note upon admission. I will refer to this checklist during all future admissions.</p>	<p style="text-align: center;">8/1/23</p> <p style="text-align: right;">'23 OCT -4 AM 1:06</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DUN-SHIA 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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that the facility clarified the thickened liquids order, as discharge note dated 7/19/2023 reflected instructions that included both thickened liquids and thin liquids. Please clarify with physician.</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.</p> <p>On 9/21/2023, I spoke with the primary care provider (Dr. Oleksandr Pishchalenko) clarifying the diet.</p> <p>Telephone order was obtained and filed in the resident's chart for reference.</p>	<p style="text-align: right; font-size: 1.5em;">9/21/23</p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:06</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII DON-ALISA 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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that the facility clarified the thickened liquids order, as discharge note dated 7/19/2023 reflected instructions that included both thickened liquids and thin liquids. Please clarify with physician.</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>To prevent this deficiency from occurring in the future, I have updated my admission check list to include a reminder to obtain the resident's type of diet and liquid consistency (such as thin or nectar) prior to admission. I will refer to this checklist for all future admissions or re-admissions.</p>	<p style="text-align: right; font-size: 1.5em;">7/28/23</p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:06</p> <p style="text-align: right; font-size: 0.7em; transform: rotate(-90deg);">STATE OF HAWAII DEPT. 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> (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 – Medication list in Emergency Information sheet not available.</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.</p> <p>Immediately on 7/27/2023, medication list was made and updated and attached with the Emergency Information sheet.</p>	<p style="text-align: center;">7/27/23</p> <p style="text-align: center;">'23 OCT -4 AM 1:06</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>§11-100.1-17 <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 – Medication list in Emergency Information sheet not available.</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>To prevent this deficiency from occurring in the future, I placed a copy of my admissions checklist (<i>Complete on Day of Admission for all Residents: Emergency Information Sheet with Medication List</i>) in front of the resident's chart and care home binder. I will refer to this checklist for all future admissions.</p>	<p style="text-align: center;">7/27/23</p> <p style="text-align: center;">23 OCT -4 AM 1 06</p> <p style="text-align: center;">STATE OF HAWAII DPT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><b>FINDINGS</b> Resident #1 – No signed/dated financial agreement.</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.</p> <p>On 8/23/2023 and 9/26/2023 the resident's Power Of Attorney signed the <i>Resident Financial Statement</i> and the <i>General Operational Policy and Admission Agreement for the Expanded Adult Residential Care Home (E-ARCH)</i>. The signed documents are filed in the resident's chart for reference.</p>	<p style="text-align: right;">8/26/23 9/26/23</p> <p style="text-align: right;">'23 OCT -4 AM 1:06</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII REG - DHS STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No signed/dated financial agreement.</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>To prevent this deficiency from occurring in the future, I updated a copy of my admissions checklist (<i>Complete on Day of Admission for all Residents: Financial Agreement</i>) and place it in front of the resident's chart and care home binder. I will refer to this checklist for all future admissions.</p>	<p style="text-align: right; font-size: 1.5em;">9/26/23</p> <p style="text-align: right; font-size: 0.8em;">'23 OCT -4 AM 1:06</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII DOH - OHA 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)(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><b><u>FINDINGS</u></b> Resident #1 – No signed/dated care home policy.</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.</p> <p>On 9/26/2023 the resident's Power Of Attorney signed the <i>General Operational Policy and Admission Agreement for the Expanded Adult Residential Care Home (E-ARCH)</i>. The signed document is filed in the resident's chart for reference.</p>	<p style="text-align: center; font-size: 24pt;">9/26/23</p> <p style="text-align: right; font-size: 12pt;">23 OCT -4 AM 1:06</p> <p style="text-align: right; font-size: 8pt; transform: rotate(-90deg);">STATE OF HAWAII DOI-ENR 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)(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><b><u>FINDINGS</u></b> Resident #1 – No signed/dated care home policy.</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>To prevent this deficiency from occurring in the future, I updated a copy of my admissions checklist <i>(Complete On Day of Admission for all Residents: General Operational Policy and Admission Agreement for the Expanded Adult Residential Care Home (E-ARCH))</i>. I will refer to this checklist for all future admissions.</p>	<p style="text-align: center;">9/11/23</p> <p style="text-align: center;">*23 OCT -4 AM 1:05</p> <p style="text-align: center;">STATE OF HAWAII DPT-0111A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  Fire drills were conducted between 9:30am and 5:30pm only.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 OCT -4 AM 1:06</p> <p>STATE OF HAWAII  801-838-8  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  Fire drills were conducted between 9:30am and 5:30pm only.</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>To prevent this deficiency from occurring in the future, I created a <i>fire drill calendar</i>. In the calendar I listed all the drill times in 2023 and future fire drill time. I made a list of monthly drill time so that it has a wide range. For example, monthly fire drill will be conducted one month from 7:30am then the next month from 6:30pm. I will refer to this fire drill calendar monthly.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH - CHOK  STATE LICENSING</p>	<p style="text-align: center; font-size: large;">7/28/23</p> <p style="text-align: right; font-size: small;">'23 OCT -4 AM 1:05</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)(6)            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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b>            Resident #1 – No record that RN case manager provided care giver training for aspiration precaution and skin integrity.</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.</p> <p>Immediately on 7/27/2023, I contacted Ohana Case Management Agency (case manager Ms. Mila Batalon, RN) to provide training for aspiration precaution and skin integrity.</p> <p>On 7/28/2023 the case manager provided training. Information about the topics and the caregivers' signatures are filed in the primary care giver's binder for reference.</p>	<p style="text-align: right; font-size: 1.5em;">7/28/23</p> <p style="text-align: right; font-size: 0.8em;">*23 OCT -4 AM 11:05</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII        DEPT. OF HEALTH        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)(6)            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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No record that RN case manager provided care giver training for aspiration precaution and skin integrity.</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>To prevent this deficiency from occurring in the future, I updated my admissions checklist to include <i>Complete On Day of Admission for All Residents: Case Manager to care givers Training on appropriate topics</i>. This checklist will be placed in front of each resident's chart and the primary care giver's binder. I will refer to this checklist during all future admissions.</p>	<p style="text-align: right; font-size: 1.5em;">7/29/23</p> <p style="text-align: right; font-size: 0.8em;">23 OCT -4 AM 1:05</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII        DEPT. OF HEALTH        STATE LICENSING</p>

Licensee's/Administrator's Signature: pamela g. [Signature] APRN  
Print Name: PAMELA G. MIYASHIRO, APRN  
Date: 09/08/2023

23 OCT -4 AM 11:05  
STATE OF HAWAII  
DON-CHIKA  
STATE LICENSING