

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mother and Daughter	CHAPTER 100.1
Address: 94-369 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: October 9, 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>§11-100.1-9 <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><u>FINDINGS</u> Substitute caregiver (SCG) #1, SCG #2, SCG #3, SCG #4, and Household Member #1 - No documentation of initial tuberculosis (TB) clearance.</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>The deficiency has been corrected. SCG #1, SCG #2, SCG #3, SCG #5 and HHM #1 have obtained initial TB clearance as follows.</p> <p>SCG #1 – 2-step skin test completed 9/21/23 & 10/20/23 SCG #2 - 2-step skin test completed 9/18/23 & 10/4/23 SCG #3 – 2-step skin tests completed 9/2/23 & 10/13/23 SCG #4 - 2-step skin test completed 9/25/23 & 10/20/23 HHM #1 - 2-step skin test completed 9/9/23 & 10/13/23</p>	10/27/23

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<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><u>FINDINGS</u> Substitute caregiver (SCG) #1, SCG #2, SCG #3, SCG #4, and Household Member #1 - No documentation of initial tuberculosis (TB) clearance.</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>In the future I will create a checklist for my substitute caregiver and household member regarding the TB clearance to make sure it's up to date. The checklist will have the TB requirements for Initial and annual renewal and they would have to sign off when its completed.</p>	<p>10/27/23</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><u>FINDINGS</u> Resident #2 – Calcarb 600 mg po BID with food was ordered on 6/28/23. However, June 2023-October 2023 medication administration record (MAR) indicated Calcarb 600 mg po BID at 8am and 8pm.</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>I corrected the October 2023 MAR sheet on 10/9/23 to indicate the correct order and instruction for the Calcarb order to match the physician order.</p>	<p>10/27/23</p>

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<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><u>FINDINGS</u> Resident #2 – Calcarb 600 mg po BID <u>with food</u> was ordered on 6/28/23. However, June 2023-October 2023 medication administration record (MAR) indicated Calcarb 600 mg po BID at 8am and 8pm.</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>I will follow the order on the bottle with food and log down the correct time given in my MAR. I will ensure that the medication order written on MAR shall match the physician order and medication bottle. I will have my SCG double check my work to ensure it is accurate.</p>	<p>10/27/23</p>

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<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><u>FINDINGS</u> Resident #2 - Physician order Senna/Docusate 8.6-50 mg 1-2 tabs po BID was noted on October 2022-October 2023 MAR as Senna/Docusate 8.6 mg 1-2 tabs po BID <u>PRN.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected my October MAR to reflect Senna/Docusate order to BID on 10/9/23</p>	10/27/23

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<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><u>FINDINGS</u> Resident #2 - Physician order Senna/Docusate 8.6-50 mg 1-2 tabs po BID was noted on October 2022-October 2023 MAR as Senna/Docusate 8.6 mg 1-2 tabs po BID <u>PRN.</u></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>I will ensure that the medication order written on MAR shall match the physician order and medication bottle. I will have my SCG double check my work to ensure it is accurate. I, the caregiver and SCG will be held responsible.</p>	<p>10/27/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Residents #1– Primary caregiver (PCG) assessment form, page 1, was not completed upon resident admission. Resident was admitted on 2/15/23.</p> <p><i>Please submit a copy of the completed PCG assessment form with your plan of correction (POC).</i></p>	<p style="text-align: center;">PART 1 <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>I completed my residents admission assessment pg.1 and 2 on 10/9/23</p>	<p>10/27/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Residents #1- Primary caregiver (PCG) assessment form, page 1, was not completed upon resident admission.</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>I will complete the admission form upon admission and have my SCG double check to make sure the form is completed.</p>	10/27/23

	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><u>FINDINGS</u> Resident #2 – Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • MD notification regarding a weight loss (5 lbs) in May 2023. • Response to new medications and supplements (due to weight loss) ordered on 6/28/23, such as Calcarb 600 mg, Vit D3 400 IU, and Ensure Plus. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Blue ink was used in residents' #1, #3, and #4 tuberculosis (TB) clearances.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Blue ink was used in residents' #1, #3, and #4 tuberculosis (TB) clearances.</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>I will refuse the document and have the doctor write a new one with black ink. I will also inform the doctors office about the resident record requirements to only use black ink.</p>	<p>10/27/23</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)(2)(R) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Have flexible daily visiting hours and provisions for privacy established;</p> <p><u>FINDINGS</u> Resident #1 – The general operational policy signed by the resident did not specify flexible daily visiting hours, as the section was left blank.</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>I changed my #1 policy to indicate that the visiting hours are from 12pm-3pm</p>	<p>10/27/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(R) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Have flexible daily visiting hours and provisions for privacy established;</p> <p><u>FINDINGS</u> Resident #1 – The general operational policy signed by the resident did not specify flexible daily visiting hours, as the section was left blank.</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>When admitting a new resident the resident policy shall be completed to include flexible visiting hours. I will have my SCG double check the policy to ensure that all fields are completed before signing.</p>	10/27/23

Licensee's/Administrator's Signature: Raynilda Guting

Print Name: Raynilda Guting

Date: 11/16/2023

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Print Name: Raynilda Guting

Date: 11/16/2023