

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


Facility's Name: Ohana	CHAPTER 100.1
Address: 2011 Kaumualii Street, Honolulu, Hawaii 96819	Inspection Date: November 8, 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.

DEC -6 AMO:30
STATE OF HAWAII
LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Annual physical exam unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I asked my substitute to go to her doctor and get her PE completed.</i></p>	<p style="text-align: center;"><i>12/1/23</i></p> <p style="text-align: right;">23 DEC -6 AMO :30</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND 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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Annual physical exam unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Make a checklist of required documents needed for substitute caregivers.</i></p> <p><i>Go over the PE form with my substitute to make sure that the form is completed.</i></p> <p><i>Two weeks before inspection month, go over the check list again to make sure that documents are complete.</i></p>	<p style="text-align: right;"><i>ongoing</i></p> <div style="text-align: right;">  <p>23 DEC -6 AM 30</p> </div>

	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>FINDINGS SCG #1 – Annual tuberculosis clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I asked my SCG to go to her doctor and get her Annual TB clearance.</i></p>	<p><i>12.1.23</i></p> <p style="text-align: right;">23 DEC -6 AM 10:30 STATE OF HAWAII DEPARTMENT OF HEALTH 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>FINDINGS SCG #1 – Annual tuberculosis clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Make a checklist of required documents needed for substitute care giving.</i></p> <p><i>Go over the Annual TB clearance form with my substitute to make sure the form is completed.</i></p> <p><i>Two weeks before the inspection month, go over the checklist again to make sure that documents are complete.</i></p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING </div>	<p style="text-align: right;"><i>ongoing</i></p> <p style="text-align: right;">23 DEC -6 AMO-29</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)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1 – "Rate for Service" section of contract agreement is incomplete. Amount for services not specified and section on prorated circumstances incomplete.</p> <p>Submit a revised and signed contract agreement with plan of correction.</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>The monthly rate for service was added to contract. The section on prorated services was completed when it was placed. Family and I initials in section that were added. Family was given completed + updated contract. Copy is being submitted.</i></p>	<p style="text-align: right;">24 JAN -4 P 1:59</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</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)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1 – "Rate for Service" section of contract agreement is incomplete. Amount for services not specified and section on prorated circumstances incomplete.</p> <p>Submit a revised and signed contract agreement with plan of correction.</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>While completing the contract, I will make sure all sections are completed prior to admission. On the day of admission, I will go over each section of contract with family to ensure their understanding as well as making sure each section is completed. I will make a checklist for the blank section of contract and checking over when portions are completed.</i></p>	<p style="text-align: center;">STATE OF CONNECTICUT STATE ARCHIVING</p> <p style="text-align: right;">24 JAN -4 P1:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills documented for 8/2023 and 10/2023 do not include the duration of the fire drills performed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>During fire drill, I will ask my substitute to record the time and duration. In order to remember, I will make a checklist of information needed for fire drill which include time and duration and immediately add to fire drill documentation form</i></p>	<p style="text-align: center;">24 JAN -4 P 1:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Documented fire drills do not include a description of the fire drills performed</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>A checklist will be made of information needed for the fire drill documentation which includes the description of fire drill. Once information of description of fire drill is added to form, I will check box on checklist to ensure information is written and includes on documentation form.</p> <p>Once documentation is completed, I will go over checklist and document form again to ensure the description of fire drill is added.</p>	<p style="text-align: right;">24 JAN 11 P1:57</p>

Licensee's/Administrator's Signature: Carmen Donz

Print Name: CARMEN DONA

Date: 1/11/24

STATE OF ILLINOIS
DEPARTMENT OF MOTOR VEHICLES
STATE LICENSING

24 JAN 11 P 1 57

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 1/3/24

STATE OF TEXAS
STATE LICENSING

24 JAN -4 P 1:59

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 12/6/23

STATE OF HAWAII
DONA
STATE LICENSING

23 DEC -6 AMO :29