Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Armando Biacan Care Home	**CHAPTER 100.1**
Address: **94-565 Loaa Street, Waipahu, Hawaii 96797**	**Inspection Date: March 10, 2023 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Primary Care Giver (PCG) – No initial/2 step and no current annual tuberculosis clearance. Substitute Care Giver (SCG) #1 – No current annual tuberculosis clearance. Please submit a copy with your plan of correction (POC).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 HAS COMPLETED THE ANNUAL TB CLEARANCE AND IT IS NEGATIVE. PLEASE SEE ATTACHED PCG COMPLETED INITIAL AND ANNUAL TB CLEARANCE	09/06/23

STATE OF HAWAII DOH-BHA STATE LICENSING

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STATE OF HAWAII DOH-BHA STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Primary Care Giver (PCG) – No initial/2 step and no current annual tuberculosis clearance. Substitute Care Giver (SCG) #1 – No current annual tuberculosis clearance. Please submit a copy with your plan of correction (POC).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO ENSURE THAT THIS DOESN'T HAPPEN AGAIN. A CHART WITH ALL REQUIRED DOCUMENTS FOR STAFF MEMBERS WILL BE KEPT AND UPDATED WHEN EXPIRED. CHART WILL BE KEPT ON TOP OF FRIDGE IN THE KITCHEN FOR EASY ACCESS AND VISIBILITY.	4/17/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 was on a "Regular no concentrated sweets and no added salt" diet. Resident #2 was on "Cardiac diet, Mechanical Soft texture" diet. Regular diet menu was served for lunch. Please submit a menu for this special diet for department review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PLEASE SEE ATTACHED. MENUS ARE NOW FOR CLIENTS W/ A REGULAR DIET AND A LOW CHOLESTEROL/ LOW SODIUM DIET. WE NO LONGER HAVE A CLIENT NEEDING A MECHANICAL SOFT TEXTURE DIET.	09/06/23

STATE OF HAWAII
DEPT OF HUMAN SERVICES
STEELE PROCESSING

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 was on a "Regular no concentrated sweets and no added salt" diet. Resident #2 was on "Cardiac diet, Mechanical Soft texture" diet. Regular diet menu was served for lunch. Please submit a menu for this special diet for department review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A REGULAR AND SPECIAL DIET MENU HAVE BEEN CREATED AND ARE BOTH ON DISPLAY IN THE KITCHEN AREA. WHEN I HAVE ABOUT QUES ON SPECIAL DIET I WILL CONTACT DHCA NUTRITIONIST	09/06/23

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS STATE LICENSING BRANCH

'23 SEP 22 A9:09

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS STATE LICENSING BRANCH

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** There was a "Special Diet Menu" at home. However, the type of diet and the diet texture were not specified.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** FOR RESIDENTS WHO ARE ON A SPECIAL DIET, A MODIFIED VERSION OF THE REGULAR MENU HAS BEEN CREATED. THE MODIFICATIONS INCLUDE ALTERNATIVES FOR SYRUPS/SAUCES WITH SUGAR AND REDUCED/NO SALT ALTERNATIVES.	09/06/23

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** There was a "Special Diet Menu" at home. However, the type of diet and the diet texture were not specified.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** WHEN CREATING SPECIAL DIET MENUS, THE TYPE OF DIET WILL BE STATED AT THE TOP OF EACH PAGE. FOR EXAMPLE, OUR SPECIAL DIET MENU HAS "CARDIAC DIET – LOW CHOLESTEROL AND LOW SODIUM" THE TOP OF EACH PAGE.	09/06/23

STATE OF HAWAII
DEPT OF HSCA
STATE LICENSING

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – No label for Mupirocin and Vitamin E capsules. No resident's name was noted for GenTeal Tears and Lubricating Eye Drops.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES; THE MEDICATIONS, MUPIROCIN, GEN TEAL TEARS, LUBRICATING EYE DROP AN. VITAMIN E CAPSULES; WERE PUT BACK INTO THEIR ORIGINAL LABELED CONTAINERS.	4/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – No label for Mupirocin and Vitamin E capsules. No resident's name was noted for GenTeal Tears and Lubricating Eye Drops.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO ENSURE THIS DOESN'T HAPPEN AGAIN. ALL MEDICATION WILL BE STORED AWAY PROPERLY IN THEIR ORIGINAL LABELED CONTAINER WHEN ADMINISTERING. MEDICATION BOTTLE WILL BE TAKEN OUT. AFTER MEDICATION BOTTLE WILL BE PUT BACK INTO ORIGINAL LABELED CONTAINER.	4/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** An open container of Vaporub was left unsecured in resident's room #3. Corrected during inspection.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** An open container of Vaporub was left unsecured in resident's room #3. Corrected during inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO ENSURE MEDICATIONS ARE NOT LEFT IN RESIDENT'S ROOM ALL ROOMS WILL BE CHECKED AFTER EACH MEAL AND SNACK.	09/06/23

STATE OF HAWAII
DOH/CHSD
STATE LICENSING

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - Fluticas 50/Salmeterol 50 Inhl Disk was ordered on 10/7/2022. Per medication administration record (MAR), the medication was started on 11/1/2022.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Fluticas 50/Salmeterol 50 Inhl Disk was ordered on 10/7/2022. Per medication administration record (MAR), the medication was started on 11/1/2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IF MEDICATIONS IS NOT AVAILABLE AT THE TIME THE PHYSICIAN ORDERED, NO MEDICATION WILL BE GIVEN AS A SUBSTITUTE UNLESS DIRECTED OTHERWISE BY PHYSICIAN. PCG WILL CONTACT PHYSICIAN AND PHARMACY ASAP ABOUT MEDICATION, UNAVAILABLE MEDICATION AND CALL WITH PHYSICIAN AND PHARMACY WILL BE DOCUMENTED ON PROGRESS NOTES.	09/26/23

'23 SEP -8 P3:37

STATE OF HAWAII
BOARD OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – On 10/7/2022, physician noted to "ask Dermatology if need to continue" for Clobetasol 0.05% oint, Desonide 0.05% cream, Hydrophylic Top Cream, and Tacrolimus Ointment. No record that Dermatologist was consulted.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES. DERMATOLOGIST WAS CONSULTED FOR A DOCTOR'S ORDER TO CONTINUE CLOBETASOL 0.05% OINT. DESONIDE 0.05% OINT, HYDROPHYLIC TOP CREAM, AND TACROLIMUS OINTMENT. DOCUMENT WAS ADDED TO RESIDENT'S MEDICATION RECORDS.	5/22/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – On 10/7/2022, physician noted to "ask Dermatology if need to continue" for Clobetasol 0.05% oint, Desonide 0.05% cream, Hydrophylic Top Cream, and Tacrolimus Ointment. No record that Dermatologist was consulted.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN PROGRESS NOTES, WHAT WILL BE DOCUMENTED ARE THE DATES OF WHEN DERMATOLOGIST WAS CONTACTED AND WHAT WE WERE INFORMED OF FROM DERMATOLOGIST ABOUT THE MEDICATIONS. I WILL REVIEW PROGRESS NOTES AT END OF THE MONTH AND I WILL DOCUMENT IF NEEDED.	09/06/23

STATE OF HAWAII
DOH-OHCQ
STATE LICENSING

'23 SEP 22 A9:09

STATE OF HAWAII
DOH-SHCA
STATE LICENSING

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Guaifenesin 100mg/5mg Liquid was discontinued on 10/7/2022. It continued to be listed in MAR as current medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOWYOU CORRECTED THE DEFICIENCY** YES, THE RESIDENT'S PHYSICIAN SENT AN UPDATED PATIENT MEDICATION LIST IN MARCH 2023 IN THE LIST, GUAIFENESIN IS LISTED AS ACTIVE.	4/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 -- Guaifenesin 100mg/5mg Liquid was discontinued on 10/7/2022. It continued to be listed in MAR as current medication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO ENSURE THAT A CURRENT MEDICATION ORDER IS OBTAINED IN A TIMELY MANNER, PHYSICIAN WILL BE CONTACTED 1 WEEK BEFORE DISCONTINUE DATE OF MEDICATION. MEDICATION ORDER WILL BE REVIEWED WEEKLY TO ENSURE ALL MEDICATIONS ARE UP TO DATE. IF CLARIFICATION IS NEEDED, PHYSICIAN WILL BE CONTACTED. ALL CHANGES AND CONTACTS WILL BE DOCUMENTED IN PROGRESS NOTES.	09/06/23

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING
'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Discontinued Benzonatate 100mg cap was stored with current medication. Per PCG, it was restarted but there was no physician's written order or record that phone order was received.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** THE PHYSICIAN'S ORDER TO DISCONTINUE BENZONATATE WAS RECEIVED AND DOCUMENTED IN PROGRESS NOTES. WAS MAY 25, 2023	09/06/23

STATE OF HAWAII
BOARD OF
STATE LICENSING

23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 Discontinued Benzonatate 100mg cap was stored with current medication. Per PCG, it was restarted but there was no physician's written order or record that phone order was received.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO ENSURE THAT A CURRENT MEDICATION ORDER IS OBTAINED IN A TIMELY MANNER, PHYSICIAN WILL BE CONTACTED 1 WEEK BEFORE DISCONTINUE DATE OF MEDICATION. MEDICATION ORDERS WILL BE REVIEWED WEEKLY TO ENSURE ALL MEDICATIONS ARE UP TO DATE. IF CLARIFICATION IS NEEDED, PHYSICIAN WILL BE CONTACTED. ALL CHANGES AND CONTACTS WILL BE DOCUMENTED IN PROGRESS NOTES.	09/06/23

STATE OF HAWAII
DEPT. OF HCA
STATE LICENSING

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order is "Fluticasone Prop 50mcg 120d Nasal Spray Inhl, Use 2 sprays in each nostril once daily for nasal allergy." It was given as needed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES A WRITTEN PHYSICIAN ORDER WAS OBTAINED FOR THE DISCONTINUATION OF FLUTICASONE PROP.	4/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order is "Fluticasone Prop 50mcg 120d Nasal Spray Inhl, Use 2 sprays in each nostril once daily for nasal allergy." It was given as needed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO ENSURE THAT A CURRENT MEDICATION ORDER IS OBTAINED IN A TIMELY MANNER, PHYSICIAN WILL BE CONTACTED A WEEK BEFORE ERRA MS MEDICATION RUN OUT ~~DISCONTINUE~~ DATE OF MEDICATION. MEDICATION ORDERS WILL BE REVIEWED WEEKLY TO ENSURE ALL MEDICATIONS ARE UP TO DATE. IF CLARIFICATION IS NEEDED, PHYSICIAN WILL BE CONTACTED. ALL CHANGES AND CONTACTS WILL BE DOCUMENTED IN PROGRESS NOTES. MEDICATION WILL BE GIVEN AS ORDER	09/06/23

STATE OF HAWAII BOH-RHCA STAFF LICENSING

STATE OF HAWAII BOH-RHCA STATE LICENSING

'23 SEP 22 A9:09

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – No legend in MAR for care givers who administer medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, ALL RESIDENT'S MEDICATION ACTIVITY RECORD NOW HAS A LEGEND FOR CAREGIVERS TO SIGN AFTER ADMINISTERING MEDICATION. LEGEND IS LOCATED AT THE TOP RIGHT CORNER OF THE MAR.	5/24/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – No legend in MAR for care givers who administer medication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN THE FUTURE, ALL FUTURE MARs WILL HAVE A LEGEND FOR CAREGIVERS WHO ADMINISTER RESIDENT'S MEDICATION.	5/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – No legend in MAR for care givers who administer medication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG WILL BE PREPARING AND REVIEWING MAR WITH THE HELP OF SCG. PREP AND REVIEW WILL BE CONDUCTED AT THE LAST WEEK OF EACH MONTH TO PREPARE FOR THE UPCOMING MONTH. STATE OF HAWAII DOH-RHDA STATE LICENSING	09/06/23 '23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. **FINDINGS** Resident #1 – No plan of activities schedule.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, A PLAN OF ACTIVITIES SCHEDULE WAS CREATED FOR ALL RESIDENTS. THE ACTIVITIES RANGES FROM OUTDOOR WALKING TO INDOOR PUZZLES.	5/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. **FINDINGS** Resident #1 – No plan of activities schedule.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG AND SCG ARE RESPONSIBLE FOR PREPARING A DAILY PLAN OF ACTIVITIES SCHEDULE. I WILL USE ADMISSION CHECKLIST TO REMIND MY SELF TO MAKE A SCHEDULE AND I WILL ALSO UPDATE IT AS NEEDED	09/06/23

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

'23 SEP 22 A9:09

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 – No current inventory of all personal items.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, ALL INVENTORY RECORDS FOR RESIDENT #1 WAS UPDATED AND UPDATED WITH ALL PERSONAL BELONGINGS.	4/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. **FINDINGS** Resident #1 – No current inventory of all personal items.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN THE FUTURE, EVERY DECEMBER, EACH RESIDENT'S INVENTORY OF ALL PERSONAL ITEMS WILL BE UPDATED. IN DECEMBER, THE RESIDENTS RECEIVE GIFTS FOR THE HOLIDAYS WHICH ARE ADDED TO THEIR INVENTORY.	4/22/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to 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; **FINDINGS** Resident #1 -- No documentation for response to medication and treatment in progress notes.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to 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; **FINDINGS** Resident #1 · No documentation for response to medication and treatment in progress notes.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** RESIDENT'S RESPONSE TO MEDICATION AND TREATMENTS, INJURIES, ILLNESSES, DIETS, ETC. WILL BE DOCUMENTED MONTHLY AND MORE OFTEN IF NEEDED. INJURIES CHANGES IN MEDICATION/TREATMENT, ETC. I WILL REVIEW IT AT THE END OF THE MONTH AND I WILL DOCUMENT AS NEEDED STATE OF HAWAII BOH-GMOA STATE LICENSING	09/06/23

STATE OF HAWAII
BOH-GMOA
STATE LICENSING

'23 SEP 22 A9:09

'23 SEP -8 P3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 – No Resident Financial Statement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A SIGNED AND DATED FINANCIAL STATEMENT WAS OBTAINED ON MARCH 11, 2023 STATE OF HAWAII DOH-BHCA STATE LICENSING '23 SEP -8 P3:37	09/06/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 – No Resident Financial Statement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN THE FUTURE, ALL RESIDENTS WILL BE GIVEN A RESIDENT FINANCIAL STATEMENT UPON ADMISSION TO ARMANDO BIACAN CARE HOME. THE DOCUMENT WILL BE KEPT IN THE RESIDENTS' RECORDS.	5/20/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 - No Resident Financial Statement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** IN ORDER TO REMIND PCG & SCG TO OBTAIN ALL REQUIRED DOCUMENTS AT ADMISSION, A PACKET OF ALL REQUIRED DOCUMENTS WILL BE PUT TOGETHER TO BE GIVEN AT TIME OF ADMISSION TO RESIDENT AND THIER FAMILY FOR REVIEW AND SIGNATURE. STATE OF HAWAII BOH-BHCA STATE LICENSING '23 SEP -8 P3:37	09/06/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Fire drills were conducted between 9:00 am and 5:30 pm only.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Fire drills were conducted between 9:00 am and 5:30 pm only.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** FIRE DRILLS WILL BE CONDUCTED AT VARIOUS TIMES OF THE DAY ON RANDOM DAYS OF THE WEEK. REMINDERS WILL BE PUT ON THE MONTHLY CALENDAR TO ENSURE PCG & SCG's CAN SEE IT TO PREP BEFORE EACH FIRE DRILL.	09/26/23

STATE OF HAWAII
DEPT OF HCA
STATE LICENSING

'23 SEP -8 P3:37

Licensee's/Administrator's Signature: _____

Print Name: Armando Biacan

Date: 05/22/23

Licensee's/Administrator's Signature: _____

Print Name: Armando Biacan

Date: 09/07/2023