

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Circle of Care, LLC	CHAPTER 89
Address: 91-229 Paiaha Place, Kapolei, Hawaii 96707	Inspection Date: February 13, 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.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

23 JUL 28 P 3:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)  All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p><u>FINDINGS</u>  CCG#2 – No evidence of current 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 style="text-align: center;"><i>TB clearance was completed by his PCP - Dr. Aurora Mariani on July 25, 2023. It is available for review with the rest of my care home staff clearances. See attached</i></p>	<p style="text-align: center;"><i>07-28-23</i></p>

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

23 JUL 28 P 3:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)  All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p><u>FINDINGS</u>  CCG#2 – No evidence of current tuberculosis (TB) clearance.</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><i>To prevent this deficiency from happening in the future, I have updated my checklist for the caregiver to do before the annual certification. All documents needs to be current. Future plans also include using electronics calendars on mobile devices to remind caregiver documents will be due.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p>	<p style="text-align: right;"><i>07-28-23</i></p> <p style="text-align: right;"><b>23 JUL 28 P 3:01</b></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Medications are stored on open shelves in the living room and not secured in a staff-controlled work cabinet or work counter.</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 style="text-align: center;"><i>To prevent this from happening again in the future, once medicines are given to residents and put it right away in locked cabinet.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>07-28-2023</i></p> <p style="text-align: right;"><b>23 JUL 28 P 3:01</b></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Cetirizine HCL was discontinued on 9/19/22, however, medication still together with active medications and per CCG resident is taking this medicine. Medication last refilled on 1/19/23.</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><i>Got confirmation from Dr. Aurora Mariani-PCP to continue cetirizine on March 2, 2022. He went also to his ENT doctor on 03-08-2023 who order discontinued on cetirizine. He agreed to put back him on cetirizine due to his allergy.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;"><i>07-28-23</i></p> <p style="text-align: center;">'23 JUL 28 P 3:01</p>

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STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:  All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.  <u>FINDINGS</u> Resident #1 – The following orders are incomplete and require clarification from the Physician: <ul style="list-style-type: none"> <li>• “Lactulose 20gm/30ml solution”</li> <li>• “Tylenol ES 500mg tab, give 1 tab PO Q6hours as needed”</li> <li>• “Rexulti 0.5mg tab”</li> <li>• “Continue H&amp;S shampoo”</li> <li>• “Continue Benzoin Peroxide BID”</li> </ul>	<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> <ul style="list-style-type: none"> <li>- Tylenol 500 mg and</li> <li>- Lactulose solution discontinued by PCP Dr. Aurora Mariani on 03-02-2022</li> <li>- Rexulti 0.5 mg tablet prescribed by his Psychiatrist on 02/10/2022</li> <li>- Continue H&amp;S shampoo and Benzoyl Peroxide by his dermatologist Jessica Hall on 01-13-2022</li> </ul>	07-28-23

STATE OF HAWAII  
DOH-DMCA  
STATE LICENSING

23 JUL 28 PM 3:00

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STATE OF HAWAII  
DOH-CHCA  
TATS LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b> Residents #1, #2, and #3 – No medication administration records (MAR) were prepared for Residents for a total of eleven (11) months starting 4/2022 to current.</p> <p>Unable to verify accuracy of medication administration and/or follow up by CCG for clarifications if needed.</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>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>23 JUL 28 P 3:00</p>

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STATE OF HAWAII  
DON-ORICA  
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Resident was admitted on 2/15/22, however, there are no Physician’s medication orders neither on that date nor prior to admission. Physician’s orders closest to admission date is 3/2/22, 15 days after admission. A current signed Physician’s order sheet must be obtained prior to or on the day of admission.</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>STATE OF HAWAII            DOH-GRICA            STATE LICENSING</p>	<p>23 JUL 28 P 3:00</p>



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STATE OF HAWAII  
DQH-OHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No MARs from 3/15/22 to current. Unable to verify if Physician ordered treatments were carried out such as wearing compression stockings.</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;">STATE OF HAWAII            DOH-OHCA            STATE LICENSING</p>	<p style="text-align: right;">23 JUL 28 P 3:00</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1, #2, and #3 – Medication administration records were not prepared for at least eleven (11) months.</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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">23 JUL 28 P 3:00</p>

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Completion  
Date

07-28 P2-59

07-28-23

RULES (CRITERIA)	PLAN OF CORRECTION
<input checked="" type="checkbox"/> <p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1, #2, and #3 – Progress notes were not written for at least eleven (11) months.</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><i>I have trained my substitute caregiver to do progress notes. I will continue to conduct monthly review the documentation. Its important on timely recording the documentation to ensure that data record is accurate. I'll use my calendar online so it will alert me every week to check the books of residents.</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Residents #1, #2, and #3 – No progress notes written after 2/2022, a total of twelve (12) months.</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 style="text-align: center;"><i>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>07-28-23</i></p> <p style="text-align: right;">23 JUL 28 P2:59</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Residents #1, #2, and #3 – No progress notes written after 2/2022, a total of twelve (12) months.</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>I trained my substitute caregiver to do progress notes. I will continue to conduct monthly review the documentation. It's important on timely recording the documentation to ensure that data recorded is accurate. I'll use my calendar online so its will alert me every week to check the books of residents.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>JUL 28 P2:59</p> <p><i>07-28-23 asa</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b>FINDINGS</b>            Residents #1, #2, and #3 – No monthly weights taken throughout the duration of the inspection year.</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;">STATE OF HAWAII            DOH-ORCA            STATE LICENSING</p>	<p style="text-align: center;">23 JUL 28 P 2:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-18 <u>Records and reports.</u> (b)(7)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><u>FINDINGS</u>            Residents #1, #2, and #3 – No monthly weights taken throughout the duration of the inspection year.</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 style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII            DSH-OSH            STATE LICENSING</p> <p>To get weight on monthly basis of residents and record it right away. Record monthly weights immediately after weight is taken. To prevent this from happening again in the future. I have trained my certified caregiver to give medicines and sign the medication record right away and do the weight recording. I will have my checklist to make sure everything is completed.</p>	<p>03 JUL 28 P2:59</p> <p>07-28-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u>  Resident #1 – Resident visited the ED on 3/3/22 and 8/7/22. No progress notes written describing unusual occurrences of Resident's visits to hospital.</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 style="text-align: center;"><i>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</i></p> <p style="text-align: right;">STATE OF HAWAII  DOM-ONCA  STATE LICENSING</p>	<p style="text-align: right;"><i>07-28-23</i></p> <p style="text-align: right;">23 JUL 28 P2:59</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

Licensee's/Administrator's Signature: Amely G. Ambayec  
Print Name: AMAELY G. AMBAYEC  
Date: 07-28-2023

23 JUL 28 P2 59  
STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING