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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
}	TENTO CONNECTION	Date
§11-89-9 General staff health requirements. (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. FINDINGS CCG#2 – No evidence of current tuberculosis (TB) clearance.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY TB clearance was completed by his PCD-Dr. Awrora Mariani on July 25, 20>3 It is available for review with the rest of my care home Staff clearances. See attacked	07-28-23
	STATE OF HAN	23
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-9 General staff health requirements. (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. FINDINGS CCG#2 - No evidence of current tuberculosis (TB) clearance.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this deficiency from happening in the future. I have uplated my checklistor the caregiver to do before the annual certificate current. Future plans current. Future plans calendars on mobile devices to remind caregiver do due.	7-28-23 23 JU 28 P
	<i>↔</i> =	<u></u>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-14 Resident health and safety standards. (e)(1) Medications: 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. FINDINGS Medications are stored on open shelves in the living room and not secured in a staff-controlled work cabinet or work counter.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY To prevent this from happening again in The feature, once redicines are given to residents and put it right away in locked cabinet.	
	STATE LICENSING	23 JUL 28 P3:01

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-14 Resident health and safety standards. (e)(1) Medications: 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. FINDINGS Medications are stored on open shelves in the living room and not secured in a staff-controlled work cabinet or work counter.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Re- Crain Certified caregiver to place all medicines on a locked cabinet by the kitchen. Do a routine check on daily basis that everything in order. All medication will here here all medication will here here.	
	STATE OF HAWAII DOH-OHCA STATE LICENSING	*23 JUL 28 P3:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-89-14 Resident health and safety standards. (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. FINDINGS 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.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Lot confirmation from Dr. Awara Mariane-Pcp to continue ceterizine on March 2, 2022. He went also to his ENT doilor on 03-08-2023 who order discentimed on ceterizine. He aqued to put back him on ceterizine due to his allergy.	07-28-23
		allergy.	ង
17 th		ALE OF A	JIL 28
		W A A A A A A A A A A A A A A A A A A A	P3 :01

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
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	E OF FA	JUL 28
	7	P3 <u>0</u> 1

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-14 Resident health and safety standards. (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. FINDINGS Resident #1 – Physician's orders dated 3/2/22 lists, "ProAir HFA inhalation 2 puffs BID-TID PRN wheezing", however, medication not listed on the 3/2022 medication administration record (MAR). No discontinue order available for review.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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and the second s		substitule Caregiver to always double check ony entries on medicates? record, so there is always double checking.	23 JUL 28 P3 10

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
## 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. ### FINDINGS Resident #1 — The following orders are incomplete and require clarification from the Physician: ### "Lactulose 20gm/30ml solution" ### "Tylenol ES 500mg tab, give 1 tab PO Q6hours as needed" ### "Rexulti 0.5mg tab" ### "Continue H&S shampoo" ### "Continue Benzoil Peroxide BID"	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Tyleral 500 mg and Lactulose Solution- discontinued by PCP. Dr. Awrera Mariani on 03.02-2022 Rexul fi 0.5 mg tablet prescribed by his Psychialrist on 02/10/2022 Continue H & Shampoo by his der mato logist fessica Hall on 01-13-20	07-28-23
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-89-14 Resident health and safety standards. (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. FINDINGS Resident #1 – The following orders are incomplete and require clarification from the Physician: "Lactulose 20gm/30ml solution" "Tylenol ES 500mg tab, give 1 tab PO Q6hours as needed" "Rexulti 0.5mg tab" "Continue H&S shampoo" "Continue Benzoil Peroxide BID"	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will always check physician orders and bharmacy labels when writing the nedication records at the end of each mark: Certified caregiver will also double check the redication records against the physician orders and pharmacy	07-28-23
17-100		labels. If a discrepance	Ci Ci
		up with the physicians	JII 28
		11	P3:00

·	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-89-14 Resident health and safety standards. (e)(12) Medications: 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. FINDINGS 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. Unable to verify accuracy of medication administration and/or follow up by CCG for clarifications if needed.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date
		STATE OF HAWAII STATE LICENSING	23 JUL 28 P3:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-89-14 Resident health and safety standards. (e)(12) Medications:	PART 2	
	All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders	<u>FUTURE PLAN</u>	a de la companyon de la compan
	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	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	caregiver. FINDINGS Residents #1, #2, and #3 – No medication administration records (MAR) were prepared for Residents for a total of	To prevent this from happing again in the future. I	0.7-28-29
na di	eleven (11) months starting 4/2022 to current. Unable to verify accuracy of medication administration and/or follow up by CCG for clarifications if needed.	caregiver to give redicines	
		at least me the	
		Caregiver will keep track and doubt	•
		I will have my checklis	3
		is completed and done sign	S S
		on daily basis.	. 28 P
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-14 Resident health and safety standards. (e)(12) Medications: 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.	PART 1	
FINDINGS Residents #1, #2, and #3 — March 2022 MAR is only initialed up to March 14th.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
	STATE LICENSING	23 JUL 28 P3:00

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	rake Sure everything issing the sure and done on Elicensin daily basis.	23 JUL 28 P3
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-18 Records and reports. (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain: 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; FINDINGS 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.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
	STATE OF HAWAII DOH-OHCA STATE LICENSING	723 JUL 28 P3:00

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Wate
	§11-89-18 Records and reports. (a)(2)	PART 2	
	Individual records shall be maintained for each resident.	A PA	\\\
	Upon admission or readmission, the facility shall maintain:	FUTURE PLAN 599	28
	A report of a medical examination current to within nine		~0
	months and current diagnosis, physician's orders for medication, diet, special appliances and equipment,	USE THIS SPACE TO EXPLAIN YOUR FUTURE E	w
	treatment, evaluations or direct service to be provided by a	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	80
	physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis	TI DOESN'I HAITEN AGAIN:	
	performed within the year prior to admission, height and	To prevent this deficient	07-28-23
	weight and medical history;	from happening in +0	,
	FINDINGS	future. I P	
	Resident #1 – Resident was admitted on 2/15/22, however,	my applaced	
	there are no Physician's medication orders neither on that date nor prior to admission. Physician's orders closest to	to mession checklist	
	admission date is 3/2/22, 15 days after admission. A current	to include reminder	1
	signed Physician's order sheet must be obtained prior to or on the day of admission.	to obtain current	
	or the day of admission.	The dication orders	
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		admissions. I will use	
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		Calendar to remod	
		me what to get before	Ī
		admitting new residents	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-18 Records and reports. (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information: Entries by the caregiver describing treatments and services rendered; FINDINGS Resident #1 — No MARs from 3/15/22 to current. Unable to verify if Physician ordered treatments were carried out such	PART 1	
as wearing compression stockings.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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	RULES (CRITERIA)	DI ISLAN CONNECTION	
	ROLES (CRITERIA)	PLAN OF CORRECTION	Completion
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	§11-89-18 Records and reports. (b)(3)	PART 2 og og	<u> </u>
	During residence, records shall be maintained by the	A _o Ā	C.
	caregiver and shall include the following information:	FUTURE PLAN	É
	Entries by the garagivan describing processes at the trial	= = = = = = = = = = = = = = = = = = =	28
	Entries by the caregiver describing treatments and services rendered;	TICE THE CDACE TO EVEN AND EVEN TO THE TOTAL T	w
	rondored,	USE THIS SPACE TO EXPLAIN YOUR FUTURE	ω
	FINDINGS	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	Resident #1 - No MARs from 3/15/22 to current. Unable to	IT DOESN'T HAPPEN AGAIN?	Ë
	verify if Physician ordered treatments were carried out such	70 0	
	as wearing compression stockings.	b prevent this !	D-4
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. FINDINGS Resident #1, #2, and #3 – Medication administration records were not prepared for at least eleven (11) months.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
	STATE OF HAWAII STATE LICENSING	23 Jul 28 P3:00

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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,	checklist to make Swe everything is completely started and done on daily	723 JUL 28
	21	P 3 :00

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. FINDINGS Resident #1, #2, and #3 – Progress notes were not written for at least eleven (11) months.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Correcting the deficiency ofter - the - fact is not practical / appropriate. For this deficiency, only a fullwee plan is required.	Date 07-28-23
	STATE OF HAWAII STATE LICENSING	23 JUL 28 P3 30

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	RULES (CRITERIA)	PLAN OF CORRECTION	星	Com <u>el</u> o	etion
	§11-89-18 Records and reports. (e)(5) General rules regarding records:	PART 2	主義	œ	
	All records shall be complete and current and readily available for review by the department or any responsible	FUTURE PLAN	Ě	P2 59	
	placement agency.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT			
	FINDINGS Resident #1, #2, and #3 – Progress notes were not written for at least eleven (11) months.	IT DOESN'T HAPPEN AGAIN?			
		I have trained my	10	D7-28	3-23
		do progress notes.	-		
		will continue to condu	0		
		morely review the			
		important on Time les			
		recording The lace tali	0		
		to ensure that date,)	
		record is accurate.			
		I ll use my calendar			
		me every week to cher	-		
- Augustus		the books of residents.	7		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information: 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; FINDINGS Residents #1, #2, and #3 – No progress notes written after 2/2022, a total of twelve (12) months.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Correcting The deficiency after-The - fact is not practical / appropriate. For This deficiency, only a future plan is required.	07-28-23
	STATE OF HAVAII	23 JUL 28 P2:59

	RULES (CRITERIA)	PLAN OF CORRECTION	Commitation
		PLAN OF CORRECTION	Completion Date
	§11-89-18 Records and reports. (b)(2)	PART 2	
	During residence, records shall be maintained by the		£
	caregiver and shall include the following information:	FUTURE PLAN	28
	Observations of the resident's response to medication,	A A	P2
	treatments, diet, provision of care, response to activities	USE THIS SPACE TO EXPLAIN YOUR FUTURE	. 39
	programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date,	PLAN: WHAT WILL YOU DO TO ENSURE THAT	Ø
	time and actions taken, if any, which shall be recorded	IT DOESN'T HAPPEN AGAIN?	
	monthly or more often as appropriate but immediately when an incident occurs;	I trained my substitute	· n
	FINDINGS	Careginery to do	V7-3-8-2
	Residents #1, #2, and #3 – No progress notes written after 2/2022, a total of twelve (12) months.	notes. I will continue	assa
		to conduct money.	
		review the documents.	
		It's important	•
		timely resorting 70	
		loruma 1100 in the	
		- conentation to ensure	
		that data recorded is	
		accurate. I'll use	
-		my Calendar online	
Tag		So its will alore me	
		every week to check	
		the books of residenty.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-89-18 Records and reports. (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information: Recording of resident's weight at least once a month, and more often when requested by a physician; FINDINGS Residents #1, #2, and #3 – No monthly weights taken throughout the duration of the inspection year.	PART 1	Date
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
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	§11-89-18 Records and reports. (b)(7)	PART 2 9 9	3
	During residence, records shall be maintained by the caregiver and shall include the following information:		<u>_</u>
	caregiver and shan metude the following information:	FUTURE PLAN	E
	Recording of resident's weight at least once a month, and	n n n n n n n n n n n n n n n n n n n	28
	more often when requested by a physician;	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
		PLAN: WHAT WILL YOU DO TO ENSURE THAT	P2
	FINDINGS	IT DOESN'T HAPPEN AGAIN?	59
	Residents #1, #2, and #3 - No monthly weights taken	II DOESIA I HAFFEN AGAIN!	9
	throughout the duration of the inspection year.		
		ger weight on moreful	O-12
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		residents and	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-89-18 Records and reports. (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. FINDINGS 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.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Correcting the deficiency after - the - fact is not practical appropriate for this deficiency, only a future plan is required.	07-28-22
deployer.		STATE OF HAWAII	23 JIL 28 P2 59

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
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	I ll use my calendars	23
	alert ne every week took	JUL 28
	resident, Dout S of 152	P 2
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Licensee's/Administrator's Signature:	awaely	Q.,	am	base
	AMAELY			•
Date	07-20	- 2		,

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