

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ICAREUHAWAII LLC	CHAPTER 100.1
Address: 94-530 Koaleo Street, Waipahu, Hawaii 96797	Inspection Date: September 1, 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.

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

23 NOV 17 P2:52

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; <u>FINDINGS</u> Primary Care Giver (PCG) – No record of continuing education credits in the past 12 months. Please submit a copy with your POC.	<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>①. <i>Pinkeed all my continuing education that I attended during the past year. Please see attached copies.</i></p>	<p style="text-align: center;">09-07-23</p>

STATE OF ILLINOIS
 STATE CLERK
 STATE OF ILLINOIS

23 NOV 17 P 2:52

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness. (d) Records of disaster evacuation and safety drills shall be available for inspection by the department. FINDINGS Per record, fire drills were conducted monthly. Residents' names were mentioned in description of drills, but not recorded as participants.	<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 style="text-align: center;">09.01.23</p> <p style="text-align: center;">23 NOV 17 P2 51</p> <p style="text-align: center;">STATE OF HAWAII DOH-DIVISION STATE LICENSING</p>

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

23 NOV 17 P2:51

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition. (2)</u> There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. FINDINGS There is one bag of leafy vegetables and a half container (large) of cherries stored in the refrigerator. Insufficient amounts of fresh fruits and vegetables for five (5) residents for three (3) days to meet the menu requirements.	<p style="text-align: center;">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>Yes.</p> <p>① After that survey. This care giver went to her regular shopping days to the store and stocked up food supply</p>	<p style="text-align: center;">04.02.23</p> <p style="text-align: center;">STATE OF HAWAII DCH-6000 STATE LICENSING</p> <p style="text-align: center;">23 NOV 17 P2:51</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. FINDINGS There is one bag of leafy vegetables and a half container (large) of cherries stored in the refrigerator. Insufficient amounts of fresh fruits and vegetables for five (5) residents for three (3) days to meet the menu requirements.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>① you fine and for the future will make sure to have a stocker of food supply enough to feed 5 resident and for the span of at least 3 days.</p> <p>② Will do a 2-3x weekly stock audit for food supply in my pantry, Ref and food storage to ensure what items and food stocker have more than enough. how on will do on</p> <p>③. from purchase of supplies advance 2 weeks advance separately on the menu but will still ensure that purchase and expiration date that will be provided.</p>	<p style="text-align: center;">09.01.23</p> <p style="text-align: center;">23 NOV 17 P2:51</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 notes dated 3/7/2023 stated, “Diflucan 150mg and Lotrisone cream split bid.” Frequency and duration for Diflucan and duration for Lotrisone cream not provided. Per medication administration record (MAR), the medication was already completed.	<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 style="text-align: center;">09.01.23</p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</small> 23 NOV 17 P2:51 </p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 – Emergency Information sheet states, "Please see attached" for medication list. No attached document available.	<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>① Yes. I placed the medication list attached to the above in the right place above Emergency information sheet states.</p>	<p style="text-align: center;">09-02-23</p> <p style="text-align: center;">23 NOV 17 P2:51</p> <p style="text-align: center;">STATE OF HAWAII FOR-RECORD STATE RECORDING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. FINDINGS Resident #1 – No schedule of daily activities.	<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>Ⓟ Yes. Made a personal schedule of activities for the resident #1</i></p>	<p style="text-align: center;">09.02.23</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">23 NOV 17 P2:51</p>

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STATE OF MARYLAND
 DEPARTMENT OF LICENSING

23 NOV 17 P2:51

Licensee's/Administrator's Signature:



Print Name:

Roxana Juarez

Date:

11-16-23

STATE OF HAWAII
DOH - OHPA
STATE LICENSING

23 NOV 17 P2:51