

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kakealani Care Home	CHAPTER 100.1
Address: 94-833 Kalaiaha Place, Waipahu, Hawaii 96797	Inspection Date: June 27, 2023 Annual

STATE OF HAWAII  
DON-QUEA  
STATE LICENSING

23 DEC 13 AM 0:32

**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  
DON-QUEA  
STATE LICENSING

23 SEP 19 AM 0:09

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3, #4 – No Fieldprint results. Required scan results not included.</p> <p>Please submit a copy with your plan of correction (POC).</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="font-size: 1.2em; text-align: center;">Yes this deficiency has been corrected. Copies are attached.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p style="font-size: 0.8em;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> </div> <div style="text-align: center;"> <p style="font-size: 0.8em;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> </div> </div>	<p style="font-size: 1.2em; text-align: center;">9/13/23</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p style="font-size: 0.8em;">'23 DEC 13 AIO:32</p> </div> <div style="text-align: center;"> <p style="font-size: 0.8em;">'23 SEP 19 AIO:09</p> </div> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(l) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3, #4 – No Fieldprint results. Required scan results not included.</p> <p>Please submit a copy with your plan of correction (POC).</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>Marked on my calendar is a reminder of when finger prints need to be done in the future. Also a reminder of cellular will alert PCG when it needs date to renew.</p>	<p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">23 DEC 13 10:33</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 10:08</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><b>FINDINGS</b> PCG, SCG #1, #2, #3, #4, Household member (HM) #1 – No current annual physical exam.</p> <p>Please submit a copy with your POC.</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;">Yes this deficiency has been corrected. Copies are attached.</p>	<p style="text-align: right;">23 DEC 10:33</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: right;">23 SEP 19 10:08</p>

STATE OF HAWAII  
DEPT. OF HEALTH  
STATE LICENSING

STATE OF HAWAII  
DOH-002A  
STATE 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><b>FINDINGS</b> PCG, SCG #1, #2, #3, #4, Household member (HM) #1 – No current annual physical exam.</p> <p>Please submit a copy with your POC.</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>Marked on my calendar will be a reminder of doing annual physical exams for all SCG, HHM's and PCG.</p>	<p style="text-align: center;">STATE OF HAWAII DHF-DHE/A STATE LICENSING</p> <p style="text-align: center;">23 DEC 13 AM 0:33</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">STATE OF HAWAII DHF-DHE/A STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AM 0:08</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><b>FINDINGS</b> PCG, SCG #1, #2, #3, #4 – No current annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>Yes this deficiency has been corrected. Copies are attached.</p>	<p style="text-align: right;">23 SEP 13 10:33</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: right;">23 SEP 19 10:07</p>

STATE OF HAWAII  
DOH-01-A  
STATE LICENSING

STATE OF HAWAII  
DOH-01-A  
STATE LICENSING

	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><b><u>FINDINGS</u></b> PCG, SCG #1, #2, #3, #4 – No current annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>Marked on my calendar is a reminder of when TB will need to be done in the future Also a reminder on PCG cell will alert me a week ahead of expiration.</p>	<p style="text-align: right;">DEC 13 AMO :33</p> <p style="text-align: center; font-size: 2em;">9/13/23</p> <p style="text-align: right;">23 SEP 19 AMO :07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b>FINDINGS</b>  Lunch menu was "Egg 2oz, Celery ¼ c, Lettuce ¼ c, Watermelon 1/2c, Carrot ½ c, WW Bread, Mayonaise (sic) 3t." Lunch served was egg salad with chopped lettuce, whole wheat bread, canned tangerine, a bowl of canned tomato soup. No menu substitution recorded.</p>	<p>PART 1</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>23 DEC 13 AM 03:33</p> <p>23 SEP 19 AM 10:00</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> , (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.  <u>FINDINGS</u> Lunch menu was "Egg 2oz, Celery ¼ c, Lettuce ¼ c, Watermelon 1/2c, Carrot ½ c, WW Bread, Mayonaise (sic) 3t." Lunch served was egg salad with chopped lettuce, whole wheat bread, canned tangerine, a bowl of canned tomato soup. No menu substitution recorded.	<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>Updated COPY of menu will <sup>now</sup> be posted at the end of <del>that</del> the week. In the future.</p> <p>I have menu substitution form available in the kitchen. I trained BCG to <del>cook</del> <u>document</u> <del>substitute</del> menu substitutions.</p>	<p style="text-align: right;">23 09 13 10:33</p> <p style="text-align: right;">9/13/23</p> <p style="text-align: right;">23 SEP 19 10:06</p>

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Clorox, disinfecting spray, and Pine sol were stored in an unlocked cabinet under the wet bar sink. Corrected during inspection.</p>	<p>PART 1</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: center;">23 DEC 13 10:33</p> <p style="text-align: center;">23 SEP 19 10:06</p>

STATE OF HAWAII  
D&H - OHCA  
STATE LICENSING

STATE OF HAWAII  
D&H - OHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Clorox, disinfecting spray, and Pine sol were stored in an unlocked cabinet under the wet bar sink. Corrected during inspection.</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>At the time of your visit we were cleaning up a mess that a resident had made. In the future I will make sure we remove what is needed and lock cabinets immediately.</p> <p>I installed magnetic locks to <del>prevent</del> cleaning products cabinet. It opens/closes automatically.</p>	<p style="text-align: center;">23 DEC 13 AM 0:33</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 0:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u>  Resident #1 – No label for Melatonin 5mg bottle.</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>Yes this deficiency has been corrected.  Label has been placed on the bottle.</p>	<p style="text-align: right;">23  AIO:33</p> <p style="text-align: right;">23  SEP 19  AIO:06</p>

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u>            Resident #1 - No label for Melatonin 5mg bottle.</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>In the future I (PCG) will make sure that labels on all medications will have labels on bottles</p> <p>all medications will be labelled as soon as received to proper dosage and effective date and name.</p>	<p style="text-align: center;">23            SEP 13            10:33</p> <p style="text-align: center;">23            SEP 19            10:06</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>            The medication cabinet was not locked upon department arrival. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</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: center;">23 DEC 13 AM 0:33</p> <p style="text-align: center;">STATE OF HAWAII            DON-ORSA            STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AM 0:06</p> <p style="text-align: center;">STATE OF HAWAII            DON-ORSA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u>            The medication cabinet was not locked upon department arrival. Corrected during inspection.</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>In the future all caregivers will make sure that medicine cabinet is locked and secured.</p> <p>magnetic lock installed on medicine cabinet. It will lock automatically.</p>	<p style="text-align: center;">STATE OF HAWAII            DOH-01CA            STATE LICENSING</p> <p style="text-align: center;">DEC 13 AIO:33</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">STATE OF HAWAII            DOH-01CA            STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AIO:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b>            Nystatin powder and Mupirocin ointment were left in the residents' bathroom cabinet. Corrected during inspection.</p>	<p>PART 1</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>STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p> <p>23 SEP 19 10:05</p> <p>DEC 13 10:33</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u>            Nystatin powder and Mupirocin ointment were left in the residents' bathroom cabinet. Corrected during inspection.</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>In the future all caregivers will make sure that medication used after residents showers will be properly stored in medicine cabinet. Where it will be securely locked.</p> <p>I will check residents room and bathroom mid day and evening - after dinner.</p>	<p style="text-align: right;">23 DEC 13 AM 34</p> <p style="text-align: center; font-size: 2em;">9/13/23</p> <p style="text-align: right;">23 SEP 19 AM 05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><b><u>FINDINGS</u></b>            An unopened Thick-it canister was left on resident's bedside stand in the Blue Room. Corrected during inspection.</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 style="text-align: center;">STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p> <p style="text-align: center;">23 DEC 13 AM 0:34</p> <p style="text-align: center;">23 SEP 19 AM 0:05</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u>            An unopened Thick-it canister was left on resident's bedside stand in the Blue Room. Corrected during inspection.</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>In the future PCG will make sure that anything the families leave in residence room is verified and stored properly.</p> <p>I will check residents room and bathroom mid day and after dinner.</p>	<p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Nystatin powder with medication label for the resident was left in residents' bathroom unsecured. No physician's order on file.</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>Yes this deficiency has been corrected.</p> <p>order for discontinuation was received and filed in residents binder.</p>	<p style="text-align: right;">23 DEC 13 10:34</p> <p style="text-align: center; font-size: 2em;">9/13/23</p> <p style="text-align: right;">23 SEP 19 10:05</p>

STATE OF HAWAII  
 DON-ONG A  
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - Nystatin powder with medication label for the resident was left in residents' bathroom unsecured. No physician's order on file.</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>PCG will follow up with Primary Care Physician to see if an order for any medication is always on file.</p> <p>I will do more thorough checks of residents belongings to make sure <u>no</u> medications are left undocumented on admission.</p>	<p style="text-align: center;">23 DEC 13 AM 03:34</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 05:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – External and internal medication were stored in the same container.</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;">Yes this deficiency has been corrected.</p> <p style="text-align: center;">Each resident has separate containers for external and internal medication</p>	<p style="text-align: center;">23 DEC 13 AIO:05</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AIO:05</p>

STATE OF HAWAII  
 DEPT. OF HEALTH  
 STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – External and internal medication were stored in the same container.</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>In the future all caregiver will make sure that <u>all</u> medications are separated and stored <del>Pro</del> properly.</p> <p>Each resident has separate container for external and internal medications. All SCG will be trained of where each medication goes into.</p>	<p style="text-align: right;">23 DEC 13 AM 03:4</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: right;">23 SEP 19 AM 05</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u>  Resident #1 – No June 2023 medication administration record (MAR).</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;">Yes this deficiency has been corrected.</p> <p style="text-align: center;">June 2023 MAR was recorded</p>	<p style="text-align: center;">23 DEC 13 AIO:34  9/13/23</p> <p style="text-align: center;">23 SEP 19 AIO:05</p>

STATE OF HAWAII  
BOH - CHC-A  
STATE LICENSING

STATE OF HAWAII  
BOH - CHC-A  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (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.</p> <p><u>FINDINGS</u>  Resident #1 – No June 2023 medication administration record (MAR).</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>In the future PCGs will make sure all MARs for all residents will be filed and stored in their binders at all times.</p> <p>Will review <u>all</u> MAR before the end of the month. update as needed.</p>	<p style="text-align: center;">23 DEC 13 AM 0:34</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 0:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order is Alendronate Sodium 70mg/tab, 1 tab, po, once per week. The April 2023 MAR was initialed as given daily. The May 2023 MAR was not initialed.</p>	<p style="text-align: center;">PART 1</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: center;">23 DEC 13 AIO 3:4</p> <p style="text-align: center;">STATE OF HAWAII  DOH-OSHA  STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AIO :05</p> <p style="text-align: center;">STATE OF HAWAII  DOH-OSHA  STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (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.  <u>FINDINGS</u> Resident #1 – Physician's order is Alendronate Sodium 70mg/tab, 1 tab, po, once per week. The April 2023 MAR was initialed as given daily. The May 2023 MAR was not initialed.	<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>In the future all caregivers will double check MAR for each medication administered properly, especially if medication is listed as once a week.</p> <p>I will intital MAR as soon as medication is administered. SCSCG will be trained.</p>	<p style="text-align: center;">23 DEC 13 AM 34</p> <p style="text-align: center;">STATE OF HAWAII DOH - OICA STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AM 05</p> <p style="text-align: center;">STATE OF HAWAII DOH - OICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No plan of care and activities schedule.</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;">Yes this deficiency has been corrected.</p> <p style="text-align: center;">I created plan of care and activity schedule with resident.</p>	<p style="text-align: center;">DEC 13 10:34</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 10:05</p>

STATE OF HAWAII  
DOH-ONCA  
STATE LICENSING

STATE OF HAWAII  
DOH-ONCA  
STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><b>FINDINGS</b>  Resident #1 – No plan of care and activities schedule.</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>PCG will make sure that weekly schedule for plan of care and activities is available by end of each week.</p> <p>I will use admission checklist to remind myself to do plan of care for each resident.</p>	<p style="text-align: center;">STATE OF HAWAII  DOH-910-A  STATE LICENSING</p> <p style="text-align: center;">DEC 13 AIO :34</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">STATE OF HAWAII  DOH-910-A  STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AIO :05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1 – Admission assessment was partially completed. The resident's mobility, activities, psychosocial assessment, and medication appointment were not recorded.</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>DEC 13 AIO :34</p> <p>23 SEP 19 AIO :04</p>

STATE OF HAWAII  
DOH - DHS-A  
STATE LICENSING

STATE OF HAWAII  
DOH - DHS-A  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1 – Admission assessment was partially completed. The resident's mobility, activities, psychosocial assessment, and medication appointment were not recorded.</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>PCG will double check and have a check list of completion upon admission of any new residences into facility</p> <p>I will complete the form and will not leave blank. Review all documents within a week of admission.</p>	<p style="text-align: center;">23  DEC 13 AIO:34</p> <p style="text-align: center;">23  SEP 19 AIO:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for May 2023. No documentation for resident's response to medication, diet, and treatment.</p>	<p>PART 1</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: center;">23 DEC 13 AM 03:34</p> <p style="text-align: center;">23 SEP 19 AM 04:04</p>

STATE OF HAWAII  
PART - 0000 A  
STATE LICENSING

STATE OF HAWAII  
DOH - 0000 A  
STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for May 2023. No documentation for resident's response to medication, diet, and treatment.</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>All caregivers will be responsible to complete progress notes for all residence. PEG will follow up and relay to caregivers on keeping binders always updated daily.</p> <p>I will review progress notes once a month and update as needed.</p>	<p style="text-align: center;">23 DEC 13 AM 03:34</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 04:04</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b> Resident #1 – Case manager’s care plan includes risk for aspiration related to dysphagia. There was no PCG’s record for observation and treatment.</p>	<p>PART 1</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: center;">23 DEC 13 AIO :34</p> <p style="text-align: center;">23 SEP 19 AIO :04</p>

STATE OF HAWAII  
BOH-0102  
STATE LICENSING

STATE OF HAWAII  
BOH-0102  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Case manager’s care plan includes risk for aspiration related to dysphagia. There was no PCG’s record for observation and treatment.</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>PCG will double check all case managers binders and make sure its initial and kept updated.</i></p> <p><i>I will review progress notes once a month and update as needed.</i></p>	<p style="text-align: right;">23 DEC 13 AM 0:34</p> <p style="text-align: center; font-size: 2em;"><i>9/13/23</i></p> <p style="text-align: right;">23 SEP 19 AM 0:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b> Resident #1 – Case manager’s care plan includes “Change diaper q 2hr and when soiled. Assess skin daily during bath and when changing diaper, and turn 2 hrs and reposition with assistance.” Care provided by PCG not documented.</p>	<p style="text-align: center;">PART 1</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: center;">23 DEC 13 AM 03:55</p> <p style="text-align: center;">23 SEP 19 AM 04</p>

STATE OF HAWAII  
DOH-8102  
STATE LICENSING

STATE OF HAWAII  
DOH-8102  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p><u>FINDINGS</u> Resident #1 – Case manager’s care plan includes “Change diaper q 2hr and when soiled. Assess skin daily during bath and when changing diaper, and turn 2 hrs and reposition with assistance.” Care provided by PCG not documented.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></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>PCG will double check all case management binders and make sure its initial and kept updated.</p> <p>Case Manager provided flow charts to document to care provided by PCG. PCG will document as completed early.</p>	<p style="text-align: right;">DEC 13 AIO :35</p> <p style="text-align: right;">9/13/23</p> <p style="text-align: right;">23 SEP 19 AIO :04</p>

STATE OF HAWAII  
DOH-910A  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> "HEIGHT AND MONTHLY WEIGHT RECORD" form not recorded.</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; font-size: 1.2em;">Yes this deficiency has been corrected.</p>	<p style="text-align: center;">23 DEC 13 AM 03:35</p> <p style="text-align: center; font-size: 1.2em;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 04:04</p>

STATE OF HAWAII  
DOH-0001  
STATE LICENSING

STATE OF HAWAII  
DOH-0001  
STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> "HEIGHT AND MONTHLY WEIGHT RECORD" form not recorded.</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>all caregivers will make sure that height and monthly weight is recorded <del>daily</del> monthly.</p> <p>Now form is filed in Care Home binder. SCG's training completed</p>	<p style="text-align: right;">23 DEC 13 AM 0:35</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: right;">23 SEP 19 AM 0:04</p>

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports, (h)(1)</u> Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> No permanent resident register was recorded.</p> <p>Please submit a copy with you POC after completing the permanent resident register.</p>	<p style="text-align: center;">PART 1</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;">Yes this deficiency has been corrected. Copies are attached.</p>	<p style="text-align: center;">23 DEC 13 AIO :35</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AIO :04</p>

STATE OF HAWAII  
DOH-080-A  
STATE LICENSING

STATE OF HAWAII  
DOH-080-A  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> No permanent resident register was recorded.</p> <p>Please submit a copy with you POC after completing the permanent resident register.</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>PCG will make sure that <u>all</u> records are in order and kept upon admission and discharge copies attached.</p> <p>I will record of resident register upon admission and review at the end of the month update as needed.</p>	<p style="text-align: right;">23 DEC 13 AM 0:35</p> <p style="text-align: center;">1/13/23</p> <p style="text-align: right;">23 SEP 19 AM 0:04</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DBH-QRCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>, (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.</p> <p><u>FINDINGS</u> Resident #1 - No signed financial statement.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Yes this deficiency has been <del>top</del> corrected.</p> <p style="text-align: center;">the form was signed by daughter and dated and filed in residents binder.</p>	<p style="text-align: right;">23 DEC 13 AM 0:35</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: right;">23 SEP 19 AM 0:04</p>

STATE OF HAWAII  
 DEPT. OF HEALTH  
 STATE LICENSING  
 STATE OF HAWAII  
 DEPT. OF HEALTH  
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>, (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.</p> <p><u>FINDINGS</u>            Resident #1 – No signed financial statement.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>PCB will make sure <u>all</u> documentations for <u>all</u> residents will be accurate at all times.</p> <p>I will use Admission to check list to remind myself to complete <u>all</u> documents in the future.</p>	<p style="text-align: right;">23 DEC 13 A10:35</p> <p style="text-align: right;">9/13/23</p> <p style="text-align: right;">23 SEP 19 A10:03</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment, (g)(3)(G)</u> Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No record that smoke detectors were tested since November 2022.</p>	<p>PART 1</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>STATE OF HAWAII DCH-0100 STATE LICENSING</p> <p>DEC 13 AM 0:35</p> <p>STATE OF HAWAII DCH-0100 STATE LICENSING</p> <p>23 SEP 19 AM 0:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b>FINDINGS</b> No record that smoke detectors were tested since November 2022.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 style="text-align: center;"><i>first week of each month will check smoke detectors. And document and place a reminder on a calendar in resident's view.</i></p>	<p style="text-align: center;">23 DEC 13 AM 0:35</p> <p style="text-align: right;">12/13/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u>  There was urine odor noted in the Green Room.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Yes <del>it</del> this deficiency has been corrected.</p> <p style="text-align: center;"><sup>steam</sup> floor was cleaned. No urine <del>and</del> odor in residents room.</p>	<p style="text-align: center;">23 DEC 13 AM 0:35</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 0:03</p>

STATE OF HAWAII  
DOH - SHCA  
STATE LICENSING

STATE OF HAWAII  
DOH - SHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b> There was urine odor noted in the Green Room.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>at the time of your visit resident had an accident in his room. He could not go to bathroom because other resident was on toilet. Caregivers were in the process of cleaning room. I only have one bathroom accidents happen. We tried to clean it as</p>	<p>23 DEC 13 10:35</p> <p>9/13/23</p> <p>23 SEP 19 10:03</p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
LICENSING

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
LICENSING

47  
quickly as we could.



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (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:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:</p> <p><b><u>FINDINGS</u></b>  No record that fire drills were conducted since October 2022.</p>	<p style="text-align: center;">PART 1</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: center;">STATE OF HAWAII  DOF-010  STATE LICENSING</p> <p style="text-align: center;">23 DEC 13 AIO :35</p> <p style="text-align: center;">STATE OF HAWAII  DOF-010  STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AIO :03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (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:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u>  No record that fire drills were conducted since October 2022.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>PCG will double check and document all fire drills in the future.</p> <p>will be done at the same time as smoke alarm testing, and document and place a reminder in a calendar in residents view</p>	<p style="text-align: center;">STATE OF HAWAII  DOH-OSHA  STATE LICENSING</p> <p style="text-align: center;">23 DEC 13 AM 0:35</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">STATE OF HAWAII  DOH-OSHA  STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AM 0:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No record that the case manager trained care givers for restraint use. Care plan includes use of wheelchair belt and bed rail restraints.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Yes this deficiency has been corrected.</p> <p style="text-align: center;">Case Manager training was completed for <u>all</u> caregivers.</p>	<p style="text-align: center;">23 DEC 13 AM 0:35            9/13/23</p> <p style="text-align: center;">23 SEP 19 AM 0:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b>            Resident #1 – No record that the case manager trained care givers for restraint use. Care plan includes use of wheelchair belt and bed rail restraints.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>PLG will make sure that upon admission all orders for bedrails, restraints are completed by each <del>resident</del> resident's physician</p> <p>Discuss with case manager for need of training for restraints. Communicate with case manager regularly.</p>	<p style="text-align: right;">23 DEC 13 AM 0:36</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: right;">23 SEP 19 AM 0:03</p>

STATE OF HAWAII  
 DEPT. OF HEALTH  
 STATE LICENSING

STATE OF HAWAII  
 DEPT. OF HEALTH  
 STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>            Resident #1 – Per PCG, case manager visited the resident on 5/30/2023. No record of the visit available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Yes this deficiency has been corrected. Copy updated.</p> <p style="text-align: center;">If I don't receive visit record within one week I will <del>for</del> call the Case Manager for a request of a copy.</p>	<p style="text-align: center;">23 DEC 13 AIO:36</p> <p style="text-align: center;">9/13/23</p> <p style="text-align: center;">23 SEP 19 AIO:03</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u>            Resident #1 – Per PCG, case manager visited the resident on 5/30/2023. No record of the visit available.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>In the future PCG will make sure all documentation of RN's visit is available. 9/13/23</p> <p>If I don't receive visit record within one week I will call the case manager for a request of a copy.</p>	<p style="text-align: center;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p> <p style="text-align: center;">23 DEC 13 AM 0:36</p> <p style="text-align: center;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p> <p style="text-align: center;">23 SEP 19 AM 0:03</p>

Licensee's/Administrator's Signature: 

Print Name: NORTON MONTEJO

Date: 9/13/2023 12/13/2023

23 DEC 13 AM 03:32  
STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

23 SEP 19 AM 03:03  
STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING