

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kupuna Hale By Embalallo	CHAPTER 100.1
Address: 94-527 Hiahia Loop, Waipahu, Hawaii 96797	Inspection Date: March 24, 2023 Initial

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained one (1) antibiotic packet. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p><i>Taped the First Aid supply list from DOTT in the First Aid Kit Box</i></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><i>3/25/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained one (1) antibiotic packet. 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> <ol style="list-style-type: none"> 1. Attach the List on the cover of the First Aid Kit 2. Attached a Log sheet with a date, item taken for whom it is used, and the person who took the first aid item. Signature of the person responsible. 3. Brief SCG, Household members and everybody to fill the log sheet. 4. Check, and replenish First Aid Kit everyday when initialing the MAR. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING 23 JUL -6 P 1:00 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #2 is on "Cardiac/Heart Healthy Diet, 25gm fat, 1500ml Fluid restriction." No special diet menu available.</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>- Wrote a menu for Res#2 reflecting Cardiac/Heart Health Diet and also 1500 ml fluid restriction</i></p>	<p style="text-align: center; vertical-align: bottom;"><i>21 April 200</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #2 is on "Cardiac/Heart Healthy Diet, 25gm fat, 1500ml Fluid restriction." No special diet menu available.</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> <ol style="list-style-type: none"> 1. Check all the documents during admission, that includes the Diet Order from the Physician/APRN. 2. Call the PCP/APRN and verify the resident's diet order. 3. Review my guidelines and notes from my Diet Class. Write the Special Diet Menu for the resident. 4. Seek DOH nutritionist for advice and correction, if have any doubt. 5. Post Menu in a conspicuous place, as in the dining area, living room and kitchen. 6. Brief everyone that's involved in meal preparation to follow the Special Diet for the resident. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

23 JUL -6 P1:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Diet order 3/1/2023 is “Cardiac/Heart Healthy Diet, 25gm fat, 1500ml Fluid restriction.” The care home is not special diet certified.</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>Received Certificate for Special Diet Training for classes in March, 2023</i></p>	<p style="text-align: center;"><i>4/17/2023</i></p> <p style="text-align: center;"><i>23 PM 12</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Diet order 3/1/2023 is “Cardiac/Heart Healthy Diet, 25gm fat, 1500ml Fluid restriction.” The care home is not special diet certified.</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> <ol style="list-style-type: none"> 1. Before admission, ask the family and referring agent about the client's diet. 2. Do not admit the client if primary care giver is not certified and or qualified. 3. PCG needs to meet the special diet requirements in order to admit the client. 4. PCG to assess possible resident if can handle or can provide special diet. 	<p style="text-align: center;">7/04/2023</p> <div style="text-align: right; margin-top: 20px;"> <p>23 JUL -6 P 1:00</p> <p>STATE OF HAWAII DHEH STATE LICENSING</p> </div>

	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 – AM medication was pre-packed in a weekly pill organizer.</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>Yes - I corrected it right away Discarded pill organizer. Used ziploc bags to put all the morning medicines, twice a day medicines and 3 times a day medicines.</i></p>	<p style="text-align: right;"><i>3/24/23</i></p> <p style="text-align: right;">23 MAR 12 11:53</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 – AM medication was pre-packed in a weekly pill organizer.</p>	<p>PART 2</p> <p><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><i>Discard all pill organizers Taped a note on the residents medicine box "Do not prepack"</i></p>	<p><i>3/26/23</i></p> <p style="text-align: center;">2023 MAR 27 12:00 PM</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> -Ketoconazole 1% shampoo was left in residents' bathroom #1. -Triamcinolone Acetonide ointment was left in resident bedroom #1.</p> <p>Corrected during inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>3/24/23</p> <p>23 NOV 12 1:53</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> -Ketoconazole 1% shampoo was left in residents' bathroom #1. -Triamcinolone Acetonide ointment was left in resident bedroom #1.</p> <p>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> <ol style="list-style-type: none"> 1. Read, memorize, and understand Chapter 100.1 11-100.1-15. 2. Segregate resident's medicines according to use. Place and separate them in containers. Per oral in a container, topical in another and shampoo is also another container. 3. Medicines should only be dispensed or used under the caregiver's supervision and control. 4. All medications should be placed in a locked cabinet. 5. Check resident's room and bathroom every day in case have some medicines around. 6. Before locking the cabinet, visually check if the topical and shampoo prescriptions are there. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;"> STATE OF HAWAII DOH-DICA STATE LICENSING 23 JUL -6 P 1:00 </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><u>FINDINGS</u> Resident #1 – Current physician’s order 1/23/2023 included Acetaminophen 325mg. Not available at home.</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>1. Yes I did.</p> <p>2. Obtain the medication.</p>	<p>7/04/2023</p> <p style="text-align: right;">23 AUG -4 P 3:59</p> <p style="text-align: right;">STATE OF HAWAII DOR-DOHA STATE LICENSING</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>FINDINGS Resident #1 – Current physician’s order 1/23/2023 included Acetaminophen 325mg. Not available at home.</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> <ol style="list-style-type: none"> 1. During admission, compare medicines on hand against the number of medicines ordered by the Physician. 2. Refill missing medicines ASAP. 3. Count how many medicines in the MAR list, against the number of medicine bottles. 4. Always check medicine bottles against the MAR, before dispensing. 5. Check the number of pills every day. 6. Request refill from pharmacy when pill count is low as in a week supply. 7. Brief and train SCG to do the same when in charge. 	<p style="text-align: center;">7/04/2023</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>23 JUL -6 PM 2:59</p> </div>

	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 – Physician’s order 1/23/2023 was “Polyethylene glycol 17GM, 1 Scoop powder, Take 17g by mouth one time per day.” The medication is listed as PRN in medication administration record (MAR), given from 1/12/2023 to 1/15/2023 only.</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><i>Yes, I corrected the deficiency</i></p> <ul style="list-style-type: none"> - called Res-1 Doctor and verified the dose for Polyethylene glycol 17 gm. Dr confirmed that its taken once a day. - Corrected my MAR, copied directions exactly as it is in medicine container - Gave medicine once daily to Res-1 	<p style="text-align: right;"><i>3/30/23</i></p> <p style="text-align: right;"><i>23 NOV 12 10:00</i></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><u>FINDINGS</u> Resident #1 – Physician’s order 1/23/2023 was “Polyethylene glycol 17GM, 1 Scoop powder, Take 17g by mouth one time per day.” The medication is listed as PRN in medication administration record (MAR), given from 1/12/2023 to 1/15/2023 only.</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> <ol style="list-style-type: none"> 1. Match the medicine bottle's instruction against the Physician's order to make sure both matches. 2. In the MAR, write and copy exactly as it is written in the med bottle instruction. 3. Match the medicine bottle and MAR every day when dispensing medicines. 4. Administer medication exactly as ordered by the Physician. 5. Brief and train SCGs to practice the same. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;"> STATE OF HAWAII DOR-DHCA STATE LICENSING 23 JUL -6 PM 2:59 </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><u>FINDINGS</u> Resident #1 – Robafen DM Syrup and Benzonatate CAP 200mg were stored with current medication. No physician’s order on file.</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>Yes - corrected deficiency Discarded old medicines</i></p>	<p style="text-align: center;"><i>2/25/23</i></p> <p style="text-align: center;">23 MAR 12 11:59</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><u>FINDINGS</u> Resident #1 – Robafen DM Syrup and Benzonatate CAP 200mg were stored with current medication. No physician’s order on file.</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> <ol style="list-style-type: none"> 1. During admission of resident, match the medicine bottles against the medicines in the Physician's admission order. 2. Remove and separate medicines that's not in the order. 3. Remove discontinued medicines. 4. Review medicines against Physician's order after every visit to the Dr. including Dr's phone order. 5. Label as extra/no prescription, place and store the extra medicines in a separate container different and away from the current medicines. 6. Save the extra medicines for future use, in case it will be ordered again. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;">23 JUL -6 P12:59 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Discontinued Acetaminophen 500mg tab was stored with current medication. There was no procedure to secure discontinued medication.</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> <ol style="list-style-type: none"> 1. Removed the discontinued medicine from the current medicine container. 2. Labeled the bottle "discontinue". 3. Stored in separate place away from the current medicines. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;">23 JUL -6 P12:59 STATE OF HAWAII DH+OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Discontinued Acetaminophen 500mg tab was stored with current medication. There was no procedure to secure discontinued medication.</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> <ol style="list-style-type: none"> 1. Review medications whenever the Physician writes or call a new order. 2. Remove and label discontinued medicines. 3. Discard or store in a secured place away from current medicines. 4. Yes, I made a box. Box is labelled "DISCONTINUED". 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;">23 AUG -4 P 3:59 STATE OF HAWAII DOH-CRDA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u> 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 – Dosage (number of tablets/capsules) for each medication was not recorded in MAR, except Metoprolol Succinate.</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>yes - corrected deficiency</i></p> <p style="text-align: center;"><i>- Copied the medicine name and dosage / instructions as it is written in medicine bottle</i></p> <p style="text-align: center;"><i>- Don't do shortcut</i></p>	<p style="text-align: center;">23 NOV 12</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 – Dosage (number of tablets/capsules) for each medication was not recorded in MAR, except Metoprolol Succinate.</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> <ol style="list-style-type: none"> 1. Copy and write in MAR exactly how medicine administration is written in the medicine bottle. (that is after it's compared to the Physician's order. 2. Review MAR and medicine bottles after a refill. 3. Review MAR every day when dispensing medicines. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;">23 JUL -6 P12:59 STATE OF HAWAII DOH-OHCA STATE LICENSING</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 administration instruction for Triamcinolone Acetonide PRN was listed in 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><i>yes - corrected deficiency</i></p> <p><i>- Copy exactly the medicine name, dosage and instruction as it is written in the medicine bottle</i></p> <p><i>- No shortcut</i></p>	<p><i>3/20/23</i></p> <p style="text-align: right;">23 NOV 12 09:01</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 administration instruction for Triamcinolone Acetonide PRN was listed in MAR.</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> <ol style="list-style-type: none"> 1. MAR and administration instruction on medicine should match. 2. Copy medicine instruction to the MAR sheet. 3. Compare both every time when giving the medicine to the resident. 4. Review MAR whenever the Physician writes or call a new order. 5. Review MAR every day. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;"> STATE OF HAWAII DOH OFFICE STATE LICENSING 23 JUL -6 P12:59 </p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #2 – No record that fluid intake restriction 1500ml was monitored.	<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>Yes - corrected deficiency Made a chart as follows 1500 ml to oz = 50.72 ounces.</p> <p>Liquid intake regulated as follows</p> <p>Breakfast 12.68 ounces of liquid 6 oz coffee 6.68 oz of water</p> <p>Lunch 12.68 oz of FF milk</p> <p>Dinner 12.68 oz of FF milk</p> <p>Before bed 12.68 oz of water</p>	<p style="text-align: right;">3/20/23</p> <p style="text-align: right; vertical-align: middle;">23 Nov 12 11:55</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><u>FINDINGS</u> Resident #2 – No record that fluid intake restriction 1500ml was monitored.</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>- Before admitting the Resident, verify with the Physician / APRN what's his diet and other restrictions that apply</p> <p>- Develop a menu, for that specific Resident, reflecting his diet and liquid restrictions.</p>	<p style="text-align: right;">23 Nov 12</p>

	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> Resident #1 – Weight was recorded as 152lbs. in admission assessment form dated 1/9/2023. The January 2023 weight was recorded as 145lbs. in “HEIGHT AND MONTHLY WEIGHT RECORD.” A seven (7) lbs. difference exists between the documents.</p>	<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>	

	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> Resident #1 – Weight was recorded as 152lbs. in admission assessment form dated 1/9/2023. The January 2023 weight was recorded as 145lbs. in “HEIGHT AND MONTHLY WEIGHT RECORD.” A seven (7) lbs. difference exists between the documents.</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>- Develop a schedule in my calendar to take the Residents' monthly height and weight on a</i></p> <ol style="list-style-type: none"> <i>a) regular basis - ex: 1st Saturday of the month, before breakfast</i> <i>b) Use the same weigh scale</i> <i>c) Take their weight before meals</i> <i>d) Have residents wear light clothes and take off shoes when taking their weights -</i> 	<p style="text-align: right; vertical-align: bottom;"><i>10/23/23 6:14 AM</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White correction tape used in Permanent Resident Register, current physical exam form for Primary Care Giver (PCG), and March 2023 MAR.</p>	<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><i>Noted</i></p>	<p style="text-align: center;">03 Jun 23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White correction tape used in Permanent Resident Register, current physical exam form for Primary Care Giver (PCG), and March 2023 MAR.</p>	<p>PART 2</p> <p><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> <ol style="list-style-type: none"> 1. Documents- before accepting from Dr's or clinics should be check free from any white correction tape. 2. Brief SCGs that white correction tape is not allowed in any care home documents that includes charting. 3. Discard any correction tape in the home and should not be available to use. 	<p>7/04/2023</p> <p style="text-align: right;">23 JUL -6 P12:59</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-ORCA STATE LICENSING</p>

	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> “Religion” not recorded for two (2) current residents. “Admitted from” was recorded with types of facility only. No specific names of facilities recorded.</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> <ol style="list-style-type: none"> 1. Yes, I did and documented religion the permanent register for residents, religion should be filled as in Catholic, Born again, others and unknown if resident does not belong to one. 2. Admission and discharge columns should be filled in details. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: center;">23 AUG -4 P 3 59</p> <p style="text-align: center;">STATE OF HAWAII DOH-PHCA STATE LICENSING</p>

	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> "Religion" not recorded for two (2) current residents. "Admitted from" was recorded with types of facility only. No specific names of facilities recorded.</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> <ol style="list-style-type: none"> 1. By using the ARCH/Expanded ARCH Resident Admission/Re-Admission Check List. 2. Fill out the required forms. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right; vertical-align: bottom;"> 23 AUG -4 P 3:59 STATE OF HAWAII DDP-0710/A STATE LICENSING </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders 1/23/2023 and 11/16/2022 were to "Test blood sugar 1-2 times a day." Per PCG, blood sugar was tested once a week.</p>	<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;"><i>- Noted, start checking blood sugar daily</i></p>	<p style="text-align: center;">23 PM 12 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders 1/23/2023 and 11/16/2022 were to "Test blood sugar 1-2 times a day." Per PCG, blood sugar was tested once a week.</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> <ul style="list-style-type: none"> - Always follow Doctor/APRN order over previous facility instruction - Call and verify with Primary Care Physician, if not sure of the instruction - Include Blood Sugar Test in MAR Sheet - Document and sign Blood Sugar result together with the medicines administered 	<p style="text-align: center;">23 NOV 12 11:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders 1/23/2023 and 11/16/2022 were to "Test blood sugar 1-2 times a day." Per PCG, blood sugar was tested once a week.</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> <ol style="list-style-type: none"> 1. Review Physician's order every month and whenever have a new order. 2. Follow and administer Physician's orders. 3. Brief and train SCGs 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;">23 AUG -4 P 3 59 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per PCG, blood sugar was tested once a week. No record of blood sugar test results.</p>	<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;"><i>Note: Start taking Blood glucose test daily</i></p>	<p style="text-align: center;"><i>03/02/2017</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per PCG, blood sugar was tested once a week. No record of blood sugar test results.</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="text-align: center;"> <i>- Include Blood Glucose testing in MAR sheet</i> <i>- Document blood sugar result with other medicines in MAR sheet</i> </p>	<p style="text-align: center;">2/1/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No record that PCG was trained to perform blood glucose test.</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><i>yes, deficiency corrected</i></p> <p><i>- Obtained Training record from NoriAnn Kuhlman, RN & Kinade Case Mgt. Trainings on (1) Blood Glucose Monitoring (2) Sharps Training</i></p>	<p><i>3/27/2023</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No record that PCG was trained to perform blood glucose test.</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> <ol style="list-style-type: none"> 1. Check my certificates and in -service in file. 2. Request training from Physician/APRN or RN as soon as possible, if no training. 3. File RN training on PCG file. 4. Primary care giver to train SCGs as well. 5. Record and file. 6. "Special Care" is the key that special training is needed. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;">23 JUL -6 P12:59</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No record that PCG trained SCG for blood glucose test.</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> <ol style="list-style-type: none"> 1. PCG had training for blood glucose test with an RN. Recorded and filed in folder. 2. PCG trained SCGs. Recorded and filed in folder. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: center;">23 JUL -6 P12:59</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – No record that PCG trained SCG for blood glucose test.</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> <ol style="list-style-type: none"> 1. Train SCG immediately after PCG receives training from RN or APRN. 2. Train, document and file. 3. Compare PCG and SCG training documents and certificates. Give training to SCG on missing specialized care trainings. 	<p style="text-align: center;">7/04/2023</p> <p style="text-align: right;">23 JUL -6 P12:59</p> <p style="text-align: right;">STATE OF HAWAII DOR-DHCA STATE LICENSING</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>FINDINGS No record that smoke detectors were tested in February 2023.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Noted</i></p>	<p>23 MAY 12</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><u>FINDINGS</u> No record that smoke detectors were tested in February 2023.</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="text-align: center;"><i>- Write schedule in my calendar every month for reminder not to miss the testing</i></p>	<p style="text-align: center;">23 NOV 12</p>

Licensee's/Administrator's Signature: Emma D. Balallo
Print Name: Emma D. Balallo
Date: 5/10/2023

Licensee's/Administrator's Signature: Emma D. Balallo
Print Name: Emma D. Balallo
Date: 7/05/2023

Licensee's/Administrator's Signature: Emma D. Balallo
Print Name: Emma D. Balallo
Date: August 7, 2023