

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nita's	CHAPTER 100.1
Address: 98-029 Lii Ipo Street, Aiea, Hawaii 96701	Inspection Date: February 16, 2023 Annual

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

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

RECEIVED
OCT 26 2023

	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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No fieldprint background check results.</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>I have printed the result of my SCG #1 of his fieldprint background check and it is available for review with the rest of my care home staff clearance</i></p>	<p style="text-align: center;">6/12/23</p> <p style="text-align: right;"> <small>STATE OF HAWAII DH-CHCA STATE LICENSING</small> 23 JUL 17 AM 1:16 </p>

	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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No fieldprint background check 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><i>To prevent this from happening in the future, I have updated my checklist to include a reminder to my substitute care givers for all their requirements.</i></p>	<p style="text-align: right;"><i>6/12/23</i></p> <p style="text-align: right;">23 JUL 17 AM 1:16</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	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><u>FINDINGS</u> Toxic chemicals unsecured under bathroom sink.</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>We already made a lock in the bathroom cabinet to make sure it is safe for residents.</i></p>	<p style="text-align: center;"><i>6/17/23</i></p> <p style="text-align: center;">23 JUL 17 AM 1:16</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-1001-14 <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><u>FINDINGS</u> Toxic chemicals unsecured under bathroom sink.</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>When toxic chemicals and other cleaning materials or insecticides, should be always properly labeled & not mix with food supplies & be always lock. Posted reminded, all toxic chemicals need to be secured</p>	<p>6/13/23</p> <p>10/26/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 –Multivitamin (OTC) medication is missing a label.</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>I have place a label on the multivitamin (OTC) and always remind myself to keep putting the label at all times.</i></p>	<p style="text-align: right;"><i>6/12/23</i></p> <p style="text-align: right;">23 JUL 17 AM 1:16</p> <p style="text-align: right;">STATE OF HAWAII DHF-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 -Multivitamin (OTC) medication is missing a label.</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>To prevent this deficiency from happening again in the future, I would put a label on the multivitamin (OTC) before inserting on the medicine cabinet. Posted a reminder on my medication cabinet to label all medication (OTC) with residents names or order</p>	<p>6/13/23</p> <p>10/26/23</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 – 5/2/22 Physician medication orders do not contain the route by which the medication is to be administered by:</p> <ol style="list-style-type: none"> 1. Carbidopa-Levodopa 25/100mg TID 2. Cogentin (Bentropine) 0.5mg BID 3. Zyprexa (Olanzapine) 10mg Daily 4. Multivitamin (OTC) 1x day 	<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>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>23 JUL 17 AM 11:16</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 – The following 5/2/22 Physician medication orders do not contain the route by which the medication is to be administered by:</p> <ol style="list-style-type: none"> 1. Carbidopa-Levodopa 25/100mg TID 2. Cogentin (Bentropine) 0.5mg BID 3. Zyprexa (Olanzapine) 10mg Daily 4. Multivitamin (OTC) 1x day 	<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>I have to review well that all medication orders from the physician to include the route on each medication orders. I have updated my check list incl. my substitutes.</i></p>	<p style="text-align: right;"><i>6/12/23</i></p> <p style="text-align: right;">23 JUL 17 AM 1:16</p> <p style="text-align: right;">STATE OF HAWAII DOR-ORCA STATE LICENSING</p>

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<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 – The following 5/2/22 Physician PRN (as needed) medication orders do not contain the indication by which the PRN medication should be administered:</p> <ol style="list-style-type: none"> 1. Acetaminophen 325mg (Tylenol) take 2 tabs by mouth every six (6) hours as needed. 2. Artificial Tears (OTC) 1 drop on each eye BID PRN. 	<p style="text-align: center;">PART 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 style="text-align: right;">23 JUN 17 AM 1:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<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 – The following 5/2/22 Physician PRN (as needed) medication orders do not contain the indication by which the PRN medication should be administered:</p> <ol style="list-style-type: none"> 1. Acetaminophen 325mg (Tylenol) take 2 tabs by mouth every six (6) hours as needed. 2. Artificial Tears (OTC) 1 drop on each eye BID PRN. 	<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>To prevent this from happening again in the future, all PRN (as needed) medication orders should contain on how should be administered, I have trained by substitute to do ^(do) how medications be administered and be written on progress notes</p>	<p>09/23</p> <p>10/26/23</p>

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<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 – The label for “Artificial Tears (OTC) 1 drop on each eye BID” does not contain an indication by which the PRN medication should be administered.</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>On this day 2/16/23, the label for the PRN BIC (OTC) medication is written properly and be administered for its' purpose (itchy and or (red eyes))</i></p>	<p style="text-align: right;"><i>6/12/23</i></p> <p style="text-align: right;">23 JUL 17 AM 1:16</p> <p style="text-align: right;">STATE OF HAWAII DOH-DICA STATE LICENSING</p>

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<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 – The label for “Artificial Tears (OTC) 1 drop on each eye BID” does not contain an indication by which the PRN medication should be administered.</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>To prevent this deficiency from happening from occurring again in the future, I would record medication given (OTC) and observe response and record it to my medication progress notes. Reminders to label all medications on the cabinet with residents names on order (OTC)</p>	<p>6/13/23</p> <p>10/26/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – The medication administration record (MAR) for the following PRN (as needed) medication orders do not contain the indication by which the PRN medication should be administered:</p> <ol style="list-style-type: none"> 1. Acetaminophen 325mg (Tylenol) take 2 tabs by mouth every six (6) hours as needed. 2. Artificial Tears (OTC) 1 drop on each eye BID PRN. 	<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>I have added the indication for PRN medications on the MAR</i></p>	<p style="text-align: center;"><i>10/26/23</i></p>

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	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 - Progress notes do not describe the circumstances by which resident required PRN medication. They do not describe resident's reaction to the medication, its effectiveness, or care giver action taken if any.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>My plan is to observe the residents condition, change and if needed required attention on PRN medication, and make notes as a reminder to chart, and the residents response to the medication after each medication given and write on my progress notes. My progress note, includes all items required by the rule.</p>	<p>6/13/23</p> <p>10/26/23</p>

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Licensee's/Administrator's Signature:

Anita Domingo

Print Name:

Anita Domingo

Date:

June 12, 2023

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 JUL 17 AM 1:15

Licensee's/Administrator's Signature: Anita Domingo

Print Name: Anita Domingo

Date: October 26, 2023

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