Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Allcare Senior Services, INC.	**CHAPTER 100.1**
Address: **94-920 Kumuao Street, Waipahu, Hawaii 96797**	**Inspection Date: January 8, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-4 – No documented evidence of Fieldprint clearances available. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I HAVE OBTAIN A RESULT FROM FIELDPRINT FOR PCG ([redacted]). — 2/9/24 SCG #1- [redacted] — 11/14/23 #2- [redacted] — - ECRIM CERTIFIED RECORD — 2/22/24 - CRIMINAL HISTORY — PENDING #3- [redacted] — PENDING #4- [redacted] — PENDING ATTACHMENT #1 STATE OF HAWAII BOARD OF STATE LICENSING '24 MAR 27 P12:47	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-4 – No documented evidence of Fieldprint clearances available. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DIFICIENCY FROM OCCURING AGAIN IN THE FUTURE, I HAVE CREATED A CHECKLIST RENEWAL FORM FOR PCG, SCG TO ENSURE REQUIREMENTS IS UPDATED AND DONE READY FOR NEXT RENEWAL ON FILE. ATTACHMENT #2	2/22/24

STATE OF HAWAII
DCAB-BHCA
STATE LICENSING

'24 MAR 27 P12:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 – Physician's diet order dated 12/19/23 states, "low Na diet"; however, no diet menus available for such diet available for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** TO PREVENT THIS DIFICIENCY FROM HAPPENING AGAIN, I HAVE CREATED AND REVISED MENU FOR "LOW NA DIET" TO BE USED. I ALSO VERIFIED WITH THE DR. REGARDING RESIDENT'S #1 BY HIM SIGNING THE PHYSICIAN ORDER. ATTACHMENT #3 STATE OF HAWAII DOH-OHCA STATE LICENSING '24 MAR 27 P12:47	3/19/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 – Physician's diet order dated 12/19/23 states, "low Na diet"; however, no diet menus available for such diet available for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT FROM HAPPENING AGAIN, I WILL POST "SPECIAL DIET" AS SOON AS DR'S ORDER RECEIVED. MENUS WILL BE POSTED ON WHITEBOARD AREA TO REMIND ME ON DAILY BASIS. PRIOR PREPARING MEALS, I WILL CHECK MENUS ~~BEFORE~~ AND SOMEONE WILL ASK "SPECIAL DIET" TO BE GIVEN. SPECIAL DIET AND REGULAR MENUS WILL BE POSTED ONCE FOUR WEEKLY MENUS. ALSO, I HAVE CREATED A REMINDER CHECKLIST FOR REMINDER AND BE POSTED ALSO FOR DAILY REMINDER. ATTACHMENT #1	4/23/24

'24 APR 25 P3:54

STATE OF HAWAII
DOH-BHA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #1 – Physician's diet order dated 12/19/23 states, "low Na diet"; however, PCG states resident is being provided a regular diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I HAVE OBTAINED AN UPDATED PHYSICIAN DIET ORDER SIGNED TO ENSURE RESIDENT'S DIET IS CORRECTED. ATTACHMENT #4	3/19/24

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

'24 MAR 27 P12:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #1 – Physician's diet order dated 12/19/23 states, "low Na diet"; however, PCG states resident is being provided a regular diet. '24 APR 25 P3:54 STATE OF HAWAII DOH-ENFO STATE LICENSING	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PRESENT ON ADMISSION ORDER, I WILL REVIEW RESIDENT'S FILE TO ENSURE I WILL BE GIVEN THE CORRECT DIET ORDER SIGNED BY THE PHYSICIAN. I CREATED AND POSTED REMINDER ATTACHMENT TO REMIND ME TO GIVE CORRECT DIET TO RESIDENT, I WILL USE SPECIAL DIET FORM TO BE SIGNED BY PHYSICIAN ON DAY OF OFFICE VISIT AND FILE ON RESIDENT RESPONSE FILE. ATTACHMENT #1 WILL BE USED FOR REMINDER.	4/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** PCG cooked Salisbury steak for lunch and did not measure cooking temperature before serving entrée to residents, during inspection.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII BCH-DHCA STATE LICENSING	'24 MAR 27 P12:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** PCG cooked Salisbury steak for lunch and did not measure cooking temperature before serving entrée to residents, during inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT HAPPENING AGAIN, FOOD MANAGEMENT TEMPERATURE DEVICES WILL BE KEPT ON HAND TO USE PRIOR SERVING MEALS, FOOD TEMPERATURE OF 165°F WILL BE USED SERVED, ON A DAILY BASIS. ATTACHMENT #2 WILL BE USED FOR GUIDANCE ON PURCHASED MEATS.	4/23/24

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING
'24 APR 25 P3:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** PCG states food is cooked to 160°F when cooking food for residents, below the minimally acceptable cooking temperature of 165°F.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** PCG states food is cooked to 160°F when cooking food for residents, below the minimally acceptable cooking temperature of 165°F.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM OCCURING AGAIN IN THE FUTURE, I HAVE TO FOLLOW/READ INSTRUCTION ACCORDING TO "FOOD TEMPERATURE SAFETY" GUIDANCE, AND THIS WILL BE DISPLAYED CLOSE TO COOKING AREA FOR REMINDER. ATTACHMENT #5	1/9/24

STATE OF MARYLAND
BOI-FORM
STATE LICENSING

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Bottle of Ajax stored unsecured in bathroom cabinet under sink.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I HAVE PROPERLY SECURED THE CLEANING AGENTS TO A LOCAL CABINET AWAY FROM ANY FOOD SUPPLIES. I HAVE SURE ALL CLEANING AGENTS BE PUT ON LOCKED CABINET AFTER USING IT. ALSO, SCH HAS BEEN INFORMED REGARDING CLEANING AGENTS TO ENSURE REGULATION IS MET.	1/9/24

STATE OF HAWAII
DOH-SANI
STATE LABORATORIES

24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (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. **FINDINGS** Bottle of Ajax stored unsecured in bathroom cabinet under sink.	**PART 2** **FUTURE PLAN** ~~**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**~~ TO PREVENT THIS DIFICIENCY FROM HAPPENING IN THE FUTURE, I HUSBAND (PCG) AND STAFF (SCG) REMINDED AND RE-TRAINED REGARDING SANITATION TO ENSURE REGULATION IS MET.	1/9/24

STATE OF HAWAII
DOH-BIDA
STATE LICENSING

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – 12/2023 medication administration record (MAR) states, "stimulant laxative Plus Tabs, 1 Tab; PO, 1x a day as needed (PRN) for constipation", was administered daily from 12/1/23-12/13/23; however, physician's order for medication unavailable.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

'24 MAR 27 PM2:46

STATE OF NEVADA
DEPT. OF BUS.
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – 12/2023 medication administration record (MAR) states, "stimulant laxative Plus Tabs, 1 Tab, PO, 1x a day as needed (PRN) for constipation", was administered daily from 12/1/23-12/13/23; however, physician's order for medication unavailable.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING AGAIN IN THE FUTURE, I HAVE CREATED A GUIDANCE FORM TO BE USED TO ENSURE THIS DEFICIENCY WILL NOT OCCUR AGAIN. PCA, SCA WILL USE THIS ON A MONTHLY BASIS ON MAR, OR AS NEEDED TO ENSURE PHYSICIAN ORDER IS FOLLOWED. ATTACHMENT # 6 STATE OF HAWAII DOH-OHCQ STATE LICENSING	3/19/24

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 12/13/23 states, "Stimulant laxative Plus one tab PO daily – HOLD if loose stools"; however, MAR shows medication is not being offered or provided as ordered by physician. MAR states medication was discontinued on 12/13/23.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I HAVE CHECKED MAR TO ENSURE PHYSICIAN ORDER IS FOLLOWED. MAR STATES "STIMULANT LAXATIVE PLUS ONE TAB, PO, DAILY IS WRITTEN ON MAR AS OF 12/13/23. AND IN THE SAME TOKEN MAR PAGE 1 OF 2 STATED STIMULANT LAXATIVE PLUS TAB, 1 TAB, PO, 1 X A DAY AS NEEDED (PRN) WAS DISCONTINUED 12/13/23. PAGE 1/2 { STIMULANT LAXATIVE PLUS TAB, 1 TAB, PO, 1 X A DAY AS NEEDED D C ON 12/13/23 PAGE 2/2 } STIMULANT LAXATIVE PLUS TAB 1 TAB, PO, 1 X A DAY (DAILY) WAS STARTED AGAIN ON 12/14/23 ATTACHMENT # 5 + #6	3/19/24

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING
'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 12/13/23 states, "Stimulant laxative Plus one tab PO daily – HOLD if loose stools"; however, MAR shows medication is not being offered or provided as ordered by physician. MAR states medication was discontinued on 12/13/23.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING AGAIN, "MEDICATION REVIEW" IS FORMED TO USE ON MONTHLY BASIS OR MORE OFTEN AS NEEDED TO ENSURE CORRECTION IS NEEDED AND IN NEED OF VERIFICATION FROM THE PHYSICIAN. RCA, SCA HAVE TRAINED ON MEDICATION REVIEW TO ENSURE REQUIREMENT IS MET AND MAR IS ACCURATE AND REORDER ON FILE TO BE REVIEWED BY THE DEPT. ATTACHMENT # 5 + # 6 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING MAR 27 PM 2:46	1/24/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 11/10/23 shows the following medications were restarted; however, no documented evidence the medications are being provided as ordered: • Irbesartan 150MG, 1 tab, PO, 1x a day • Metoprolol succ ER 25MG tab, 1 tab, PO, 1x a day • Ensure, 1 can, PO, 1x a day. Resident may refuse	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A WAIVER OBTAINED AND CORRECTED BY THE PHYSICIAN ON OR OF 3/19/24, IRBESARTAN, METOPROLOL & ENSURE WERE DC ON 6/26/23 AND WERE NOT RESTARTED ON 11/10/23. ENCLOSED ARE THE RECORDS THAT PHYSICIAN HAS UPDATED THE CORRECTIONS AS OF 3/19/24 ATTACHMENT # 7 STATE OF HAWAII DOH-OHSA STATE LICENSING	3/19/24

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's order dated 11/10/23 shows the following medications were restarted; however, no documented evidence the medications are being provided as ordered: • Irbesartan 150MG, 1 tab, PO, 1x a day • Metoprolol succ ER 25MG tab, 1 tab, PO, 1x a day • Ensure, 1 can, PO, 1x a day. Resident may refuse	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT FROM HAPPENING AGAIN, EVERY MEDICATION ORDERED BY PHYSICIAN WILL BE RESPONSIBLE TO PROVIDE FOR RESIDENTS AND DOCUMENTED ON PERSONAL FILE OR WRITTEN TO MAR FORM.	

STATE OF HAWAII
DCCA-BEARS
STATE LICENSING

'24 APR 25 P3:54

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – Document incomplete; signature from resident or resident's representative unavailable Submit an updated copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I HAVE OBTAINED SIGNATURE WITH RESIDENT'S REPRESENTATIVE AS OF 3/18/24 WHEN REQUESTED TO VISIT THE RESIDENT. ATTACHMENT #8 STATE OF HAWAII DOH-OHCA STATE LICENSING '24 MAR 27 P12:46	3/18/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – Document incomplete; signature from resident or resident's representative unavailable Submit an updated copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING IN THE FUTURE, I HAVE TRAINED MY SCA AND PCA ON ADMISSION REQUIREMENTS. I HAVE MADE A CHECKLIST FOR USE TO COMPLETE ADMISSION REQUIREMENTS AS STATED ON §11-100.1-17 REGULATIONS. ATTACHMENTS #8 & #9 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING	3/18/24 '24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #2,3,4 – Initial tuberculosis (TB) clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have obtained and done resident # 2,3,4 for their initial (TB/2 step) clearance. Document # 10	1/8/24 1/18/24

STATE OF HAWAII
BHA-QMOA
STATE LICENSING

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #2,3,4 – Initial tuberculosis (TB) clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING, I HAVE TRAINED MY SUBSTITUTE COORDINATOR AND NURSE (RCA) ON ADMISSION REQUIREMENTS. I HAVE CREATED "MANDATORY REQUIRED FORM" FOR REFERENCES TO ENSURE ADMISSION REQUIREMENT IS MET AND SHOULD BE MADE AVAILABLE FOR THE DOH'S REVIEW. ATTACHMENT #11 STATE OF HAWAII DOH-OHCA STATE LICENSING	1/18/24

'24 MAR 27 PM2:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #2,3 – Annual TB clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have obtained and completed resident's #2+3 on annual TB clearance. Attachment #12	1/18/24

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #2,3 – Annual TB clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING AGAIN IN THE FUTURE, ANNUAL TB CLEARANCE MUST BE AVAILABLE FOR DON'T'S REVIEW ON FILE. I HAVE FORM A TOOL/CHECKLIST FORM TO USE FOR REMINDER/REVIEW FOR ANNUAL RE-EVALUATION. ATTACHMENT # 11	1/18/24

STATE OF FLORIDA
AHCA
STATE LICENSING

2024 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Monthly progress notes unavailable since admission on 1/15/23. No documented evidence of resident's monthly response to medications, diet, and treatments.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Monthly progress notes unavailable since admission on 1/15/23. No documented evidence of resident's monthly response to medications, diet, and treatments.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING IN THE FUTURE, I SHALL TO USE PROGRESS NOTE FORM FOR DOCUMENTATION TO USE FOR ANY INCIDENT OCCURS, MEDICATION RESIDENTS RESPONSE OR ANY CHANGES ON CONDITION OF RESIDENT # 1. MONTHLY PROGRESS NOTES STARTED USED AS OF 1/10/24 FOR MONTHLY REPORT.	1/9/24

STATE OF HAWAII
DEPT OF HEALTH
STATE SURVEY AGENCY

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Per 12/2023 MAR, resident was administered "stimulant laxative Plus Tabs, 1 Tab, PO, 1x day as needed (PRN) for constipation", daily from 12/1/23-12/13/23; however, no documentation of the resident's response to medication it was administered.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING	'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Per 12/2023 MAR, resident was administered "stimulant laxative Plus Tabs, 1 Tab, PO, 1x day as needed (PRN) for constipation", daily from 12/1/23-12/13/23; however, no documentation of the resident's response to medication it was administered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING IN THE FUTURE, I HAVE ATTACHED USING "MONTHLY PROGRESS NOTES" AS OF 1/20/24. THIS FORM WILL BE USE FOR MONTHLY NOTES OR AS OFTEN AS NEEDED WHEN ANY INCIDENT OCCURS.	1/20/24

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

'24 MAR 27 P12:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. FINDINGS Resident #1 – Daily schedule of activities states, "lunch" from "11-12p"; however, resident observed watching TV during this time period. Schedule of activities not followed as indicated.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DCR-OCCL STATE LICENSING '24 MAR 27 P12:45	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. **FINDINGS** Resident #1 – Daily schedule of activities states, "lunch" from "11-12p"; however, resident observed watching TV during this time period. Schedule of activities not followed as indicated.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING IN THE FUTURE, I HAVE TRAINED CAREGIVERS AND MYSELF (PCA) TO FOLLOW AS INDICATED FROM ACTIVITIES SCHEDULE TO ENSURE PLAN OF CARE IS IMPLEMENTED.	1/9/24

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING
'24 MAR 27 P12:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** No documented evidence a fire drill was performed in a timely manner between 9/8/23 to present (1/8/24). Submit a copy of fire drill performed with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have corrected fire drill for Jan 2024 to update missing staff fire drill in which next fire drill will be on April 2024. I have trained and reminded caregiver on when fire drill must done and recorded in file for audit's review. Attachment #13 STATE OF HAWAII BOH-BELA STATE LICENSING '24 MAR 27 P12:45	1/9/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** No documented evidence a fire drill was performed in a timely manner between 9/8/23 to present (1/8/24). Submit a copy of fire drill performed with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DEFICIENCY FROM HAPPENING, A CALENDAR WILL BE USE FOR REMINDER THAT ATRIUM FIRE DRILL MUST DONE DONE AND DOCUMENTED ON TIME FOR DAVT'S REVIEW. ATTACHMENT #14 STATE OF HAWAII DOH-HHCA STATE LICENSING	1/9/24 '24 MAR 27 P12:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1 – Conflicting self-preservation evaluations provided by the resident's physician on the same day. Physician deemed resident both self-preserving and non-self-preserving on 12/19/23. No documented evidence self-preservation status was clarified with physician. Submit a copy of resident's updated self-preservation status.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have obtained and done the self-preservation from the physician with his signature. We corrected the form and on file for DOH's review Attachment #15 STATE OF HAWAII DOH-DCCA STATE LICENSING	3/19/24 '24 MAR 27 P12:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1 – Conflicting self-preservation evaluations provided by the resident's physician on the same day. Physician deemed resident both self-preserving and non-self-preserving on 12/19/23. No documented evidence self-preservation status was clarified with physician. Submit a copy of resident's updated self-preservation status.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO PREVENT THIS DISICIENCY FROM HAPPENING, SELF. PRESERVATION MUST OBTAIN BY PHYSICIAN WITH SIGNATURE AND RECORDED ON FILE FOR DEPT REVIEW. ATTACHMENT #15 STATE OF HAWAII DOH-DHCA STATE LICENSING	3/19/24 '24 MAR 27 P12:45

Licensee's/Administrator's Signature: Christie A. Garcia

Print Name: CHRISTIE GARCIA

Date: 3/20/24

'24 MAR 27 P12:45

STATE OF HAWAII
BOH-BUDA
STATE LICENSING

Licensee's/Administrator's Signature: Christie Garcia

Print Name: CHRISTIE GARCIA

Date: 4/22/24

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STATE OF HAWAII
DCCA-BFO
STATE LICENSING