

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

24 APR 23 PM 4:49
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

| | |
|---|---|
| Facility's Name: HM Aloha Matters Care Home LLC | CHAPTER 100.1 |
| Address: 91-1088 Hoowlea Street, Ewa Beach, Hawaii 96706 | Inspection Date: February 5, 2024 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 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 |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No documented evidence that the menus meet the residents' nutritional needs. Portions sizes were not included and did not appear to follow national dietary guidelines.</p> <p>Please submit weekly regular diet menus (7 days) for department review.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency corrected by following the guidelines that shows portion size to meet residents nutritional needs.</p> <p>copy will be forwarded to Ms. Akemi Fukutomi</p> | <p>02/17/2024</p> <p>24 APR 23 10:49</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No documented evidence that the menus meet the residents' nutritional needs. Portions sizes were not included and did not appear to follow national dietary guidelines.</p> <p>Please submit weekly regular diet menus (7 days) for department review.</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 make sure to use National Dietary guidelines in making menu for residents to meet the nutritional needs. The guideline must show portions and sizes of food to be given to residents.</p> <p>TO REACH OUT TO OCHA NUTRITIONIST FOR MORE ASSISTANCE AS NEEDED.</p> | <p style="text-align: center;">02/17/2024</p> <p style="text-align: center;">24 APR 23 110:49</p> <p style="text-align: center; font-size: small;">STATE OF OHIO DEPARTMENT OF HEALTH STATE COLLEGE, OHIO</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1 – Physician’s order dated 1/24/2024 was “Ensure 1 bottle daily for nutrition supplement.” Types of Ensure was not specified.</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>Primary caregiver reach out to residents PCP to request for clarification order that specify the type of the Ensure nutritional supplement.</p> <p>Caregiver will email the copy of new order specifying the type of ensure.</p> <p>REVISED ORDER WAS OBTAINED.</p> | <p style="text-align: center;">02/17/2024</p> <p style="text-align: right;">24 APR 23 10:49</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/24/2024 was “Ensure 1 bottle daily for nutrition supplement.” Types of Ensure was not specified.</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>When gathering doctor's order. Make sure to request to PCP to specify the types of any supplements like vitamins, formula meals or thickening agents.</p> <p>TO REVIEW MEDICATION ORDERS AT LEAST ONCE A MONTH.</p> <p>IF CLARIFICATION NEEDED I WILL CONTACT PHYSICIAN W/IN 24HRS.</p> | <p style="text-align: center;">02/17/2024</p> <p style="text-align: center;">24 Apr 23 10:49</p> <p style="text-align: center;">STATE OF MISSISSIPPI DEPARTMENT OF HEALTH STATE CAPITOL</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 – Indication for as needed use was not included in physician's orders.</p> <p>-Melatonin 5mg Softgel take 1 capsule orally daily at bedtime as needed. -Tylenol Extra Strength 500mg Tab, 1 tablet orally every 6 hours as needed.</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>Primary caregiver reach out to residents PCP to request for clarification medication order that specify the indication for as needed medication (tylenol and Melatonin) and the use of it .</p> <p>Caregiver will email the copy of new order that indicates the as needed medication and the use of it.</p> <p>REVISED ORDER WAS OBTAINED.</p> | <p>02/17/2024</p> <p style="text-align: right;">24 APR 23 NO:49</p> <p style="text-align: right; font-size: small;">STATE OF MISSISSIPPI LAW ENFORCEMENT STATE POLICE</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 received antibiotics for UTI on 1/22/2024. No incident report generated.</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: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p> | <p style="text-align: center;">24 APR 23 11:50</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 received antibiotics for UTI on 1/22/2024. No incident report generated.</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>Caregiver will make sure to make incident report to any unusual incidents that may arise to residents and shall make it available to OCHA and or other departments for review.</p> <p>Make sure to inform PCP as soon as possible when incident arises.</p> | <p>02/17/2024</p> <p style="text-align: right;">24 APR 23 10:50</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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 -- Medication list in Emergency Information sheet was not up to date.</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>Medication list was updated to the emergency Information sheet to use for emergency purposes.</p> | <p style="text-align: center;">02/17/2024</p> <p style="text-align: center;">24 APR 23 AM 0:50</p> <p style="text-align: center;">STATE COURTHOUSE PROBATION ST. ALBANS, VT.</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 – Medication list in Emergency Information sheet was not up to date.</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>Make sure to review and double check the medication list specially when new medication ordered. Medication list for Emergency information should me change immediately upon receiving new order or change of order.</p> <p>TO REVIEW RECORDS AT LEAST ONCE A MONTH AND UPDATE AS NECESSARY.</p> | <p style="text-align: center;">02/17/2024</p> <p style="text-align: center;">24 APR 23 8:05:50</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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> "Admitted from" was not recorded in Permanent Resident Register for two (2) current residents. Corrected during inspection.</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: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STAFF DEVELOPMENT</p> | <p style="text-align: center;">24 APR 23 AM 5:50</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> "Admitted from" was not recorded in Permanent Resident Register for two (2) current residents. Corrected during inspection.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Caregiver will make sure to double check and update all necessary information for the Permanent General admission form upon admission.</p> <p>I WILL REVIEW ALL DOCUMENTS NEEDED W/IN ONE WEEK OF ADMISSION.</p> | <p>02/17/2024</p> <p style="text-align: right;">24 APR 23 10:50</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</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.</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 style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION STATE INSPECTOR</p> | <p>24 APR 23 10:50</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.</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>Form was provided by OCHA office.</p> <p>Caregiver will use the smoke detector form to indicate smoke detector testing monthly.</p> <p>TO CONDUCT FIRST WEEK OF EACH MONTH.</p> | <p style="text-align: center;">02/17/2024</p> <p style="text-align: center;">24 APR 23 AM 1:50</p> <p style="text-align: center; font-size: small;">STATE OF CONNECTICUT OFFICE OF THE ATTORNEY GENERAL STATE LICENSING</p> |

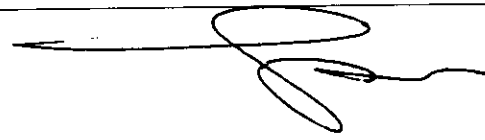
| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> A pruning saw was left right outside of the screen window in resident's room #3. It was visible and could be reached from inside the room. Primary Care Giver (PCG) removed the saw and secured 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 style="text-align: right;">STATE OF OHIO HEALTH DEPARTMENT SPRINGFIELD</p> | <p>24 APR 23 10:50</p> |

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Licensee's/Administrator's Signature:  _____

Print Name: Lord Harry Umayam _____

Date: Feb 17, 2024 _____



STATE OF FLORIDA
DEPARTMENT OF
STATE LICENSING

24 APR 23 5:00:50