

Office of Health Care Assurance

'24 MAR 28 P12:11

State Licensing Section

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Home Away From Home II Corporation	CHAPTER 100.1
Address: 6020 Kalaniana'ole Highway, Honolulu, Hawaii 96821	Inspection Date: July 19, 2023 Initial Inspection

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.

	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> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, SCG #2, and Household member (HHM) #1 - No fingerprint background check results (with APS, CAN, and fingerprint data bases checked) available for review.</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>The Primary Caregiver (PCG), Substitute Caregiver (SCG) #1 and SCG #2, all had their field print, fitness determination but at the time of unannounced inspection but were not put in yet into the proper file yet.</p> <p>Alieta who is the Office Manager and Administrative Assistance, who is not a household member, completed her fieldprint on Oct 2023. - 10/12/23</p> <p>The PCG put all the required and completed documents into the proper file on the same day, July 19, 2023. the inspections took</p>	<p style="text-align: center;">STATE OF HAWAII BOH-OHCA STATE LICENSING</p> <p style="text-align: center;">MAR 28 P12:11</p> <p style="text-align: right;">1/26/23</p>

immediately after the inspection.

The PCG put all the required and completed documents into the proper file on the same day, July 19, 2023. the inspections took

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<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>FINDINGS Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, SCG #2 , and Household member (HHM) #1 - No fieldprint background check results (with APS, CAN, and fingerprint data bases checked) available for 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>From now on, ^{the} PCG On the 1st Monday of January ^{every year} 2024 the PCG will check all the worker's files ^{on 1st Monday of} to see who needs to renew their fieldprint background check and will book appointments for those who require renewal, one month in The results will be placed in the proper files and have them available at the time of inspection.</p>	<p style="text-align: center;">STATE OF HAWAII HHS-CHCA STATE LICENSING</p> <p style="text-align: right;">24 MAR 28 PM 12:10</p> <p style="text-align: right;">The month 10/30/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS SCG #1 - No current annual physical exam.</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: right; font-size: small;">STATE OF HAWAII BOH-ODCA STATE LICENSING</p> <p>Copy of The current physical exam for SCG #11 was completed on the 9/27/2023 and was PCG available at the time of unannounced inspection. but was in a wrong file.</p> <p>a copy of secured the physical exam document were kept in the care home binder and made it available for future inspection.</p>	<p style="text-align: center;">24 MAR 28 P12:20</p> <p style="text-align: center; font-size: large;">9/27/23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. <u>FINDINGS</u> SCG #1 - No current annual physical exam.	<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>From now on: PCG will PCG will make a checklist on when each SCG need to renew their annual physical exam and put kept in the care home binder. Another copy of the checklist will be posted at the PCG desk write each expiration dates on PCG's calendar and will remind them SCG their expiration dates 3 months in advance.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 12:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH SANITATION DIVISION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 – No record of initial two-step tuberculosis (TB) clearance.</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;">misfiled - PCG located and refiled correctly</p> <p style="text-align: center;">SCG #1 + 2 have TB 2 steps clearance.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 PM 2:10</p> <p style="text-align: center;">STATE OF HAWAII BOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 – No record of initial two-step tuberculosis (TB) clearance.</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>PCB and office manager will review employee records monthly to ensure completion and correct filing.</p> <p>2 months before expiration I will remind the staff to renew TB clearance. I will also use the caregiver checklist.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 2:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 – No record of a current TB clearance.</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;"> misfiled. PCG located and refiled correctly. SCG #1 + 2 have current TB clearance. </p>	<p style="text-align: center;">7/26/23</p> <div style="text-align: right; margin-top: 20px;"> <p>24 MAR 28 11:2:10 STATE OF HAWAII DOH-SHCA STATE LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 – No record of a current TB clearance.</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>PCG and Office Manager will review employee records monthly to ensure completion and correct filing.</p> <p>2 months before expiration I will remind staff to renew TB clearance.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 P12:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BH-010A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2 – No evidence of PCG training.</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;">SCG # 2 Had completed training Evidence was refilled correctly</p>	<p style="text-align: center; font-size: 1.5em;">7/26/23</p> <p style="text-align: right; font-size: 0.8em;">24 MAR 28 P12:10 STATE OF HAWAII BOH-OTICA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2 – No evidence of PCG training.</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>PCG will review and check all workers' files on 1st Monday of each month to ensure they are complete.</p> <p>I will use SCG checklist to remind myself to train them.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 2:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHF-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 – Reassess level of care to be done ASAP. Resident appears to be Expanded LOC.</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>PCG made appointment with RES#1 PCP. PCP recommended Res#1 stay at current level</p> <p>Resident is determine to be ARCH level by PCP. Document is obtained and filed.</p>	<p style="text-align: center;">12/7/23</p> <p style="text-align: right;">24 MAR 28 PM 2:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DDB-GHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 – Reassess level of care to be done ASAP. Resident appears to be Expanded LOC.</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>PCG will ensure regular check-ups with resident's PCPs to assess LOC.</p> <p>Also PCG will do ongoing assessment of residents condition, if there is any concern PCG will notify the PCP for assessment.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 PM 2:10</p> <p style="text-align: center;">STATE OF HAWAII OFFICE STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #4 - Reassess level of care to be done ASAP. Resident appears to be Expanded LOC.</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;">PCG made appointment with Res#4 PCP. PCP recommended Res#4 stay at current LOC.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 2:10 STATE OF HAWAII DEPT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #4 - Reassess level of care to be done ASAP. Resident appears to be Expanded LOC.</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;">PCG will ensure regular check-ups with residents' PCPs to assess LOC.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:10</p> <p style="text-align: center;">STATE OF HAWAII DOH-DICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 – Currently using a wheelchair, however, resident occupies bedroom not approved for wheelchairs.</p> <p>Resident #5 – Resident currently uses a walker to ambulate, however, resides in bedroom #5 which is licensed for fully ambulatory residents 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 style="text-align: center;">PC6 moved Res #1 + #5 to appropriate rooms</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:10</p> <p style="text-align: center;">STATE OF HAWAII DOH-6HCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies</u>, (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 – Currently using a wheelchair, however, resident occupies bedroom not approved for wheelchairs.</p> <p>Resident #5 – Resident currently uses a walker to ambulate, however, resides in bedroom #5 which is licensed for fully ambulatory residents 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> <p>PCG will assess residents quarterly to ensure proper room assignment and move rooms as necessary.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 12:10</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – No current diet orders.</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;">PCG made appointments with residents' PCPs and received current diet orders.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 2:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOG-CHICK STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – No current diet orders.</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>PCG will ensure quarterly PCP check-ups for each resident to include diet orders</p> <p>I will review physical exam form to make sure every field was completed, if clarification is need, I will contact PCP with in 24 hrs.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 2:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> Resident #5 – Diet order 5/3/23 reads “Regular, dysphagia, minced, cardiac, Boost pudding chocolate, 1 can BID”. Order is non-standard and needs clarification.</p> <ol style="list-style-type: none"> 1. Clarify diet type (regular or cardiac). 2. Boost order is incomplete. Order must include <u>type</u> of supplement, for example, Boost Original or Boost High Protein. 	<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;">PCG PCP contacted Res # 5 PCP for clarification of diet order and updated record.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:10</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> Resident #5 – Diet order 5/3/23 reads “Regular, dysphagia, minced, cardiac, Boost pudding chocolate, 1 can BID”. Order is non-standard and needs clarification.</p> <ol style="list-style-type: none"> 1. Clarify diet type (regular or cardiac). 2. Boost order is incomplete. Order must include <u>type</u> of supplement, for example, Boost Original or Boost High Protein. 	<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>PCG will review all residents' diet orders to ensure standardization and clarity. If diet order is not clear, I will contact OTC nutritionist for more information. Also I will review doctor's orders monthly.</p>	<p style="text-align: right;">24 MAR 28 PM 12:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – On 4/25/34 physician increased Escitalopram from 5mg to 10mg, however, medication administration record (MAR) does not reflect the change for the months of 4/2023 to current.</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;">24 MAR 28 P12:09</p> <p style="text-align: center;">STATE OF OHIO BOH-ODCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – On 4/25/34 physician increased Escitalopram from 5mg to 10mg, however, medication administration record (MAR) does not reflect the change for the months of 4/2023 to current.</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>PC G will update all MAR forms immediately after any/all doctor's appointments.</p> <p>Also I will review MAR at the end of The month and update as needed.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 12:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – No medication renewals done every four months.</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;">24 MAR 28 PM 12:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – No medication renewals done every four months.</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>PCG will schedule quarterly PCP appointments for general check-ups and medication review.</p> <p>PCG will make next appointment in 4 months at the time of office visit.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 2:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-ORICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p><u>FINDINGS</u> Resident #1 – Resident reportedly has a history of a positive tuberculosis skin test (TST), however, there is no proof of the positive TST result available for review.</p> <p>Resident #5 – No evidence of an initial two-step TB clearance.</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;">Both residents TB papers were misfiled. PCG located them after inspection and placed in appropriate file.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 12:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH-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> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p><u>FINDINGS</u> Resident #1 – Resident reportedly has a history of a positive tuberculosis skin test (TST), however, there is no proof of the positive TST result available for review.</p> <p>Resident #5 – No evidence of an initial two-step TB clearance.</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;">PGG and office manager will review all files on 1st monday of each month to ensure records are complete.</p>	<p style="text-align: right;">24 MAR 28 P12:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Residents #1, #2, #3, #4 – No medical examination within the previous twelve (12) months that includes a current diagnosis.</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>PCG made appointments with PCPs and updated residents' documents in their files.</p> <p>All residents have documented diagnosis.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 12:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Residents #1, #2, #3, #4 – No medical examination within the previous twelve (12) months that includes a current diagnosis.</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>PCG will schedule quarterly PCP appointments for all residents. PCG will review documents monthly to make sure diagnosis is included. If additional documents are needed I will contact PCP as soon as possible.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 12:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No current tuberculosis (TB) clearance. Resident #4 – No evidence of an initial or annual TB clearance.</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;">Both residents' TB papers were mis filed . PCG located them after inspection and placed in appropriate file.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: right; font-size: small;">24 MAR 28 P12:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No current tuberculosis (TB) clearance.</p> <p>Resident #4 – No evidence of an initial or annual TB clearance.</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;">PCG and office manager will review all files on 1st Monday of each month to ensure records are complete.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:09</p> <p style="text-align: center;">STATE OF HAWAII DH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – No current annual physical exams.</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>PCG scheduled appointments with PCPs for current physical exams. All residents obtained physical exams.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 12:09</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – No current annual physical exams.</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>PCG will schedule quarterly check-ups with PCPs and request annual annual physical exams. I will review physical exam form 3 months before inspection, if update is needed, I will make an appointment right away.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right; font-size: large;">7/26/23</p> <p style="text-align: right; font-size: small;">24 MAR 28 PM 2:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – The last progress notes written for all residents was done in 6/2022.</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;">24 MAR 28 P12:09</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>§11-100.1-17 <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> Residents #1, #2, #3, and #4 – The last progress notes written for all residents was done in 6/2022.</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;">Progress notes filed incorrectly. PCG and office manager will retrain all staff on proper filing locations. I will document progress notes as needed and at the end of the month.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>	<p style="text-align: right; font-size: large;">7/26/23</p> <p style="text-align: right; font-size: small;">74 MAR 28 P12:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Residents #1, #2, #3, and #4 – No documented monthly weights since 4/23/2023.</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;">24 MAR 28 P12:09</p> <p style="text-align: center;">STATE OF HAWAII DH-0HICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Residents #1, #2, #3, and #4 – No documented monthly weights since 4/23/2023.</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;">PCG retrain all staff and and placed reminders to weigh residents monthly. Residents are weighed in the first week of every month. We have a form to log their weight</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 PM 12:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(9) During residence, records shall include:</p> <p>Correspondence pertaining to the resident's physical and mental status.</p> <p>FINDINGS Resident #3 – The last physician or clinical report available for review is dated 1/12/22.</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>Res #3 Family was looking for new PCP. PCG contacted family to schedule appointment with new PCP. The resident's family found a PCP and had a Physical Exam.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 P12:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(9) During residence, records shall include:</p> <p>Correspondence pertaining to the resident's physical and mental status.</p> <p><u>FINDINGS</u> Resident #3 – The last physician or clinical report available for review is dated 1/12/22.</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>PCG will require Residents' Families to have current PCP. If not PCG will assign one of their choice.</p> <p>The physical exam will be done annually</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:08</p> <p style="text-align: center;">STATE OF HAWAII DOH-DICA STATE LICENSING</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> Residents #1, #2, #3, #4, and #5 – Emergency information sheets are incomplete (i.e. missing second page, has notation to “see attached”, however, there are no attachments.</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>The info full emergency info sheets were misfiled. They were refiled correctly.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOM-CHICA STATE LICENSING</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:08</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> Residents #1, #2, #3, #4, and #5 – Emergency information sheets are incomplete (i.e. missing second page, has notation to “see attached”, however, there are no attachments.</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>PCG and Office manager will go through all files on 1st Monday of each month to ensure they are complete.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 12:08</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>§11-100.1-17 <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> Resident register is not current:</p> <ul style="list-style-type: none"> • Discharged resident still on register • Resident admitted in 7/2023 is not entered on the register 	<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;">Resident register updated as soon as inspector left.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:08</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> Resident register is not current:</p> <ul style="list-style-type: none"> • Discharged resident still on register • Resident admitted in 7/2023 is not entered on the register 	<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;">PC6 will ensure resident register is updated any time a resident leaves or is admitted. It will be double checked monthly.</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 P12:08</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> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – Resident experienced and 27-pound weight loss between 7/2022 and 4/2023, however, there is no documentation that provides evidence that this significant issue had been recognized and recorded in the resident's record as well as no evidence that issue was reported to physician/APRN.</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>The weight loss was reported to the PCP and her medication was adjusted.</p>	<p style="text-align: center;">4/4/24.</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. <u>FINDINGS</u> Resident #1 – Resident experienced and 27-pound weight loss between 7/2022 and 4/2023, however, there is no documentation that provides evidence that this significant issue had been recognized and recorded in the resident's record as well as no evidence that issue was reported to physician/APRN.	<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;">All CGs retrained on monthly weigh-ins. Reminder posted. I will review and compare resident's weight monthly. If there is significant change I will notify PCP within 24 hrs. I will document in progress note.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">7/26/23</p> <p style="text-align: center;">24 MAR 28 AM 11:58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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;</p> <p><u>FINDINGS</u> Last documented fire drill was on 11/1/22.</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;">24 MAR 28 AM 1:58</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII D&H-ORCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (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; <u>FINDINGS</u> Last documented fire drill was on 11/1/22.	<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;">Documents were misfiled. Refiled and put in appropriate place. Fire drills are conducted monthly in the 1st week of the month.</p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DCH-CHCA STATE LICENSING </div>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right; font-size: x-small;">24 MAR 28 AM 11:58</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection. All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws; <u>FINDINGS</u> Last documented smoke alarm test was on 4/2/23.	<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;">STATE OF HAWAII BOH-0HCA STATE LICENSING</p>	<p style="text-align: center;">24 MAR 28 AM 11:58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection.</p> <p>All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws;</p> <p><u>FINDINGS</u> Last documented smoke alarm test was on 4/2/23.</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>Documents were misfiled. refiled and put in appropriate place.</p> <p>Smoke alarm will be tested at the same time as monthly drill.</p>	<p style="text-align: right;">7/26/23</p> <p style="text-align: right;">24 MAR 28 AM 11:58</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Maile T. Drake

Print Name: Maile T. Drake

Date: 3/25/24

~~Maile Drake~~ 4/4/24.

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