

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kupuna Hale By Embalallo	CHAPTER 100.1
Address: 94-527 Hiahia Loop, Waipahu, Hawaii 96797	Inspection Date: September 25, 2023 Annual

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

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

23 DEC 28 10:27 AM  
STATE LICENSING SECTION

	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><b><u>FINDINGS</u></b> Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. Yes, I did.</li> <li>2. I made appointment with my doctor for my physical as soon as possible.</li> <li>3. My husband did the same thing.</li> <li>4. Our doctor filled out our medical report.</li> </ol> <p style="text-align: center;"><i>copy attached</i></p>	<p style="text-align: center;">9/29/2023</p> <p style="text-align: center;">23 DEC 28 P12:20</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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><b><u>FINDINGS</u></b> Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Make a list or summarize all the requirements and their due dates. Example: Emma CPR/First Aid due dates 5/25/2024 TB test due date 7/20/2024</li> <li>2. Post the list in a place where I can visually see every day, like in front of the file cabinet and at my office desk.</li> <li>3. Note the requirements in my calendar planner.</li> <li>4. Can even use my cell phone calendar for reminders.</li> </ol>	<p style="text-align: center;">9/28/2023</p> <p style="text-align: center;">23 DEC 28 P12:20</p> <p style="text-align: center;">STATE OF ILLINOIS 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><b><u>FINDINGS</u></b> SCG #2 – No initial/2 step tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1. Yes I did.</p> <p>2. SCG #2, ██████████ took another TB test on 10/06/2023. First test was 6/08/2023.</p> <p><i>copy attached</i></p> <p><i>Carleton</i></p>	<p>10/06/2023</p>

23 SEP 28 PM 2:20

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<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><b><u>FINDINGS</u></b> SCG #2 – No initial/2 step tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Develop a table or make a list of all Caregivers, their requirements, and due dates.</li> <li>2. Place list in a place where I can see everyday.</li> <li>3. Post in my calendar planner.</li> <li>4. Set reminders in my cell phone calendar.</li> <li>5. Remind the caregiver of the requirement needed as early as a month or enough time for him/her to schedule.</li> </ol>	<p style="text-align: right;">9/28/2023</p> <p style="text-align: right;">23 DEC 28 P12:20</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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #2 – No first aid certification.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1. Yes I did. 2. SCG #2, [REDACTED] had her First Aid certification on 10/03/2023.</p> <p><i>copy attached</i></p>	<p>10/03/2023</p> <p style="text-align: right;">23 SEP 28 PM 2:20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #2 – No first aid certification.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Make a list or a table on all the caregivers' requirements and due dates.</li> <li>2. Post in a place where I can see and be reminded everyday.</li> <li>3. Post in my calendar planner.</li> <li>4. Use my cell phone calendar and set a reminder.</li> <li>5. Notify the caregiver of his/her requirement and due dates. Remind the caregiver 30 days or give him/her enough time to schedule.</li> </ol>	<p>9/28/2023</p> <p style="text-align: right;">23 DEC 28 P12:20</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF ILLINOIS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Personal items not recorded at admission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. Yes I did.</li> <li>2. Counted the residents clothes and valuables.</li> <li>3. Filled out the Personal Items sheet.</li> <li>4. Double checked with the family in case I missed some valuables.</li> </ol>	<p style="text-align: center;">9/28/2023</p> <p style="text-align: center;">23 DEC 28 P12:20</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Personal items not recorded at admission.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Count the residents' belongings with the family member.</li> <li>2. Use my admission checklist.</li> <li>3. Check admission checklist against the residents' folder.</li> <li>4. Double check in case some papers are missing.</li> </ol>	<p style="text-align: center;">9/30/2023</p> <p style="text-align: center;">23 DEC 28 PM 2:20</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Resident #1 – No label for the bottle of Melatonin 5mg tablets stored with current medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. Yes, I did.</li> <li>2. Ask [REDACTED] daughter [REDACTED] and said her Mother's melatonin was not prescribed by her PCP.</li> <li>3. I called [REDACTED] (PCP), and verified if she prescribed it, but said it was not her.</li> <li>4. Took out the Melatonin 5mg from the resident's current medicines.  Gave medicine back to her daughter.</li> </ol>	<p style="text-align: center;">9/25/2023</p> <p style="text-align: center;">23 DEC 26 PM 2:20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No label for the bottle of Melatonin 5mg tablets stored with current medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future, I will compare the resident's medicine bottles against the medicine list from the PCP/Aprn.</li> <li>2. Discard, or return extra medicines to resident's family, and explain to them that the ARCH can't administer medication without a prescription.</li> <li>3. Can also physically count the number of medicine bottles and the number of medicines on the list from PCP for a quick check.</li> <li>4- <i>I will review bottles &amp; medicine orders at admission, if there is a medicine not listed in the order I will contact PCP when at home I will not give any medications at out an order.</i></li> </ol>	<p>9/28/2023</p> <p style="text-align: right;">23 DEC 28 P12:20</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Fungi Care liquid left in bedside drawer in resident's bedroom #3.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. Yes, I did.</li> <li>2. Remove the fungi care liquid from resident's drawer right away.</li> <li>3. Gave his family a call and explained that no medication, even over the counter medications needs a prescription. Returned the medicine to [REDACTED] family.</li> <li>4. Visually check the resident's bedroom very often for any medicines without prescription.</li> <li>5. Also check the resident's room for any medicines not allowed whenever family/friends come over for a visit</li> </ol>	<p>9/25/2023</p>

23 FEB 28 PM 1:10

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	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><b><u>FINDINGS</u></b> Resident #1 –</p> <p>Medication bottle label and medication administration record (MAR) stated: - Aricept 10mg tab Take 1 tab PO daily at bedtime</p> <p>Physician’s order and medication bottle label stated: - Hydroxyzine 10mg tab take 1-2 tablet(s) at bedtime as needed for sleeping problem</p> <p>Physician’s order and medication bottle label and MAR stated: - Crestor 10mg tab Take 1 tab po at bedtime</p> <p>Administration time was recorded as 6pm in MAR. PCG stated dinner was at 6pm. MAR was corrected during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 DEC 28 P12:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII HALL OF RECORDS STATE RECORDS DIVISION</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 –</p> <p>Medication bottle label and medication administration record (MAR) stated: - Aricept 10mg tab Take 1 tab PO daily at bedtime</p> <p>Physician’s order and medication bottle label stated: - Hydroxyzine 10mg tab take 1-2 tablet(s) at bedtime as needed for sleeping problem</p> <p>Physician’s order and medication bottle label and MAR stated: - Crestor 10mg tab Take 1 tab po at bedtime</p> <p>Administration time was recorded as 6pm in MAR. PCG stated dinner was at 6pm. MAR was corrected during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>1. PCG and SCG understand the difference of bedtime as to dinner time. 2 Administer medications as how it is written in the medicine bottle. 3. Read and understand the prescription of the medication. 4. Can call PCP/APRN if have a question on the time that the medicine is given to the resident.</p>	<p>9/25/2023</p> <p style="text-align: right;">23 DEC 28 P12:19</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>


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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Melatonin 3mg tab take 1 tab po bedtime” was listed in MAR as current medication. There was no physician’s order available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1. Yes, I did. 2. Crossed out the melatonin 3 mg tab from the MAR, <i>there was no order for Melatonin. Melatonin was returned to the family</i></p>	<p style="text-align: center;">9/25/2023</p> <p style="text-align: right;">23 DEC 28 PM 2:19 STATE OF MAHARAJI STATE LICENSING</p>


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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Melatonin 3mg tab take 1 tab po bedtime” was listed in MAR as current medication. There was no physician’s order available.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Always compare the physician's order against the MAR, <i>at admission</i></li> <li>2. Count the number of items of the medicine orders and the MAR number of medicines listed.</li> <li>3. Double check the MAR towards the Doctor's order especially after the resident's visit to the PCP/APRN.</li> </ol>	<p style="text-align: center;">9/29/2023</p> <p style="text-align: right;">23 DEC 28 P12:19</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND 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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order is “hydroxyzine 10mg tab, take 1-2 tablet(s) at bedtime as needed for sleeping problem.” “2 tabs” was handwritten on the medication bottle. PCG stated 2 tabs were given daily. The number of tablets given was not recorded in MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 DEC 28 P12:19 STATE OF HAWAII STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order is “hydroxyzine 10mg tab, take 1-2 tablet(s) at bedtime as needed for sleeping problem.” “2 tabs” was handwritten on the medication bottle. PCG stated 2 tabs were given daily. The number of tablets given was not recorded in MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Need to follow what is the written prescription on the medicine bottle.</li> <li>2. Never write over on the medicine bottle.</li> <li>3. Physician's order on the hydroxyzine 10 mg tab as take 1-2 tablets at bedtime should be recorded in the MAR. If given 2 tabs, 2 tabs should be written below the PCG/SCG initial in the MAR.</li> <li>4. Or if given 1 or 2 tablets should be recorded properly in the MAR.</li> <li>5. Always compare the MAR from the new order whenever the resident visits the physician.</li> </ol>	<p style="text-align: center;">9/28/2023</p> <p style="text-align: right;">23 DEC 28 P12:19 STATE OF HAWAII STATE ENGINEERING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician’s order is “Trazodone 100mg 1 tab po qhs.” The dosing time was not recorded in MAR. Corrected during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">23 DEC 28 P12:19</p> <p style="text-align: center;">STATE OF HAWAII  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician’s order is “Trazodone 100mg 1 tab po qhs.” The dosing time was not recorded in MAR. Corrected during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Always copy exactly the physician's prescription.</li> <li>2. Double check the MAR and make sure it reflects the date, time, name of drug and the dosage.</li> <li>3. Do a weekly comparison of the MAR and prescribed medications for errors if any.</li> </ol>	<p style="text-align: center;">9/25/2023</p> <p style="text-align: right;">   23 DEC 28 P12:19 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No plan of care and activities schedule.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. Yes, I did.</li> <li>2. Immediately filled the resident's plan of care and activity schedule.</li> <li>3. Use my admission checklist as far as filing paper works during admission.</li> <li>4. Check resident's table of contents of the resident's folders and make sure none is missing or everything is filled up.</li> </ol>	<p style="text-align: center;">9/28/2023</p> <p style="text-align: right;">    '23 DEC 28 P12:19 </p>

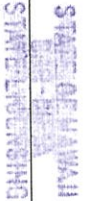



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No plan of care and activities schedule.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Use my admission checklist if everything is filled up during admission.</li> <li>2. Double check folder by going through each page the table of contents.</li> <li>3. Before admission, prepare resident's folder to make sure, no page or pages are missing.</li> </ol>	<p style="text-align: center;">9/28/2023</p> <p style="text-align: right;">23 DEC 28 PM 12:19  STATE OF HAWAII  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><b><u>FINDINGS</u></b> Resident #1 – “hydroxyzine 10mg tab, take 1-2 tablet(s) at bedtime as needed for sleeping problem” is given daily. No progress notes were made for the reasons of daily dose and resident’s response to the medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 DEC 28 P12:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII 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><b><u>FINDINGS</u></b> Resident #1 – “hydroxyzine 10mg tab, take 1-2 tablet(s) at bedtime as needed for sleeping problem” is given daily. No progress notes were made for the reasons of daily dose and resident’s response to the medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. I will put a flag or a yellow sticky note on medications prescribed with a flexibility.</li> <li>2. Observe the residence respond to the medication and document it in the progress notes as often as possible.</li> <li>3. Will refer to the progress notes when discussing the residents progress or response with the medication.</li> <li>4. Document daily dose regularly on the progress note and resident's response to the medication.</li> </ol>	<p style="text-align: center;">9/29/2023</p> <p style="text-align: right;"> <small>STATE OF HAWAII HEALTH CARE STATE LICENSING</small>  <b>23 DEC 28 PM 12:18</b> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b>FINDINGS</b>  Resident #1 – No financial statement.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. Yes, I did.</li> <li>2. Contacted [REDACTED] POA of resident #1 and get her sign the Resident Financial Statement.</li> <li>3. Filed RFS document on resident # 1 folder.</li> </ol>	<p style="text-align: center;">9/28/2023</p> <p style="text-align: right; transform: rotate(-90deg);">23 FEB 28 11:21:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No financial statement.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Before admitting a resident, I will organize the resident's folder. <i>following the admission checklist</i></li> <li>2. Use the table of contents to match the documents filed in the folder. Watch for missing documents.</li> <li>3. Have the resident's POA sign the Financial Statement.</li> <li>4. Flag documents that need signature.</li> <li>5. File in resident's folder.</li> </ol>	<p>9/28/2023</p> <p style="text-align: right;">    </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Small brown smears were seen all over the floor in resident's bedroom #2. SCG cleaned the floor during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 DEC 28 P12:18 STATE OF HAWAII STATE INSPECTION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  Small brown smears were seen all over the floor in resident's bedroom #2. SCG cleaned the floor during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Supervise CNAs when doing their routine on resident's ADL at all times.</li> <li>2. Advice all CNAs to clean the resident's bedroom when ever needed, and not only on scheduled cleaning time.</li> <li>3. Advice CNA to report or call my attention if anything is unusual as in dirty or cluttered resident room.</li> <li>4. Advice everyone in the ARCH that clean home is necessary for a healthy environment.</li> <li>5. Check the resident's bedroom as often as possible.</li> </ol>	<p style="text-align: center;">9/28/2023</p> <p style="text-align: right;">23 DEC 28 PM 12:18  STATE OF HAWAII  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling devices not working in resident's bedrooms #2 and #3. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 DEC 28 P12:18</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling devices not working in resident's bedrooms #2 and #3. Corrected during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Daily routine of checking if the call lights are working in all bedrooms and bathrooms.</li> <li>2. Also check the presence of the manual bells in each bedrooms and bathrooms.</li> <li>3. Advice residents to let caregivers know when their device is not working or is missing.</li> <li>4. Routine maintenance should be done weekly to ensure that everything is in good working condition.</li> </ol>	<p style="text-align: center;">9/25/2023</p> <p style="text-align: right; font-size: small;">STATE OF VERMONT DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 DEC 28 PM 2:18</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><b><u>FINDINGS</u></b>            SCG was observed washing the dishes and utensils without sanitizing. PCG sanitized the dishes during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 DEC 28 P12:18</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>§11-100.1-23 <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><b><u>FINDINGS</u></b> SCG was observed washing the dishes and utensils without sanitizing. PCG sanitized the dishes during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Train and instruct caregivers to sanitize the dishes and utensils when washing dishes.</li> <li>2. Post the bleach and water ratio and soaking duration. Example: 1 tablespoon to 1 gallon of warm water. Soak dishes and utensils for 10 minutes.</li> <li>3. Place a sign or a reminder by the kitchen sink.</li> <li>4. Check that bleach is available by buying another one when content is below half full.</li> </ol>	<p style="text-align: center;">9/26/2023</p> <p style="text-align: center;">23 DEC 28 PM 12:18</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

Licensee's/Administrator's Signature: Emma D. Balallo

Print Name: Emma D. Balallo

Date: December 28, 2023 February 23, 2024

24 FEB 23 AM 1:31

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

23 DEC 28 PM 12:18

STATE OF HAWAII  
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