

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

24 FEB 23 P2:27

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mana's Adult Care	CHAPTER 100.1
Address: 92-1177 Pueonani Street, Kapolei, Hawaii 96707	Inspection Date: September 12, 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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 NOV -9 P12:38

	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>FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3, #4 – No Fieldprint results.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG made an appointment for Fingerprinting for myself, Substitute Care Giver #1, #2, #3 + #4 on this dates (OCT, 11, 12 + 13) and will be waiting for the results.</i></p> <p><i>Fingerprint results for all Care Givers were obtain.</i></p> <p style="text-align: center;">7</p>	<p style="text-align: right;">24 FEB 23 P2:27</p> <p style="text-align: right;">23 NOV -9 P12:38</p>

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2/23/24

I will review all records before 2 months.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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> PCG – DOH “TB Document F: State of Hawaii TB Clearance Form” was signed and dated 11/18/2022 by physician. However, determination of the tuberculosis (TB) clearance was not documented. Thus, there is no annual TB clearance.</p> <p>SCG #1 – Initial TB clearance was negative. SCG #1 has a negative chest x-ray result on 3/31/2023, but PPD skin test was not done. Thus, there is no annual TB clearance.</p> <p>Please submit a copy with your plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG sending a copy of SCG #1 TB Clearance from Dr.'s Office, dated Sept. 26, 2023.</i></p>	<p style="text-align: right;">24 FEB 23 P2:27</p> <p style="text-align: right;">23 NOV -9 P12:38</p>

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	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><u>FINDINGS</u> SCG #4 – No First Aid certification.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG failed to SCG #4 regarding to her FIRST AID Certification; SCG #4 have an FIRST AID training on <u>OCT. 27, 2023.</u> PCG will be sending a copy of SCG #4 FIRST AID CERT. as soon as she gets it; from the mail.</i></p> <p><i>• sending a copy of FIRST AID + CPR for SCG #4.</i></p>	<p style="text-align: right;">24 FEB 23 P2:27</p> <p style="text-align: right;">2/23/24</p> <p style="text-align: right;">23 NOV -9 P12:37</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Fire drills were conducted between 10am and 11am only. PCG stated that residents participated in the fire drills, but their names were not recorded as participants.</p>	<p>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 FEB 23 P2:27</p> <p style="text-align: right;">23 NOV -9 P12:37</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;"><i>ASman</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>, (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Resident #1 – Lunch meal was not served in an appetizing manner as foods were pureed together. Per PCG, pureeing foods together was requested by the resident's family. There was no physician's order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes. PCG reading a copy of Dir. okayed on Res. #1 mixed pureed together.</i></p> <p style="text-align: center;"><i>Agreed to have mixed pureed diet as requested by parents of Res #1</i></p> <p style="text-align: center;"><i>HARRY ACUNA M.D.</i></p>	<p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> <p style="text-align: center;">24 FEB 23 P2:27</p> <p style="text-align: center;">2/23/24</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> <p style="text-align: center;">23 NOV -9 P12:37</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order included “Ensure 330ml, 1 can PO TID.” Type of Ensure was not included in the order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Sending a copy of Res#1 Physician's correct order of Ensure's ml. The order is obtain.</i></p>	<p style="text-align: right;">24 FEB 23 P2:27</p> <p style="text-align: right;">23 NOV -9 P12:37</p> <p style="text-align: right;"><i>2/23/24</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 is on pureed diet. Menu included raw spinach and corn for lunch.</p> <p>Please submit weekly menus (7 days) for department 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 style="text-align: center;"><i>PCG understood that all Pureed Diet should be cooked and not raw. Sending a copy of menu (7 days).</i></p>	<p style="text-align: center;">STATE OF HAWAII DUNN OFFICE STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DUNN OFFICE STATE LICENSING</p> <p style="text-align: center;">FEB 23 P 2:27</p> <p style="text-align: center;">23 NOV -9 P12:37</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p>FINDINGS Cut papaya was not covered in refrigerator. Removed by PCG during inspection.</p>	<p>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;"><i>-Asman</i></p>	<p style="text-align: center;">24 FEB 23 P2:27</p> <p style="text-align: center;">23 NOV -9 P12:37</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – External and internal medication stored in the same container. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;"><i>- Ashman</i></p>	<p style="text-align: center;">24 FEB 23 P2:27</p> <p style="text-align: center;">23 NOV -9 P12:37</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No indication for PRN use was provided for the following medications:</p> <ul style="list-style-type: none"> - Acetaminophen 325mg, 2 tabs, every 4-6 hours, PRN - Flonase (Sub) Fluticasone 50mg, 1 puff to each nostril BID PRN - Clotrimazole (Sub) Betamethasone 1-0.05% cr, apply a small amount to affected area twice daily PRN 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG sending a copy of Res.#1 PRN use for each of his medications and supplements that ordered by physician.</i></p>	<p style="text-align: right;">24 FEB 23 P2:28</p> <p style="text-align: right;"><i>2/23/24</i></p> <p style="text-align: right;">23 NOV -9 P12:36</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No indication for PRN use was provided for the following medications:</p> <ul style="list-style-type: none"> - Acetaminophen 325mg, 2 tabs, every 4-6 hours, PRN - Flonase (Sub) Fluticasone 50mg, 1 puff to each nostril BID PRN - Clotrimazole (Sub) Betamethasone 1-0.05% cr, apply a small amount to affected area twice daily PRN 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will make sure that all medications, supplements, vitamins, minerals and formulas should be made & available as ordered by a Physician and PRN use for each Medications & supplements of the Residents.</i></p> <p><i>PCG made a checklist for a reminders & attached to Residents Binders.</i></p> <p><i>* Sending a copy of Dr's orders and PRN use for Res. #1 dated 9/26/23</i></p> <p><i>I will review medication order or visit once monthly if a credification is needed I will contact the Physician within 24 hrs.</i></p>	<p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">2/23/24</p> <p style="text-align: center;">23 NOV -9 P12:36</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> Resident #1 – Medication order was not reviewed since 3/31/2023, a period of five (5) months.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Sending a copy of Dr's order follow up to see how every 6 months as needed; dated 9/26/2023</i></p>	<p style="text-align: right;">24 FEB 23 P2:28</p> <p style="text-align: right;">23 NOV -9 P12:36</p> <p style="text-align: right; font-size: 2em;"><i>2/23/24</i></p>

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	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> Resident #1 – Medication order was not reviewed since 3/31/2023, a period of five (5) 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 style="text-align: center;"> <i>PCG will do a survey to med. check up to assure that Res.#1 get reevaluated on his medication order. Sending a copy. Physician noted to follow up every 6 months. Next appointment will be in July 2024.</i> </p>	<p style="text-align: right;">24 FEB 23 P2:28</p> <p style="text-align: right;"><i>2/23/24</i></p> <p style="text-align: right;">23 NOV -9 P12:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Discontinued medication was stored with current medication. Corrected during inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 FEB 23 P2:28</p> <p style="text-align: right;">23 NOV -9 P12:36</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;"><i>Alman</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 – Discontinued medication was stored with current medication. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>- PEG will do a checklist reminders inside medicine Cabinet.</i></p> <p><i>PEG already corrected Resident #1 discontinued medication on the day of Inspection date. (9-12-23)</i></p> <p><i>I will check all medications at least once a month to make sure there are current.</i></p>	<p style="text-align: right;">23 FEB 23 P2:28</p> <p style="text-align: right;">23 NOV -9 P12:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – A list of personal items was not maintained. Last updated on 1/5/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG corrected and maintained right away Res #1 list of personal items on the day of inspection dated 9-12-23.</i></p>	<p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">FEB 23 P 2:28</p> <p style="text-align: center;"><i>2/23/24</i></p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">23 NOV -9 P12:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – A list of personal items was not maintained. Last updated on 1/5/2022.</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><i>PCG will do a reminder checklist to maintain all list of personal items of the residents.</i></p> <p><i>PCG corrected and had Res #1 list of Personal Items monthly; (dated 9-12-23).</i></p> <p><i>I will update Inventory after Christmas every year.</i></p>	<p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 FEB 23 P2:28</p> <p style="text-align: right;"><i>Urbek</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">23 NOV -9 P12:36</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 #1 – Chest x-ray was done on 3/31/2023, but PPD skin test was not done. Resident's 2 step PPD skin test was negative. Thus, there is no 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><i>PPD NOT indicated since he does not have cough, fever</i> <i>9/26/23</i> <i>HARRY ACUNA M.D.</i></p> <p><i>Sending a copy of Res. #1 TB clearance.</i></p>	<p style="text-align: right;">24 FEB 23 P2:28</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">2/23/24</p> <p style="text-align: right;">23 NOV -9 P12:36</p> <p style="text-align: right;">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)(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 #1 – Chest x-ray was done on 3/31/2023, but PPD skin test was not done. Resident's 2 step PPD skin test was negative. Thus, there is no 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><i>PCG will be monitoring and to do a checklist for a check up Res.# 1 + all Residents Annual P.E papers done.</i></p> <p><i>Sending a copy of Res.#1 TB Clearance Form from his Doctor, Harry Scuta M.D.</i></p> <p><i>I will review the records 2 months before the inspection.</i></p>	<p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">FEB 23 P2:28</p> <p style="text-align: right;">2/23/24</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">23 NOV -9 P12:36</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 #2 – Physician stated “See H and P and DC summary” in the resident admission medical and personal h.istory form that was signed and dated by physician on 2/15/2023. Discharge summary did not include information for standard physical exam. Thus, there is no current 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><i>PCG asked her daughter on regards medical & ^{Am} flight Personal history dated 2/15/2023. She gave it to me and I putted it inside Res.#2 Binder.</i></p> <p><i>Res.#2 had a Drs. visit on 10-5-2023 to a new Dr. CHEYNE NAKANO M.D. follow up check up in 6 months.</i></p>	<p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">2/23/24</p> <p style="text-align: center;">23 NOV -9 P12:36</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 #2 – Physician stated “See H and P and DC summary” in the resident admission medical and personal history form that was signed and dated by physician on 2/15/2023. Discharge summary did not include information for standard physical exam. Thus, there is no current physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will monitor and check all the Residents Annual Physical Examinations and to do checklist to remind myself before it's due Annually.</i></p> <p><i>I will review the records 2 months before the inspection. I will update if necessary.</i></p>	<p style="text-align: right;">24 FEB 23 P2:28</p> <p style="text-align: right;">23 NOV -9 P12:36</p> <p style="text-align: right;"><i>2/23/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident report was kept in resident's binder.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG corrected right away on the day of inspection 9-12-23 Res. #1 Incident report lay putting it to another BINDER.</i></p>	<p style="text-align: right;">24 FEB 23 P2:28</p> <p style="text-align: right;">23 NOV -9 P12:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident report was kept in resident's binder.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will do a reminder checklist and to make sure that ^{Incident reports are} are _{APRN} separately from Residents' #1 Binder : vstok</i></p>	<p>24 23 P2:28</p> <p>23 NOV-9 P12:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS Resident #1 – Only signed last page of the care home policy was available at home. Per PCG, resident's family has the rest of the original copy.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG corrected and putted original copy of Care Home Policy on Res #1 Binder; Parents/Guardians have their own copies as well with signature and date.</i></p>	<p style="text-align: center;"><i>2/23/24</i></p> <p style="text-align: center;">23 NOV -9 P12:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p>FINDINGS Resident #1 – Only signed last page of the care home policy was available at home. Per PCG, resident's family has the rest of the original copy.</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;"><i>PCG will make sure that Care Home Policies, Rights + Responsibilities original copies are inside Residents Binders, PCG will do a checklist for reminders.</i></p>	<p style="text-align: center;">24 FEB 23 P2:28</p> <p style="text-align: center;">23 NOV -9 P12:36</p>

Licensee's/Administrator's Signature: Arlette S. Brown

Print Name: ARLETTE S. BROWN

Date: 9-29-23 2/23/24

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