

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olive's Adult Residential Care Home (ARCH), LLC	CHAPTER 100.1
Address: 94-1006 Lumi Street, Waipahu, Hawaii 96797	Inspection Date: November 7, 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
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

24 FEB 23 10:07

	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> Substitute Care Giver (SCG) #1 – No Fieldprint result.</p> <p>Please submit a copy with your plan of correction (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>The SCG's Fieldprint result was in another binder. The future plan is to see to it that the clearance is properly included in the ARCH binder.</p> <p><i>copy attached.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:07 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	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> Substitute Care Giver (SCG) #1 – No Fieldprint result.</p> <p>Please submit a copy with your plan of correction (POC).</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>The SCG's Fieldprint result was in another binder. The future plan is to see to it that the clearance is properly included in the ARCH binder.</p> <p><i>I will review all records two months before inspection. I will obtain all required documents.</i></p>	<p>11/08/2023</p> <p style="text-align: right;"> <small>STATE OF HAWAII DOH-CHCA STATE LICENSING</small> 24 FEB 23 10:07 </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><u>FINDINGS</u> SCG #1 – No current annual physical exam.</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>The SCG's Annual Physical Exam was in another binder. The future plan is to see to it that the clearance is included in the ARCH binder.</p> <p><i>Copy attached.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:07 STATE OF HAWAII DOH-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> (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><u>FINDINGS</u> SCG #1 – No current annual physical exam. Please submit a copy with your POC.</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>The SCG's Annual Physical Exam was in another binder. The future plan is to see to it that the clearance is included in the ARCH binder.</p> <p><i>I will review all records two months before the inspection.</i></p> <p><i>I will organize my binders to make sure all records are available.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 110 :07</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA 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 – No initial tuberculosis clearance.</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>The SGC's initial TB clearance is in another binder . The future plan is to see to it hat the clearance is included in the ARCH binder.</p> <p><i>Copy attached.</i></p>	<p>11/13/2023</p> <p style="text-align: right;">24 FEB 23 AM 07</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>§11-100.1-9 <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 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>The SGC's initial TB clearance is in another binder . The future plan is to see to it hat the clearance is included in the ARCH binder.</p> <p>I will review all records two months before the inspection.</p> <p>I will organize my binders to make sure all records are available.</p>	<p>11/13/2023</p> <p style="text-align: right;">24 FEB 23 10:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH-CHCA STATE LICENSING</p>

	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> No record that emergency procedure orientation was provided to Resident #1.</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>There was an emergency procedure orientation done, but was not documented. The future plan is to have emergency procedure orientation provided to the clients and must be properly documented.</p> <p><i>The orientation was provided and documented.</i></p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">24 FEB 23 110 :08</p>

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<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> No record that emergency procedure orientation was provided to Resident #1.</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>There was an emergency procedure orientation done, but was not documented. The future plan is to have emergency procedure orientation provided to the clients and must be properly documented.</p> <p><i>I will use admission assessment as a reminder to provide emergency procedure orientation at admission.</i></p>	<p>11/08/2024</p> <p style="text-align: right;">24 FEB 23 10:08</p> <p style="text-align: right;">STATE OF HAWAII DUH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cleaning supplies stored in unlocked closet in residents' bathroom and unlocked closet in the hallway.</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 future plan is for the cleaning supplies to be stored in a locked bathroom cabinet at all times.</p> <p><i>The closet is locked.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 110:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cleaning supplies stored in unlocked closet in residents' bathroom and unlocked closet in the hallway.</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>The future plan is for the cleaning supplies to be stored in a locked bathroom cabinet at all times.</p> <p>I will check if the closet is locked after morning schedule of cleaning. I trained my SCG's to close/lock the cabinets.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 110:08</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>§11-100.1-15 <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><u>FINDINGS</u> Resident #2 – There was an unsecured 2-week pill organizer with medication inside on the resident’s dresser.</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 client, a retired doctor, wanted to dispense his and his wife's medication. Resident #2 obtained a doctor's order that he can and is highly capable of dispensing his and his wife's medication.</p> <p><i>The door to the room will be closed always.</i></p>	<p>11/10/2023</p> <p style="text-align: right;">24 FEB 23 10:08</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</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><u>FINDINGS</u> Resident #1 – No label for Vitamin C 1000mg and fish oil 1000mg bottles. 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>The future plan is to label all medications with the clients name.</p> <p><i>I will label right after the medication is brought to the house.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 AM 08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DRUG STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order included,</p> <p>5/23/2023: Tylenol 325mg 1 tab every 8 hours as needed 10/25/2023: Decrease Linzess to 72mg daily prn</p> <p>Indication for as needed use was not included.</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 future plan is to make sure that all PRN medications must have indication for what illness or pain the medicine will be used for.</p> <p><i>Updated physician's order is obtained.</i></p>	<p style="text-align: center;">11/08/2023</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII Department of STATE LICENSING</p> <p>24 FEB 23 10:08</p> </div>

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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 – Physician’s order included, 5/23/2023: Tylenol 325mg 1 tab every 8 hours as needed 10/25/2023: Decrease Linzess to 72mg daily prn Indication for as needed use was not included.</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>The future plan is to make sure that all PRN medications must have indication for what illness or pain the medicine will be used for.</p> <p><i>I will review the medication order at least once a month. If clarification is needed I will call the physician's office within 24 hours.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING 24 FEB 23 AM 08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Per medication bottle label, “Linzess 145mg, Take 1 capsule by mouth once daily in the morning” was dispensed on 10/12/2023. There is no physician’s written order. The medication was discontinued on 10/25/2023.</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: right;">STATE OF HAWAII DOR-ORCA STATE LICENSING</p> <p style="text-align: right;">24 FEB 23 AM 08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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><u>FINDINGS</u> Resident #1 – Bisacodyl 10mg suppository dispensed on 10/12/2023 was stored with current medication. There is 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>The future plan is to ensure that all medications prescribed to patients must have doctor's order.</p> <p><i>Bisacodyl was discontinued. An order is obtained, the medication is removed from the current medication.</i></p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-ORCA STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">24 FEB 23 10:08</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 – Current physician’s order includes Tylenol 325mg. The medication is not available at home.</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;">Tylenol 325mg was purchased for the client. <i>and</i> <i>is available for the client.</i></p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 FEB 23 10:08</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 – Current physician’s order includes Tylenol 325mg. The medication is not available at home.</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>Tylenol 325mg was purchased for the client.</p> <p>I will review the medication order at admission. If otc medication is not available I will purchase on the admission date or next day at the latest.</p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH-ORCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 FEB 23 10:09</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 – No record that general medication order was reviewed since 5/13/2023, 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>The future plan is to review the general medication order every 4 months.</p> <p>The medication must be reviewed every 4⁵ months. Medication order was signed by the physician on November 8th.</p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 FEB 23 AM 09</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 – No record that general medication order was reviewed since 5/13/2023, 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>The future plan is to review the general medication order every 4 months.</p> <p><i>I will make an appointment within 4 months.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 AM 09</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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 Linzess 145mg was stored with current medication.</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>Discontinued medication Linzess 145mg was removed from where the current medications where and properly disposed of.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 MID :09 STATE OF HAWAII DHF-0104 STATE LICENSING</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 Linzess 145mg was stored with current medication.</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>Discontinued medication Linzess 145mg was removed from when the current medications were and properly disposed of.</p> <p>I will remove discontinued medication on the day the order is changed.</p> <p>I will double check medication container once a month to make sure discontinued medication is not stored together.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 AIO:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA 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><u>FINDINGS</u> Resident #1 – Bisacodyl 10mg suppository was stored with current medication. Not listed in medication administration record (MAR).</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>Bisacodyl was added in the medication administration record.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:09 STATE OF HAWAII DOH-ORCA 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><u>FINDINGS</u> Resident #1 – Bisacodyl 10mg suppository was stored with current medication. Not listed in medication administration record (MAR).</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>Bisacodyl was added in the medication administration record.</p> <p><i>The medication was discontinued on Nov. 8th.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:09 STATE OF HAWAII DOH-CHCA 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><u>FINDINGS</u> Resident #1 - Linzess 145mg was dispensed on 10/12/2023 and discontinued on 10/25/2023. Not listed in MAR.</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 23 110 :09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA 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><u>FINDINGS</u> Resident #1 - Linzess 145mg was dispensed on 10/12/2023 and discontinued on 10/25/2023. Not listed in MAR.</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>linzess 145mg was added in the medication administration recorded.</p> <p>I will review medication order and MAR after the doctor's order. and update MAR. I will also review all records at least once a month.</p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right;">24 FEB 23 AIO:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA 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><u>FINDINGS</u> Resident #1</p> <p>-Current order dated 10/25/2023 includes Linzess 72mg daily prn. Not listed in MAR. -Current order dated 10/25/2023 includes "Tylenol 325mg 1 tab every 8 hours as needed." Not listed in MAR.</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>Linzess 72 mg and Tylenol 325mg were added in the MAR.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 AM 09 STATE OF HAWAII DOH-OHCA 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><u>FINDINGS</u> Resident #1</p> <p>-Current order dated 10/25/2023 includes Linzess 72mg daily prn. Not listed in MAR. -Current order dated 10/25/2023 includes "Tylenol 325mg 1 tab every 8 hours as needed." Not listed in MAR.</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>Linzess 7²0 mg and Tylenol 325mg were added in the MAR.</p> <p>I will review medication order and the M&R at least once a month.</p> <p>I will update MAR as needed.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 A10:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> There was an unsecured 2-week pill organizer with medication inside on the resident's dresser. No physician's order to self-administer and keep it in resident's room.</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 husband, a retired doctor, dispenses his wife's medication as he always does long time. A doctor's order was obtained for him to dispense his wife's medications.</p>	<p>11/08/2023</p> <p style="text-align: right;">*24 FEB 23 A10:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> There was an unsecured 2-week pill organizer with medication inside on the resident's dresser. No physician's order to self-administer and keep it in resident's room.</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>The husband, a retired doctor, dispenses his wife's medication as he always does long time. A doctor's order was obtained for him to dispense his wife's medications.</p> <p><i>I will obtain physicians order for the resident who is capable of self-administering medication.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:09</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>§11-100.1-16 <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><u>FINDINGS</u> Resident #1 – Plan of care and activities schedule was not completed. No schedule planned Tuesday through Saturday.</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>Plan of care and activities schedule from Tuesday through Saturday was completed.</p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: center;">24 FEB 23 A10:09</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Plan of care and activities schedule was not completed. No schedule planned Tuesday through Saturday.</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>Plan of care and activities schedule from Tuesday through Saturday was completed.</p> <p>I will complete the plan of care at admission. I will use admission checklist to make sure plan of care is completed.</p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA 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> Resident #1 – “Physician’s Evaluation Form” was signed by physician on 5/13/2023. But information for standard physical exam was not included. Thus, there is no 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>Resident #1 was taken to his PCP to undergo physical exam with the results written on the standard form from the OHCA.</p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA 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> Resident #1 – “Physician’s Evaluation Form” was signed by physician on 5/13/2023. But information for standard physical exam was not included. Thus, there is no 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>Resident #1 was taken to his PCP to undergo physical exam with the results written on the standard form from the OHCA.</p> <p><i>In the future I will use OHCA form for annual PE for all residents.</i></p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; vertical-align: bottom;"> <small>STATE OF HAWAII DOH-OHCA STATE LICENSING</small> 24 FEB 23 10:09 </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> Resident #1 – In Individualized Service Plan (ISP) dated 4/21/2023, for plan year: 6/1/2023-5/31/2024, one of outcomes stated the resident is to “be encouraged to eat a healthy diet (control weight/cholesterol)” Observation of resident’s response to diet, controlling weight was not recorded in progress notes, except June 2023 progress notes.</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>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>24 FEB 23 10:09</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> Resident #1 – In Individualized Service Plan (ISP) dated 4/21/2023, for plan year: 6/1/2023-5/31/2024, one of outcomes stated the resident is to “be encouraged to eat a healthy diet (control weight/cholesterol)” Observation of resident’s response to diet, controlling weight was not recorded in progress notes, except June 2023 progress notes.</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>The future plan is to regulate the amount of food and encouraged to eat a healthy diet. Observations on the resident's response to diet must be properly documented in the progress notes.</p> <p><i>I will review ISP and provide the care based on the outcome specified in the ISP.</i></p> <p><i>I will document care provided and resident's response in progress notes at least once a month.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 10:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</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 dated 8/23/2023 was filed in resident's binder.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The future plan is to ensure that incident reports will be filed in a separate binder.</p> <p><i>I have a separate binder for incident reports.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 AM 10:09</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> (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 dated 8/23/2023 was filed in resident's binder.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The future plan is to ensure that incident reports will be filed in a separate binder.</p> <p><i>I have a separate binder for incidence reports.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 A10:09</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Medication list was not available in resident’s Emergency Information sheet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication list was added in the resident's Emergency Information sheet.</p>	<p style="text-align: center;">11/08/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 FEB 23 A10:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Medication list was not available in resident's Emergency Information sheet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Medication list was added in the resident's Emergency Information sheet.</p> <p><i>I will update after every physicians office visit.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 AM 10</p> <p style="text-align: right;">STATE OF HAWAII DHP-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> (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> In permanent resident register, "Admitted from" was not recorded for three (3) current residents and one (1) discharged resident. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>The future plan is to fill up informations in every form for each resident.</p> <p><i>I will not leave a blank in the form.</i></p> <p><i>I will use admission checklist as a reminder.</i></p>	<p>11/08/2023</p> <p style="text-align: right;">24 FEB 23 AIO :10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH - DHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Olivia D. Sadio *Olivia D. Sadio*

Print Name: Olivia D. Sadio

Date: Dec 1, 2023 *Feb. 23, 2024*

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