

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sera, Aurora	CHAPTER 100.1
Address: 1305 Mokapu Boulevard, Kailua, Hawaii 96734	Inspection Date: December 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) - No current documented evidence stating aforementioned care giver has no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of Fieldprint result 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>I have printed the Fieldprint results of my substitute caregiver, Iryn Sera to be available for review with the rest of my care home <i>staff clearances</i>.</p>	12/15/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) - No current documented evidence stating aforementioned care giver has no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of Fieldprint result with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from occurring again, emails are going to be routinely reviewed. Email notification alert has been set up for Fieldprint on my electronic devices.</p> <p>New potential staff are automatically referred to the Fieldprint site to schedule an appointment before being hired.</p>	12/15/2023

	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></p> <ol style="list-style-type: none"> 1. SCG- No documented evidence of an initial or two-step tuberculosis clearance. 2. Household member (HM)- No documented evidence of an annual tuberculosis clearance. <p>Please provide copies of tuberculosis clearance 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>Printed TB clearance results of SCG and HM will be available for review with the rest of my care home staff clearance file.</p>	<p>12/15/2023</p>

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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><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. SCG- No documented evidence of an initial or two-step tuberculosis clearance. 2. Household member (HM)- No documented evidence of an annual tuberculosis clearance. <p>Please provide copies of tuberculosis clearance with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this situation from occurring again, a reminder for all staff will be written on a calendar and also entered on their cell phone calendar/alarms. The first week of November of each year is the designated time frame to schedule an appointment for re-testing.</p>	12/15/2023

	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- no documentation of first aid certification available during the time of inspection.</p> <p>Please provide a copy of first aid certification with your plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Printed first aid certification of completion will be available for review with the rest of my care home staff clearances.</p>	<p>12/15/2023</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><u>FINDINGS</u> SCG- no documentation of first aid certification available during the time of inspection.</p> <p>Please provide a copy of first aid certification with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this situation from occurring again, a reminder for all staff to renew their CPR/first aid certification has been written on a calendar, and also entered on their phone calendar/alarms 3 months prior to the expiration date.</p>	12/15/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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></p> <ol style="list-style-type: none"> 1. Two cleaning agents labeled Comet and Pine Sol were found unsecured in residents' bathroom. 2. One Lysol Spray can was found in residents' hallway. <p>Primary care giver (PCG) removed and secured the cleaning agents during the time of 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>	12/12/2023

	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></p> <ol style="list-style-type: none"> 1. Two cleaning agents labeled Comet and Pine-Sol were found unsecured in residents' bathroom. 2. One Lysol Spray can was found in residents' hallway. <p>Primary care giver (PCG) removed and secured the cleaning agents during the time of inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>To prevent this from happening again, all cleaning agents and disinfectant have been properly stored and secured in the designated cleaning closet area when not in use.</p>	<p>12/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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- One tube of ketoconazole cream, antibiotic ointment tube, a package of iodine swabs, and an antiseptic wound care spray were found in resident's bedroom drawers.</p> <p>PCG removed and secured the medications during the time of 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>12/12/2023</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 #2 One tube of ketoconazole cream, antibiotic ointment tube, a package of iodine swabs, and an antiseptic wound care spray were found in resident's bedroom drawers.</p> <p>PCG removed and secured the medications during the time of 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>To avoid this from happening again, all wound care products have been stored and secured in the designated compartments and not in the resident's personal bedroom drawer.</p> <p>Staff has been educated and reminded of the assigned storage area for all wound care supplies.</p>	<p>12/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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-</p> <ol style="list-style-type: none"> 1. Physician ordered on 9/20/22 for "Amlodipine 10 mg Take 1 tablet daily", however, the February 2023 medication administration record (MAR) reflected that the medication was not given on 2/28/23. 2. Physician ordered on 1/18/23 for "Sertraline 50 mg Take 1 tablet daily", however, the February 2023 MAR reflected that the medication was not given on 2/28/23 and the June 2023 MAR reflected that the medication was not given on 6/30/23. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	12/12/2023

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☒	<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-</p> <ol style="list-style-type: none"> 1. Physician ordered on 9/20/22 for "Amlodipine 10 mg Take 1 tablet daily", however, the February 2023 medication administration record (MAR) reflected that the medication was not given on 2/28/23. 2. Physician ordered on 1/18/23 for "Sertraline 50 mg Take 1 tablet daily", however, the February 2023 MAR reflected that the medication was not given on 2/28/23 and the June 2023 MAR reflected that the medication was not given on 6/30/23. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening again, I am slowly transitioning my record keeping from manually handwriting medication administration information to an electronic medical record system. A check system is in place where the SCG confirms that the prescribed medication was given to the resident.</p>	12/15/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> No PCG assessment of Resident #1 and Resident #2 upon admission.</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;"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p>To prevent not having an assessment record upon admission I have updated my admission policy to include a checklist of documents and forms needed to admit a resident.</p>	<p>12/15/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> No PCG assessment of Resident #1 and Resident #2 upon admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent not having an assessment record upon admission I have updated my admission policy to include a checklist of documents and forms needed to admit a resident.</p>	12/15/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1- Blue ink was transcribed in Resident Admission and Personal History, Self Preservation, Level of Care, and December 2022 MAR. 2. Resident #2- Blue ink was transcribed in Resident Admission and Personal History, Self Preservation, and Annual Physical Exam records. 	<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>12/12/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1- Blue ink was transcribed in Resident Admission and Personal History, Self Preservation, Level of Care, and December 2022 MAR. 2. Resident #2- Blue ink was transcribed in Resident Admission and Personal History, Self Preservation, and Annual Physical Exam records. 	<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>Reminder memos are posted in the office area and in the resident's chart to use only black ink when documenting notes.</p>	01/02/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS No record of December 2022 fire drill available for review during the time of 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>12/15/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out was used in general register records.</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>12/12/2023</p>

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Licensee's/Administrator's Signature:

Print Name: Aurora C. Sera

Date: Dec 21, 2023

Licensee's/Administrator's Signature: ✕ Aurora Sera

Print Name: Aurora Sera

Date: Jan 3, 2024