

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| <b>Facility's Name: Serenity Care Home Hawaii Kai</b>            | <b>CHAPTER 100.1</b>                          |
| <b>Address:<br/>1072 Kalapaki Street, Honolulu, Hawaii 96825</b> | <b>Inspection Date: March 12, 2024 Annual</b> |

**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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

|                                     | <b>RULES (CRITERIA)</b>   | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
|-------------------------------------|---|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a)<br/>All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b><br/>Case of Ensure stored on floor in hallway closet</p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> |                        |

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|-------------------------------------|--|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Physician’s order dated 3/7/23 via telephone order states, “Ferrous Sulfate Take 1 tab by mouth 5x weekly (Monday-Friday) with vitamin C 500mg Tab”; however, medication packet label did not reflect this updated order.</p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> |                        |

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|---|--|---|-----------------|
| ☒ | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D)<br/>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b><br/>Fire drills performed monthly between 3/2023-2/2024 did not include any drills performed during hours of darkness.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_