Office of Health Care Assurance

**State Licensing Section** 

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tabora's	CHAPTER 100.1
Address: 94-970 Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: February 21, 2024 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 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).

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<ul> <li>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</li> <li>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;</li> <li><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</li> </ul>	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
$\square$	§11-100.1-17 <u>Records and reports.</u> (b)(3)	PART 2	
	During residence, records shall include:		
	Progress notes that shall be written on a monthly basis, or	FUTURE PLAN	
	more often as appropriate, shall include observations of the		
	resident's response to medication, treatments, diet, care plan,	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	any changes in condition, indications of illness or injury,	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	behavior patterns including the date, time, and any and all action taken. Documentation shall be completed	IT DOESN'T HAPPEN AGAIN?	
	immediately when any incident occurs;		
	FINDINGS		
	Resident #1 – Monthly progress notes do not include		
	observations of the resident's response to medications.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:	PART 1	
Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;		
<b>FINDINGS</b> Resident #1 – No monthly weights recorded from March to December 2023.		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
	plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
$\boxtimes$	§11-100.1-17 <u>Records and reports.</u> (b)(7)	PART 2	
	During residence, records shall include:		
	Recording of resident's weight at least once a month, and	FUTURE PLAN	
	more often when requested by a physician, APRN or		
	responsible agency;	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
		PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	<b>FINDINGS</b>	IT DOESN'T HAPPEN AGAIN?	
	Resident #1 – No monthly weights recorded from March to December 2023.		
	Detember 2023.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage; <b>FINDINGS</b> Urine odor present in Bedroom #2.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage; <u>FINDINGS</u> Urine odor present in Bedroom #2.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<ul> <li>(c)(2</li> <li>Case resides</li> <li>Surrow physic</li> <li>Devery resides</li> <li>Devery resides</li> <li>Shall behards</li> <li>Shall behards<!--</td--><td>e management services for each expanded ARCH lent shall be chosen by the resident, resident's family or ogate in collaboration with the primary care giver and sician or APRN. The case manager shall: elop an interim care plan for the expanded ARCH lent within forty eight hours of admission to the unded ARCH and a care plan within seven days of ission. The care plan shall be based on a comprehensive ssment of the expanded ARCH resident's needs and l address the medical, nursing, social, mental, wioral, recreational, dental, emergency care, nutritional, tual, rehabilitative needs of the resident and any other iffic need of the resident. This plan shall identify all ices to be provided to the expanded ARCH resident and l include, but not be limited to, treatment and medication rs of the expanded ARCH resident's physician or RN, measurable goals and outcomes for the expanded CH resident; specific procedures for intervention or ices required to meet the expanded ARCH resident's ls; and the names of persons required to perform vventions or services required by the expanded ARCH</td><td>PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</td><td></td></li></ul>	e management services for each expanded ARCH lent shall be chosen by the resident, resident's family or ogate in collaboration with the primary care giver and sician or APRN. The case manager shall: elop an interim care plan for the expanded ARCH lent within forty eight hours of admission to the unded ARCH and a care plan within seven days of ission. The care plan shall be based on a comprehensive ssment of the expanded ARCH resident's needs and l address the medical, nursing, social, mental, wioral, recreational, dental, emergency care, nutritional, tual, rehabilitative needs of the resident and any other iffic need of the resident. This plan shall identify all ices to be provided to the expanded ARCH resident and l include, but not be limited to, treatment and medication rs of the expanded ARCH resident's physician or RN, measurable goals and outcomes for the expanded CH resident; specific procedures for intervention or ices required to meet the expanded ARCH resident's ls; and the names of persons required to perform vventions or services required by the expanded ARCH	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

Image: Still-100.1-88 Case management qualifications and services.       Date         Image: Still-100.1-88 Case management qualifications and services.       PART 2         Image: Collaboration with the primary care giver and physician or APRN. The case manager shall:       Part 2         Develop an interim care plan for the expanded ARCH resident fragith throus of admission to the expanded ARCH resident fragith resident fragith resident fragith and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident fragith resident fragith and shall identify all services to be provided to the expanded ARCH resident fragith and the are plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident fragency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident fragency care, nutritional, spiritual, rehabilitative needs of the resident and medication or orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident's needs; and the names of persons required by the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident's needs; and noutcomes for resident with underweight and abborema weight	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
<ul> <li>(c)(2)</li> <li>(c)(2)</li> <li>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</li> <li>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH resident seven days of admission. The care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and mother specific need of the resident and mother soft the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident fresident so provided to the expanded ARCH resident so previces required to meet the expanded ARCH resident so needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident so needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident gaals and outcomes for resident with underweight and</li> </ul>			Date
orders of the expanded ARCH resident's physician or         APRN, measurable goals and outcomes for the expanded         ARCH resident; specific procedures for intervention or         services required to meet the expanded ARCH resident's         needs; and the names of persons required to perform         interventions or services required by the expanded ARCH         resident;         FINDINGS         Resident #1 – No care plan developed with measurable         goals and outcomes for resident with underweight and	<ul> <li>§11-100.1-88 <u>Case management qualifications and services.</u></li> <li>(c)(2)</li> <li>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</li> <li>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all</li> </ul>	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	Completion Date
	services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <b>FINDINGS</b> Resident #1 – No care plan developed with measurable goals and outcomes for resident with underweight and		

Licensee's/Administrator's Signature:

Print Name:

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