

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley (DDDH)	CHAPTER 89
Address: 245 Valley Avenue, Wahiawa, Hawaii	Inspection Date: November 28, 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.

STATE LICENSING
SECTION

24 JAN 16 AM 1:20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure.</u> (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Certified Care Giver (CCG) #1, CCG #2, & Responsible Adult (RA) #1 – No documented evidence of Fieldprint background check results with APS, CAN, and fingerprint data bases checked.</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>Field print results were obtained for 2023 and in the care home binder.</p>	<p style="text-align: center;">1/7/2024</p> <p style="text-align: right;">24 JAN 16 AM 12:00 STATE OF HAWAII STATE OF HAWAII</p>

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<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Certified Care Giver (CCG) #1, CCG #2, & Responsible Adult (RA) #1 – No documented evidence of Fieldprint background check results with APS, CAN, and fingerprint data bases checked.</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 the same mistake in the future, I, the Caregiver have created a checklist of the requirements for the annual recertification and to have my substitute caregiver review the list regularly.</p>	<p style="text-align: center;">11/29/23</p> <p style="text-align: right;">24 JAN 16 AM 1:20</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE ENGINEERING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Have a valid certificate in first aid training.</p> <p><u>FINDINGS</u> RA #1 – No documented evidence of current first aid training.</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;">RA #1 – Secured Current First Aide Training</p>	<p style="text-align: center;">12/04/23</p> <p style="text-align: right;">24 JAN 16 AM 1:20 STATE OF MICHIGAN DEPARTMENT OF COMMUNITY SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Have a valid certificate in first aid training.</p> <p><u>FINDINGS</u> RA #1 - No documented evidence of current first aid training.</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 the same mistake in the future, CG#2 have created a checklist of the requirements for the annual recertification and to have my substitute caregiver review the list regularly.</p>	<p style="text-align: center;">12/4/23</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">JAN 16 AM 1:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 8/28/23, Physician changed Docusate Sodium 100mg soft gel one (1) cap by mouth twice a day PRN constipation, to "Take docusate daily", however, medication administration record (MAR) was not updated to the new order.</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>24 JUN 16 AM 1:20</p> <p>STATE OF MICHIGAN PROBATION STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 8/28/23, Physician changed Docusate Sodium 100mg soft gel one (1) cap by mouth twice a day PRN constipation, to "Take docusate daily", however, medication administration record (MAR) was not updated to the new order.</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 the same mistake, caregiver will make sure that all medications that was prescribed by the Physician will be listed and updated right away on the MAR and have CCG#2 to to double check to ensure MAR is updated correctly.</p>	<p>11/30/23</p> <p style="text-align: right;">24 JAN 16 AM 1:20</p>

STATE OF MICHIGAN
 DEPARTMENT OF
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> • Physician's signed order for Lisinopril 40mg one (1) tab QAM is missing the route by which to administer this medication by. • MAR for the above order also does not include the route by which to administer this medication by. 	<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>CG#1 updated the MAR – Lisinopril 40mg 1 tab by mouth every morning for High Blood Pressure</p>	<p>11/30/23</p> <p style="text-align: right;">24 JAN 16 AM 1:20</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> • Physician's signed order for Lisinopril 40mg one (1) tab QAM is missing the route by which to administer this medication by. • MAR for the above order also does not include the route by which to administer this medication by. 	<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 the same mistake, when bringing my clients to the Doctor, I will ensure to check Physician's order to check any discrepancy before leaving the Doctor's office. I will list right away on the MAR and have CCG#2 to check MAR from time to time.</p>	<p>11/30/23</p> <p style="text-align: right;">24 JAN 16 AM 1:20</p> <p style="text-align: right; transform: rotate(-90deg);">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency info is incomplete and requires updating.</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;">Emergency information is updated to current date.</p>	<p style="text-align: center;">12/01/23</p> <p style="text-align: center;">24 JAN 16 AM 1:20</p> <p style="text-align: center;">STATE OF MARYLAND STATE LICENSING</p>

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Licensee's/Administrator's Signature: *Emerita Ringor*

Print Name: Emerita Ringor

Date: 01-16-24

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

24 JUN 16 AM 11:20