

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Windward Senior Home Care LLC	CHAPTER 100.1
Address: 45-1117 Cobb-Adams Road, Unit A, Kaneohe, Hawaii 96744	Inspection Date: November 17, 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  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH CARE ASSURANCE  
24 FEB 2024 P 1:18

	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><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1, #2, and Household Member (HM) #1 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG#1 and #2- Annual PPE is valid until October 2023. Caregivers stopped working in the care homes since September 2023.</p> <p>HM#1- doesn't live in the care home since August 2023.</p> <p><i>copy submitted.</i></p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P1:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHF-ONCA 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><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) #1, #2, and Household Member (HM) #1 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All care givers who stopped working in the care home, and families that are not living in the care home shall keep their records in a separate binder for future references.</p>	<p>11/17/2023</p> <p style="text-align: right;"> STATE OF HAWAII  DOH-DHQA  STATE LICENSING  24 FEB 22 P 1:18 </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><b><u>FINDINGS</u></b> SCG #2 and #3 – No annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>2 on 3 on</i></p> <p>SCG#1 and #2 - Annual tuberculosis clearance is valid until October 2023. Caregivers stopped working in the care home since September 2023.</p> <p><i>copy submitted.</i></p> <p><i>CCG #3 - don't live in the care home anymore</i></p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P1:18</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>§11-100.1-9 <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><b><u>FINDINGS</u></b> SCG #2 and #3 – No annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All care givers who stopped working in the care home shall keep their records in a separate binder for future references.</p> <p><i>All inactive caregiver records shall keep in OHCA/ARCA binder until next OHCA annual inspection completed.</i></p>	<p style="text-align: center;">11/17/2023</p> <p style="text-align: right;"> <small>STATE OF HAWAII</small>  <small>DEPT. OF HEALTH</small>  <small>STATE LICENSING</small>  <b>24 FEB 22 P 1:18</b> </p>



	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><b><u>FINDINGS</u></b> Primary Care Giver (PCG) – No first aid certification.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG has First aide/ CPR dated 10/02/2023. But not filed in the binders. A copy of PCG's First aide/ CPR certificate dated 10/02/2023 filed in ARCH Binder.</p> <p><i>copy attached.</i></p>	<p style="text-align: center;">11/17/2023</p> <div style="text-align: right; margin-top: 200px;"> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>24 FEB 22 P 1:18</p> </div>

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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><b><u>FINDINGS</u></b> Primary Care Giver (PCG) – No first aid certification.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All training and certification requirements shall file in ARCH Binder accordingly.</p> <p><i>In the <sup>an</sup> future. if caregiver has PAs, with remind them to obtain first Aid certification separately.</i></p>	<p>11/17/2023</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">24 FEB 22 P 1:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Menus posted in the kitchen and hallway did not include portion sizes for each food.</p> <p>Please submit weekly regular diet menus (7 days) for department review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A copy of the portion size of each food in the menu was printed and posted in the kitchen area.</p> <p><i>copy submitted.</i></p>	<p>11/18/2023</p> <p style="text-align: right;">24 FEB 22 P 1:18  STATE OF HAWAII  DOH-CDVA  STATE LICENSING</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b>            Menu posted in the hallway was "Cycle 4." Another menu posted in the kitchen was "Cycle 2." Consistent menus were not posted.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Posted a copy of menu cycle in the hallway bulletin board same as in the kitchen area.</p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P1:19            STATE OF HAWAII            DOH-OTUA            STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Per SCG, today's menu is from "Cycle 2" posted in the kitchen. Lunch menu was "Vegetable soup, Egg salad sandwich w/Lettuce, tom, potato chips, Jello." Lunch provided was chicken Juk topped with fried garlic, grapes, and water. No menu substitution recorded. SCG was unable to find a menu substitution form.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 FEB 22 P1:19</p> <p>STATE OF HAWAII DOH-OHICA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b>  Per SCG, today's menu is from "Cycle 2" posted in the kitchen. Lunch menu was "Vegetable soup, Egg salad sandwich w/Lettuce, tom, potato chips, Jello." Lunch provided was chicken Juk topped with fried garlic, grapes, and water. No menu substitution recorded. SCG was unable to find a menu substitution form.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>There is a copy of menu substitution form posted in the hallway bulletin board with all the menus and snacks. Huddle been held to review caregivers of where the things are located.</p> <p>A copy of Menu, Menu substitutions and Snacks shall be posted where all can easily see it. A copy shall be made available to resident and responsible party if needed.</p>	<p>11/17/2023</p> <p style="text-align: right;"> STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING  24 FEB 22 P 1:19 </p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – “Soft” diet was ordered on 11/8/2023. Type of diet was not provided.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Clarification of diet order for Resident #2 has been made by residents SLP (Olivia Uchida) on 11/22/2023. "No restrictions; regular diet, regular texture and thin liquid consistency- moist solid per pt. preference". Phone clarification made again today 12/07/2023: "No restrictions, she can have whatever she wants: Regular diet, regular texture and thin liquid consistency".</p>	<p style="text-align: center;">11/22/2023</p> <p style="text-align: right; font-size: small;"> STATE OF HAWAII  DOT-OLIVA  STATE LICENSING  24 FEB 22 P 1:19 </p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – “Soft” diet was ordered on 11/8/2023. Type of diet was not provided.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All admission papers shall be reviewed thoroughly, 2 person to check to catch missing information and can correct it accordingly.</p> <p><i>Diet clarify to MD. w/in 24hrs.</i></p>	<p style="text-align: center;">11/22/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPARTMENT OF  STATE LICENSING</p> <p style="text-align: right;">24 FEB 22 P 1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Diet order dated 8/8/2023 (admission was 8/14/2023) was “Low salt, low cholesterol, low triglyceride.” On 10/31/2023, the order was changed to “Regular: Regular texture: thin liquid, Liberalize Salt.” Resident #2 – “Soft diet” was ordered on 11/8/2023.</p> <p>No documented evidence that the special diets were provided to resident #1 and #2 as there was no menu for those special diets.</p> <p>Please submit weekly menus (7 days) for Resident #2 after obtaining a complete diet order for department review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1- diet order was clarified for the resident upon admission: Regular, regular texture and thin liquid consistency. Liberalized salt was added due to orthostatic hypotension and syncopal episode: MD instructions to have his food a little bit salty/ tasty than usual, but no specific measurements needed.</p> <p>Resident #2- Diet has been clarified to SLP (Olivia Uchida) on 11/22/2023. "No restrictions; regular diet, regular texture and thin liquid consistency- moist solid per pt. preference". Phone clarification made again today 12/07/2023: "No restrictions, she can have whatever she wants: Regular diet, regular texture and thin liquid consistency".</p> <p>- Provide 1 lb of salt @ meal / 2 meal for resident to use.</p>	<p>11/22/2023</p> <p style="text-align: right;">24 FEB 22 P 1:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-ORICA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Diet order dated 8/8/2023 (admission was 8/14/2023) was “Low salt, low cholesterol, low triglyceride.” On 10/31/2023, the order was changed to “Regular: Regular texture: thin liquid, Liberalize Salt.” Resident #2 – “Soft diet” was ordered on 11/8/2023.</p> <p>No documented evidence that the special diets were provided to resident #1 and #2 as there was no menu for those special diets.</p> <p>Please submit weekly menus (7 days) for Resident #2 after obtaining a complete diet order for department review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A complete diet order shall obtain from PCP upon admission.</p> <p><i>clarify to physician the complete diet order and provide the special diet menu, and can contact OHA nutritionist if more info is needed.</i></p>	<p style="text-align: center;">11/22/2023</p> <p style="text-align: center;">24 FEB 22 P 1:19</p> <p style="text-align: center;">STATE OF HAWAII DOR-OHCA 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><b><u>FINDINGS</u></b> Bleach is stored in unlocked cabinet under the kitchen sink.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Huddled has been made to all caregivers to remind them of the importance of keeping the toxic chemicals and cleaning agents storage cabinet to be locked at all times. <i>Cabinet is locked.</i></p>	<p style="text-align: center;">11/17/2023</p> <p style="text-align: center;">24 FEB 22 P 1:19</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHICA STATE LICENSING</p>



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<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><b><u>FINDINGS</u></b> Bleach is stored in unlocked cabinet under the kitchen sink.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A labeled *Keep locked at all times* was placed on the cabinet as reminder to all. A daily check if the cabinet is locked, and a huddle will be completed if needed, until all caregivers are used to the proper storage of toxic chemicals and cleaning agents.</p>	<p style="text-align: center;">11/17/2023</p> <p style="text-align: center;">24 FEB 22 P1:19</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA 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><b><u>FINDINGS</u></b>  In resident's bedroom #4, Melatonin 10mg, Children's Tylenol, Sodium Chloride 0.9% inhal VL, Combivent Respimat, and Levalbuterol Inhalation solution were left unsecured on the table.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Melatonin, Childrens Tylenol, Sodium Chloride 0.9% inhal VL, and Combivent Respimat are not on resident's bedroom #4 medication list ordered by MD. Resident's daughter (EC#1) asked if those are current order of medication for the resident and an order list is needed. Per daughter, those meds are discontinued and some OTC meds that she didn't care to get an order. Education provided to residents daughter of the importance of adhering to MD's order regarding medications being taken, and the Care home policy and protocol regarding all medications taken by the resident.</p> <p>Levalbuterol Inhalation sol. secured to medication cabinet.</p> <p><i>no more medication in resident's room.</i></p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P1:19</p> <p style="text-align: right; font-size: small;">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> (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><b><u>FINDINGS</u></b>  In resident's bedroom #4, Melatonin 10mg, Children's Tylenol, Sodium Chloride 0.9% inhal VL, Combivent Respimat, and Levalbuterol Inhalation solution were left unsecured on the table.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Daily check of residents room for OTC medications and items that are not supposed to be in residents room per care home policy and protocol shall be completed.</p> <p><i>-education to the family to be provided.</i></p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P 1:19</p> <p style="text-align: right; font-size: small;">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> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Medication cabinet was not locked upon department arrival.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Huddled has been completed for all caregivers to remind them of the importance of keeping the medication cabinet to be locked at all times.  <i>medication cabinet is locked.</i></p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P1:19            STATE OF HAWAII            DOH-OTICA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Medication cabinet was not locked upon department arrival.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A labeled *Keep locked at all times* was placed on the cabinet as reminder to all.            A daily check if the cabinet is locked, and a huddle will be completed if needed, until all caregivers are used of the proper storage of medications.</p>	<p style="text-align: center;">11/17/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DON-ONEA            STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">24 FEB 22 P1:19</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External and internal medication were stored in the same container. Corrected during inspection.</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>	<p style="text-align: right;">STATE OF HAWAII            DOH-CHCA            STATE LICENSING</p> <p style="text-align: right;">24 FEB 22 P 1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External and internal medication were stored in the same container. Corrected during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Huddled has been made to remind resident of keeping the external and internal medications stored separately. Daily checks will be completed to ensure that it is being done accordingly.</p>	<p>11/17/2023</p> <p style="text-align: right;"> <small>STATE OF HAWAII              DEPT. OF HEALTH              STATE LICENSING</small>  <b>24 FEB 22 P1:19</b> </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><b><u>FINDINGS</u></b> Resident #2 – There was no medication order signed by physician. Two (2) SCGs were unable to find it.</p> <p>The opportunity to discuss the findings was provided to SCGs at the conclusion of the inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Medication order signed by the Physician is in resident's binder.</p>	<p style="text-align: center;">11/17/2023</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII  <small>DEPARTMENT OF</small>  <small>STATE LICENSING</small></p> <p>24 FEB 22 P 1:19</p> </div>

	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><b><u>FINDINGS</u></b> Resident #2 – There was no medication order signed by physician. Two (2) SCGs were unable to find it.</p> <p>The opportunity to discuss the findings was provided to SCGs at the conclusion of the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Huddled was completed to re-orient and remind caregivers of the location of resident papers for the future references.</p> <p>Monthly meeting will be completed to review caregivers of the location of residents routine medication includes PRN if needed.</p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P1:19 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> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current order dated 11/9/2023 includes Acetaminophen 500mg, 1tab every 6 hours as needed. Medication was not available at home.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Acetaminophen 500mg is available in residents medication container located in medication cabinet.</p>	<p>11/17/2023</p> <p style="text-align: right;">STATE OF HAWAII DOH-0097A STATE LICENSING 24 FEB 22 P 1:19</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><b><u>FINDINGS</u></b> Resident #1 – Current order dated 11/9/2023 includes Acetaminophen 500mg, 1tab every 6 hours as needed. Medication was not available at home.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All medications ordered by PCP will continue to be available in resident medication container.</p> <p><i>Medication was ready and available, however SCS not aware of the placement. Re-trained SCS of medication storage.</i></p>	<p>11/17/2023</p> <p style="text-align: right;">STATE OF HAWAII DH-ORCA STATE LICENSING</p> <p style="text-align: right;">24 FEB 22 P 1:19</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><b><u>FINDINGS</u></b>  Resident #2 – No medication administration record (MAR). Two (2) SCGs were unable to find it.</p> <p>The opportunity to discuss the findings was provided to SCGs at the conclusion of the inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Medication administration record (MAR) of resident #2 is available in Daily notes binder with all other residents paper. A tab was made to separate each resident's papers.</p>	<p style="text-align: center;">11/17/2023</p> <div style="text-align: right; margin-top: 200px;"> STATE OF HAWAII  DOH-ONCA  STATE LICENSING  24 FEB 22 P 1:19 </div>

	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><b><u>FINDINGS</u></b> Resident #2 – No medication administration record (MAR). Two (2) SCGs were unable to find it.</p> <p>The opportunity to discuss the findings was provided to SCGs at the conclusion of the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A huddle was made to re-orient and review caregivers of where to find things if needed. Monthly meeting will be completed to review caregivers of the policy and protocols of the care homes; includes location of resident paper works and medication when it is needed.</p>	<p>11/17/2023</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">24 FEB 22 P1:19</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><b><u>FINDINGS</u></b> Resident #2 – No progress notes. Two (2) SCGs were unable to find it.</p> <p>The opportunity to discuss the findings was provided to SCGs at the conclusion of the inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Progress notes of resident #2 is available in Daily notes binder with all other residents paper. A tab was made to separate each resident's paper works.</p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P1:20 STATE OF HAWAII DON-ORICA STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #2 – No progress notes. Two (2) SCGs were unable to find it.</p> <p>The opportunity to discuss the findings was provided to SCGs at the conclusion of the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A huddle was made to re-orient and review caregivers of where to find things if needed. Monthly meeting will be completed to review caregivers of the policy and protocols of the care homes; includes location of paper works and medication when it is needed.</p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P 1:20 STATE OF HAWAII DOH-CHCA 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)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b> Binder cabinet was not locked upon department arrival.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A huddle was completed to re-orient and review caregivers of the importance to keeping the resident binders locked at all times.</p> <p><i>Binder cabinet is locked.</i></p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P 1:20 STATE OF HAWAII DOH-CHCA 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)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b> Binder cabinet was not locked upon department arrival.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Daily check of resident's binder cabinet will be completed to ensure it is locked at all times. A huddle will be done daily if needed, until everyone is consistently compliant in doing it.</p>	<p style="text-align: center;">11/17/2023</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right; font-size: x-small;">24 FEB 22 P 1:20</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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 9/26/2023 for Midodrine is “May take extra 5mg in am if BP systolic standing or sitting is less than 100.” Daily BP was recorded 3 times a day as “Laying,” “Sitting,” and “Standing.” The time BP taken was not recorded. Per SCG, BPs were taken in the morning in different positions.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Order of Midodrine as followed: - Midodrine 5 mg- give 1 tab PO TID. May take extra 5 mg in AM if systolic BP sitting or standing is &lt;100 mmHg. Order to give extra only in the AM if systolic BP sitting or standing is &lt;100 mmHg. No BP parameters order for lunch and evening dosage. That concludes BP is taking in the morning time.</p> <p>Time of Vital signs taken was included in vital signs form for 3 different positions.</p>	<p style="text-align: center;">11/18/2023</p> <p style="text-align: right; vertical-align: bottom;">       24 FEB 22 P1:20        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><b><u>FINDINGS</u></b>            Resident #1 – Physician’s order dated 9/26/2023 for Midodrine is “May take extra 5mg in am if BP systolic standing or sitting is less than 100.” Daily BP was recorded 3 times a day as “Laying,” “Sitting,” and “Standing.” The time BP taken was not recorded. Per SCG, BPs were taken in the morning in different positions.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>Time of Vital signs taken was included in vital signs form for 3 different positions.</p>	<p>11/18/2023</p> <p style="text-align: right;">24 FEB 22 P 1:20            STATE OF ILLINOIS            DEPARTMENT OF            STATE SERVICES</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><b><u>FINDINGS</u></b> In Permanent Resident Register, “Religion” was not recorded as “ – “ for one (1) current resident, “Marital Status” was not recorded for one (1) current resident, and “Name” was not recorded for one (1) current resident.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Religions that was recorded as "-", Marital Status and Name that was not recorded, were all filled out.</p>	<p style="text-align: center;">11/17/2023</p> <p style="text-align: center;">24 FEB 22 P 1 :20</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOI-CHCA 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><b><u>FINDINGS</u></b> In Permanent Resident Register, “Religion” was not recorded as “ – “ for one (1) current resident, “Marital Status” was not recorded for one (1) current resident, and “Name” was not recorded for one (1) current resident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>For future admission, all residents record must be filled out completely. N/A, if information is not available.</p>	<p>11/17/2023</p> <p style="text-align: right;">24 FEB 22 P 1 :20</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Approximately 20x25cm iPad displaying video of a resident's bedroom from a baby monitor was left on the kitchen island. The camera was facing the resident's bed. The iPad was also used in the living room where two (2) residents were sitting. There was a signed consent document for "Use of Baby Monitor," but the location of the monitor and care givers who have access to the monitor was not stated.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Location of the monitor and care givers who have access to the monitor are included in the "Use of Baby Monitor" consent form. New consent form has been reviewed to the resident/ resident's family and responsible party.</p>	<p style="text-align: center;">11/18/2023</p> <p style="text-align: center;">24 FEB 22 P 1 :20</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Approximately 20x25cm iPad displaying video of a resident’s bedroom from a baby monitor was left on the kitchen island. The camera was facing the resident’s bed. The iPad was also used in the living room where two (2) residents were sitting. There was a signed consent document for “Use of Baby Monitor,” but the location of the monitor and care givers who have access to the monitor was not stated.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>New consent form for the "Use of Baby Monitor" has been reviewed to all caregivers. Includes the location of monitor if not being used and who have an access to the monitor.</p>	<p style="text-align: center;">11/18/2023</p> <p style="text-align: center;">24 FEB 22 P 1:20</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r)            Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b>            After lunch, SCG did not sanitize the dishes after washing them.</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>	<p style="text-align: center;">24 FEB 22 P1:20</p> <p style="text-align: center;">STATE OF HAWAII            DCH-ORCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> After lunch, SCG did not sanitize the dishes after washing them.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A huddle was completed to re-orient and review the caregivers regarding the form from the DOH of proper sanitizing the dishes after washing them. Location of the form in the kitchen also included for their future references.</p>	<p style="text-align: center;">11/17/2023</p> <p style="text-align: center;">24 FEB 22 P1:20</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>



Licensee's/Administrator's Signature: Anabelle Chang 

Print Name: Anabelle Chang

Date: Dec 7, 2023 Feb 22, 2024

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

24 FEB 22 P1 20