

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Aina Haina Quality Living</b>       | <b>CHAPTER 100.1</b>                          |
| <b>Address: 5304 Limu Place, Honolulu, Hawaii 96821</b> | <b>Inspection Date: August 8, 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. 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> |
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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><b><u>FINDINGS</u></b><br/> Primary Caregiver (PCG), Substitute Caregiver (SCG) #2 – Fieldprint clearance unavailable</p> <p>SCG #1 – Fieldprint clearance dated 7/7/23 only contained APS/CAN and e-crim dated 8/29/23. No documented evidence of an initial clearance including APS/CAN/Fingerprinting was completed.</p> <p>Submit a copy with plan of correction.</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>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5)<br/> The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p><b><u>FINDINGS</u></b><br/> PCG – No documented evidence ARCH teaching modules course was completed</p> <p>Submit a copy of completion with plan of correction.</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>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(6)<br/> The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have at least one year experience working full time or its equivalent providing direct nurse aide care as an employee of a state licensed and approved intermediate care facility, skilled nursing facility, home health agency, or hospital or demonstrate competency equivalence through completion of a program approved by the department;</p> <p><b><u>FINDINGS</u></b><br/> PCG – No documented evidence one (1) year of full-time working experience or its equivalent providing direct nurse aide care completed</p> <p>Submit evidence with plan of correction.</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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(a)<br/>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><br/>PCG – Current physical exam unavailable. Last physical dated 3/30/23.</p> <p>Submit a copy with plan of correction.</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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>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><br/>PCG – Annual tuberculosis (TB) clearance unavailable. Last TB dated 3/30/23.</p> <p>SCG #1, SCG #2 – Initial TB clearance (proof of PPD+) unavailable for review.</p> <p>Submit a copy with plan of correction.</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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(3)<br/>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><br/>PCG and SCG #2 – No documented evidence of a current First Aid certification. PCG’s certification expired on 1/31/2024, and SCG #2 expired on 5/2024.</p> <p>Submit valid first-aid certification with plan of correction.</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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(f)(1)<br/>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b><br/>PCG and SCG #2 – No documented evidence of a current cardiopulmonary resuscitation (CPR) certification. PCG’s certification expired on 1/31/2024, and SCG #2 expired on 5/2024.</p> <p>Submit a copy of valid CPR certification with plan of correction.</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>§11-100.1-10 <u>Admission policies.</u> (g)<br/>An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Inventory of possessions unavailable for admission on 2/19/24</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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| <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/>Bedroom #3 – Open box of Ensure stored on floor in closet</p> <p>Bedroom #4 – Open box of Boost and unopened box of Members Mark chocolate protein shakes stored on floor in closet</p> <p>Bin of emergency food supply stored directly on garage floor</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>§11-100.1-14 <u>Food sanitation.</u> (c)<br/>Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b><br/>Two (2) refrigerator thermometers read 57.5°F and 60°F, above acceptable maximum temperature of 45°F</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>§11-100.1-14 <u>Food sanitation.</u> (d)<br/>Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b><br/>Caregivers report temperature of food is not checked when cooking food for residents</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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| ☒ | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #2 – Medication Administration Record (MAR) for 6/30/24 did not have documentation whether Atorvastatin, Sennoside-Docusate Sodium, and Aricept was made available. August MAR also did not have documentation that medications were being made available on the following dates:</p> <ul style="list-style-type: none"> <li>• Entresto 24-25mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Entresto 24-25mg PM dose: no documentation on 8/4/24</li> <li>• Lasix 40mg: no documentation from 8/4/24-8/7/24</li> <li>• Spironolactone 50mg: no documentation from 8/4/24-8/7/24</li> <li>• Eliquis 5mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Eliquis 5mg PM dose: no documentation on 8/4/24.</li> <li>• Metformin 500mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Metformin 500mg PM dose: no documentation on 8/4/24</li> <li>• Jardiance 10mg: no documentation from 8/4/24-8/7/24</li> <li>• Atorvastatin 40mg: no documentation from 8/4/24-8/7/24</li> <li>• Sennoside-Docusate Sodium AM: no documentation from 8/4/24-8/7/24</li> <li>• Sennoside-Docusate Sodium PM: no documentation on 8/4/24</li> <li>• Aricept 5mg: no documentation on 8/4/24</li> </ul> | <p><b>PART 1</b></p> <p><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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| ☒ | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 – Medication order dated 2/21/24 states, “Amlodipine Besylate 5mg tab, 1 tab orally once a day. Hold for SBP &lt;110 or HR &lt;60, Call MD if SBP &gt;180 or DBP &gt; 80 for more than 5 days in a row; however, per MAR, medication administered despite SBP/HR falling within hold range on the following dates:</p> <ul style="list-style-type: none"> <li>• 6/23/24 – HR 53, 6/16/24 – HR 51, 5/12/24 – SBP 101, 4/17/24 – HR 56, 4/3/24 – HR 56, 3/17/24 – HR 59, 3/13/24 – HR 59, 3/6/24 – HR 59</li> </ul> | <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> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 – Medication order dated 2/21/24 states, “Amlodipine Besylate 5mg tab, 1 tab orally once a day. Hold for SBP &lt;110 or HR &lt;60, Call MD if SBP &gt;180 or DBP &gt; 80 for more than 5 days in a row; however, per MAR, medication administered despite SBP/HR falling within hold range on the following dates:</p> <ul style="list-style-type: none"> <li>• 6/23/24 – HR 53, 6/16/24 – HR 51, 5/12/24 – SBP 101, 4/17/24 – HR 56, 4/3/24 – HR 56, 3/17/24 – HR 59, 3/13/24 – HR 59, 3/6/24 – HR 59</li> </ul> | <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> |                        |

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| ☒ | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #2 – Physician order dated 6/13/24 for “Nystatin External Powder 100000 unit/gm topical powder,” with a discontinuation date of 7/5/2024. However, the medication order was not reflected in 6/2024 and 7/2024 MAR indicating medication was not made available from 6/13/24-7/5/24.</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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| ☒ | <p>§11-100.1-15 <u>Medications.</u> (g)<br/>All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – The following medications were not reevaluated every four (4) months between 2/19/24-7/29/24:</p> <ul style="list-style-type: none"> <li>• Acetaminophen, milk of magnesia, multivitamin, vitamin C, vitamin D3 (2/21/24), Eucerin cream, chlorhexidine 0.1% rinse</li> </ul> | <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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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G)<br/>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b><br/>Smoke alarm chirping in facility (office room)</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>§11-100.1-23 <u>Physical environment.</u> (h)(4)<br/> The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b><br/> Hot water temperature measured at 139.2°F, exceeding maximum safe temperature of 120°F</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>§11-100.1-23 <u>Physical environment.</u> (r)<br/>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><br/>Bedroom #8 – Two (2) oxygen tanks stored in bedroom closet. Additionally, tanks not properly stored in stands</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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Licensee's/Administrator's Signature: \_\_\_\_\_

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

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