

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

24 FEB 20 P 3:10

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Cachola Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-314 Ponokaulike Street, Aiea, Hawaii 96701</b>	<b>Inspection Date: February 6, 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).**

	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>FINDINGS</b>  Resident #4 – Physician ordered the following diet for the resident, "as tolerated," on 4/1/2023. No documented evidence of a current specified diet order signed by a physician or advanced practice registered nurse (APRN).</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 style="text-align: center;">Clarified diet order on February 6 with physician. New order has been filed in residents' binder for the department to review.</p>	<p style="text-align: right;">02/06/24</p> <p style="text-align: right;">24 FEB 20 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF ALABAMA  DEPARTMENT OF  HUMAN SERVICES  STATE LICENSING</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>FINDINGS</b>            Resident #4 – Physician ordered the following diet for the resident, “as tolerated,” on 4/1/2023. No documented evidence of a current specified diet order signed by a physician or APRN.</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>Before admitting a resident, I will ensure to clarify and follow orders using my carehome checklist provided by the department with the residents physician.</p>	<p style="text-align: center;">2/16/24</p>

STATE OF IOWA  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence on the February 2024 medication administration record (MAR) if residents' medications were either administered to the resident, held, or refused by the resident on 2/5/2024.</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; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">24 FEB 20 P 3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b> Resident #1 – No documented evidence on the February 2024 MAR if residents' medications were either administered to the resident, held, or refused by the resident on 2/5/2024.</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 reminder note using a post-it has been placed on residents binder to ensure medication log will be signed and initiated each time medication is administered.</p>	<p style="text-align: right;">2/6/24</p> <p style="text-align: right;">24 FEB 20 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b> <u>Resident #4 – No documented evidence of a current inventory of belongings on file. Last documented inventory of belongings on file is dated 4/2022.</u></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>Yes, the current inventory of belongings has been updated and ready for department to view.</p>	<p style="text-align: right;">2/16/24</p> <p style="text-align: right;">24 FEB 20 P 3:19</p> <p style="text-align: right; font-size: small;">STATE DEPARTMENT OF HEALTH DIVISION OF SENIOR AND DISABILITY SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b> <u>Resident #4 – No documented evidence of a current inventory of belongings on file. Last documented inventory of belongings on file is dated 4/2022.</u></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 reminder note using a post-it has been placed on resident's binder to ensure inventory of belongings will be updated each year or whenever family brings in new belongings.</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: right; font-size: large;">2/6/24</p> <p style="text-align: right; font-size: small;">24 FEB 20 P 3:19</p>

Licensee's/Administrator's Signature: Mirabels  
Print Name: Madeline Cachola  
Date: 2/16/2024

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STATE OF HAWAII  
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STATE LICENSING