

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Circle of Care, LLC	CHAPTER 89
Address: 91-229 Paiaha Place, Kapolei, Hawaii 96707	Inspection Date: February 23, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

24 MAY 15 P 2:28  
 STATE OF HAWAII  
 BOARD OF HEALTH  
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b><u>FINDINGS</u></b> CCG #1 – Observed only four (4) hours out of the eight (8) required continuing education.</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;">CCG completed 4 hours of CEU</p>	<p style="text-align: center;">04-02-24</p> <p style="text-align: center;">24 MAY 15 P 2:29</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><b><u>FINDINGS</u></b> CCG #1 – Observed only four (4) hours out of the eight (8) required continuing education.</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>The problem was the CEU was not filed in the binder. In the future I will put right away in the binder.</p> <p>I will set up my cell phone alarm on a quarterly basis to remind me to check all CCG have 8 hours of CEU.</p>	<p>05-15-2024</p> <p style="text-align: right;">24 MAY 15 P2:29</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH NURSING LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1)  All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><b><u>FINDINGS</u></b>  RA #1 – No initial 2-step Tuberculosis (TB) clearance observed.</p> <p>Licensee was able to locate misplaced documents and refiled in facility binder.</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;">24 MAY 15 P2:29</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-8104  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><b><u>FINDINGS</u></b> RA #1 – No initial 2-step Tuberculosis (TB) clearance observed.</p> <p>Licensee was able to locate misplaced documents and refiled in facility binder.</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>In the future I will keep all 2-step TB clearance in my care home binder.</p> <p>On a yearly basis I will review requirements to include the 2-step TB for all my staff. I also posted a note on 2 step "Don't take out" to remind me to not remove it. My cell phone alarm is set for me to review 1st week of the year.</p>	<p>05-15-2024</p> <p style="text-align: right;">24 MAY 15 P2:29</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON SHIGA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(2) 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>Trained to make medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> RA #1 &amp; RA #2 - No documented evidence of training to make medications available.</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>-I completed the training &amp; filed in my binder</p> <p>- A copy was sent to my consultant.</p>	<p style="text-align: center;">05-15-24</p>
			<p style="text-align: center;">24 MAY 15 P2:29</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(2) 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>Trained to make medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> RA #1 &amp; RA #2 - No documented evidence of training to make medications available.</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><i>I will conduct training to all my caregivers annually. I created a checklist to include training my CCG &amp; RA annually and each new admission/readmission. My cell phone is set to remind me 1st week of the year.</i></p>	<p style="text-align: center;"><i>05-15-2024</i></p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING MAY 15 2024 P2:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(3)  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>Be CPR certified.</p> <p><b><u>FINDINGS</u></b>  RA #2 – No CPR certificate observed in facility binder.</p> <p>Licensee obtained CPR certificate and filed it in the facility binder 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: center;">24 MAY 15 P 2:29</p> <p style="text-align: center; font-size: small;">STATE OF ILLINOIS  DON-811CA  STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(3) 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>Be CPR certified.</p> <p><b><u>FINDINGS</u></b> RA #2 – No CPR certificate observed in facility binder.</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>I emailed the CPR/First Aid after my inspection. Next time, I'll make sure its in the binder. I created <sup>on</sup> <del>an</del> a checklist to include reviewing CPR/FA for my staff at the 1st week of the year. My cellphone reminder is set to remind me.</p>	<p>05-15-2024</p> <p style="text-align: center;">24 MAY 15 P2:29</p> <p style="text-align: center;">STATE OF HAWAII DON-RIKA STATE LICENSES</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><b>FINDINGS</b> RA #2 – No First Aid Certificate observed in facility binder.</p> <p>Licensee obtained First Aid certificate and filed it in the facility binder during inspection.</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 MAY 15 P 2:30</p> <p>STATE OF HAWAII DOH-DICA STATE LICENSING</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><b><u>FINDINGS</u></b> RA #2 – No First Aid Certificate observed in facility binder.</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>In the future I created a checklist to include reviewing CPR/FA for my staff at the 1st week of the year. My cell phone reminder is set to remind me</p>	<p>05-15-2024</p> <p style="text-align: right;">24 MAY 15 P2:30</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DOH-DHCA 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)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled work cabinet/work counter apart from either residents' bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Observed several of RA #1's medicated eye drops (i.e. Latanoprost, Dorzolamide Timolol) unsecured in bedroom #1 where Resident #2 and #5 are residing.</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;"><i>My caregiver locked up all of her medications after the inspection.</i></p>	<p style="text-align: center;"><i>05-15-24</i></p> <p style="text-align: center;">24 MAY 15 P2:30</p> <p style="text-align: center;">STATE OF HAWAII FOR OFFICIAL USE 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)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled work cabinet/work counter apart from either residents' bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Observed several of RA #1's medicated eye drops (i.e. Latanoprost, Dorzolamide Timolol) unsecured in bedroom #1 where Resident #2 and #5 are residing.</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><i>I will inspect in regular basis that all caregivers medicines and eye drops put away and cannot access by the residents. My cellphone alarm is set every morning to check if medications are locked up. My caregivers are also trained to check and lock up meds that are not secured.</i></p>	<p style="text-align: right;"><i>05-15-24</i></p> <p style="text-align: right;"><b>24 MAY 15 P2:30</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DONORICA STATE JOURNALISM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled work cabinet/work counter apart from either residents' bathrooms or bedrooms.</p> <p><b>FINDINGS</b> First aid kit contained small packets of antibiotic ointments, wound gel, and burn creams.</p> <p>Licence disposed of medications during inspection.</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 MAY 15 P 2:30</p> <p>STATE OF HAWAII 604-8104 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled work cabinet/work counter apart from either residents' bathrooms or bedrooms.</p> <p><b>FINDINGS</b> First aid kit contained small packets of antibiotic ointments, wound gel, and burn creams.</p> <p>Licensee disposed of medications 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>I created a checklist to review and follow annually and include checking First Aid kit to make sure no medications are inside. My cellphone alarm is set 1st week of the year to review my checklist.</p>	<p style="text-align: right;">05-15-24</p> <p style="text-align: right;">24 MAY 15 P2:30</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH - SHCA 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)(2) Medications:</p> <p>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> Observed unsecured medicated eye drops for RA #1 in the refrigerator.</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;"><i>my caregiver locked up all of her medications after the inspection.</i></p>	<p style="text-align: center;"><i>04-2-24</i></p> <p style="text-align: center;">24 MAY 15 P2:30</p> <p style="text-align: center;">STATE OF HAWAII DON BRUCE STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>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> Observed unsecured medicated eye drops for RA #1 in the refrigerator.</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><i>I will inspect in regular basis that all caregivers medicines and eye drops put away and cannot access by the residents.</i></p> <p><i>My cell phone alarm is set every morning to check if medications are locked up. My caregivers are also trained as to check and lock up meds that are not secured.</i></p>	<p><i>05-15-24</i></p> <p style="text-align: right;">24 MAY 15 P2:30</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-ORCA 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><b><u>FINDINGS</u></b> Resident #1 – Physician order for “Phenazopyridine 200mg oral tab. Take 200mg PO TID.” However, aforementioned medication is not observed in resident’s medication box Observed no discontinued order.</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>The PCP discontinued the medication order. Order received,</p>	<p style="text-align: center;">04-2-24</p> <p style="text-align: center;">24 MAY 15 P2:30</p> <p style="text-align: center;">STATE OF HAWAII DBP-HICA 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><b><u>FINDINGS</u></b> Resident #1 – Physician order for “Phenazopyridine 200mg oral tab. Take 200mg PO TID.” However, aforementioned medication is not observed in resident’s medication box. Observed no discontinued order.</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>In the future, I will review my medication list every 3 months against my clients med bottles to make sure medications are correct. I will get residents medication re-evaluated every 3 months by the doctor and clarify any order I don't understand. I will have a cell phone reminder for 1st week of the quarter to review med list.</p>	<p style="text-align: right;">05-15-24</p> <p style="text-align: right;">24 MAY 15 P2:30</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH 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><b><u>FINDINGS</u></b> Resident #1 – Observed pharmacy labeled “Calmoseptine cream” in resident’s medication bin. However, no physician order for medication.</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;"><i>I got doctor's order and filed it on resident binders.</i></p>	<p style="text-align: center;"><i>4-2-25</i></p>
		<p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">24 MAY 15 P2:30</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><b><u>FINDINGS</u></b> Resident #1 – Observed pharmacy labeled “Calmoseptine cream” in resident’s medication bin. However, no physician order for medication</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><i>I will check on a monthly basis the chest medication bin and compare against my medication orders. If medication bottles/creams do not have a corresponding doctor's order. I will contact doctor for a verbal order and have them sign within 3 days</i></p>	<p style="text-align: center;"><i>05-15-24</i></p> <p style="text-align: center;"><b>24 MAY 15 P2:30</b></p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-810A 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)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><b><u>FINDINGS</u></b> Resident #1 -tubes of external creams and ointments observed mixed with PO medication bottles in resident's medication box.</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;"><i>I separated creams from PO medications using ziploc.</i></p>	<p style="text-align: center;">4-2-24</p>
			<p style="text-align: center;">24 MAY 15 P2:30</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH 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)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><b><u>FINDINGS</u></b> Resident #1 -tubes of external creams and ointments observed mixed with PO medication bottles in resident's medication box.</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>My medication cabinet has a sign posted to separate PO meds/creams/suppositories/eye/ear drops/etc by using ziploc.</p>	<p>05-15-2024</p>
			<p style="text-align: center;">24 MAY 15 P2:30</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH 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)(3)(B) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>Internal use only.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Internal PO medications observed in resident's medication box mixed with external creams, and ointments.</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;"><i>I separated PO meds from cream/ointments using ziploc.</i></p>	<p style="text-align: center;"><i>05-15-24</i></p>
			<p style="text-align: center;">24 MAY 15 P2:31 STATE OF HAWAII DBH-610A 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)(3)(B) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>Internal use only.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Internal PO medications observed in resident's medication box mixed with external creams, and ointments.</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><i>My medication cabinet has a sign posted to separate PO meds/creams/suppository/eye/ear drop/etc by using Ziploc.</i></p>	<p style="text-align: center;">05-15-2024</p> <p style="text-align: center;">24 MAY 15 P2:31</p> <p style="text-align: center;">STATE OF HAWAII HONOLULU 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> (d)(3)  The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><b><u>FINDINGS</u></b>  Resident #3 – No current annual documentation of physician certifying resident as self-preserving.</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;"><i>Resident #3 Transferred to another facility on 04/20/24.</i></p>	<p style="text-align: right;"><i>05-15-24</i></p>
			<p style="text-align: right;">24 MAY 15 P2:31  STATE OF HAWAII  HHS-DRQA  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> (d)(3)  The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><b><u>FINDINGS</u></b>  Resident #3 – No current annual documentation of physician certifying resident as self-preserving.</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>In the future I will get a self preservation statement before admitting new clients. I also included in my annual checklist to make sure my clients have self preservation statements updated annually. (My cellphone is set to remind me 1st week of the year).</p>	<p style="text-align: right;">05-15-24</p> <p style="text-align: right;">24 MAY 15 P2:31</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII  DEPARTMENT OF HEALTH  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)(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><b><u>FINDINGS</u></b> Resident #1 – No medication administration record (MAR) documenting medication is being made available as ordered by the physician for the last twelve (12) months.</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 MAY 15 P2:31</p> <p style="text-align: center;">STATE OF HAWAII DEAN SUZUKA 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)(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><b><u>FINDINGS</u></b> Resident #1 – No medication administration record (MAR) documenting medication is being made available as ordered by the physician for the last twelve (12) months.</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>I made my MAR starting in February. At the end of each month I will update/make her MAR for the next month. My Reshab agency will review my MAR monthly and assist me as needed. I will also contact my consultant if I have questions regarding my MAR.</p>	<p style="text-align: center;">05-15-24</p> <p style="text-align: center;">24 MAY 15 P2:31</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(1) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>Records which identify the resident's name, social security number, marital status, date of birth, sex, next of kin or guardian, and religious preference, if any. A record of the address and telephone number of the referral agency or source by which the resident was admitted, the attending physician, dentist, and other medical or social service professionals who are currently involved in providing services to the resident, as well as a record of the agency responsible for financial payment, and the medical insurance plan;</p> <p><b><u>FINDINGS</u></b> Resident #1, #2, #3, #4, and #5 – Observed no resident identifying sheet (face sheet) or emergency resident information sheet.</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><i>I updated my emergency resident information sheet for all my residents after my inspection.</i></p>	<p style="text-align: center;"><i>05-15-24</i></p> <p style="text-align: center;">24 MAY 15 P2:31</p> <p style="text-align: center;">STATE OF HAWAII DHF-0100 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(1) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>Records which identify the resident's name, social security number, marital status, date of birth, sex, next of kin or guardian, and religious preference, if any. A record of the address and telephone number of the referral agency or source by which the resident was admitted, the attending physician, dentist, and other medical or social service professionals who are currently involved in providing services to the resident, as well as a record of the agency responsible for financial payment, and the medical insurance plan;</p> <p><b><u>FINDINGS</u></b> Resident #1, #2, #3, #4, and #5 – Observed no resident identifying sheet (face sheet) or emergency resident information sheet.</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><i>I added in my annual checklist to include updating the resident info sheet at least once/year. My cellphone is set to remind me first week of the year.</i></p>	<p style="text-align: right;"><i>05-15-24</i></p> <p style="text-align: right;"><b>24 MAY 15 P2:31</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b>            Resident #1, #2, #3, and #4 – Observed no admission height and weight for residents.</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;"><i>Height and weight completed for all my residents.</i></p>	<p style="text-align: right;"><i>05-15-2024</i></p> <p style="text-align: right;"><b>24 MAY 15 P2:31</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            JOH-OKA            STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b>FINDINGS</b>            Resident #1, #2, #3, and #4 – Observed no admission height and weight for residents.</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><i>In the future I will set a reminder on the 1st of the month to weigh my residents and document wt. My CCG will check my work 1st week of the month to make sure its done.</i></p>	<p style="text-align: center;">05-15-24</p> <p style="text-align: right;">24 MAY 15 P2:31</p> <p style="text-align: right;">STATE OF HAWAII  <small>Dept. of Health</small>            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(4)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>An inventory of money and valuables. This inventory shall be kept current.</p> <p><b><u>FINDINGS</u></b>            Resident #1, #4 and #5 – No documented evidence of a current accounting of resident's inventory of belongings.</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;"><i>I did my residents inventory after the inspection.</i></p>	<p style="text-align: center;"><i>05-15-24</i></p>
			<p style="text-align: center;">24 MAY 15 P2:31  <small>STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</small></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(4)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>An inventory of money and valuables. This inventory shall be kept current.</p> <p><b><u>FINDINGS</u></b>            Resident #1, #4 and #5 – No documented evidence of a current accounting of resident’s inventory of belongings.</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>I created a checklist to review annually and include doing resident's inventory of belonging. My cell phone is set to remind me 1st week of the year.</p>	<p style="text-align: center;">05-15-24</p> <p style="text-align: center;">24 MAY 15 P2:31</p> <p style="text-align: center;">STATE OF HAWAII            DON-ORCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #4 – Tuberculosis assessment dated 1/16/24 has a date that PPD skin test was planted, but no documentation of PPD skin test reading.</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;"><i>TB Test w/ reading received from MD office and filed in my binder.</i></p>	<p style="text-align: center;"><i>05-15-24</i></p>
		<p style="text-align: right; font-size: small;">STATE OF HAWAII            BOB OTCA            STATE LICENSING</p>	<p style="text-align: center;"><b>24 MAY 15 P2:31</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u>            Resident #1 – No documented evidence of progress notes charting in the last twelve (12) months.</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>STATE OF HAWAII  <small>DEPT. OF SOCIAL SERVICES</small>            STATE LICENSING</p> <p>24 MAY 15 P2:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #4 – Tuberculosis assessment dated 1/16/24 has a date that PPD skin test was planted, but no documentation of PPD skin test reading.</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><i>I created a checklist to review annually, and include checking residents TB is in my binder. My cell phone is set up to remind me 1st week of the year.</i></p>	<p style="text-align: right;"><i>05-15-24</i></p> <p style="text-align: right;"><b>24 MAY 15 P2:31</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  <small>POST OFFICE</small>            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of progress notes charting in the last twelve (12) months.</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><i>I set a reminder on my cell phone to do a progress notes at the end of each month.</i></p> <p><i>I will use a checklist or what to include each month following the rules 11-89-18(b)(2).</i></p>	<p>05-15-24</p>
			<p style="text-align: right;">24 MAY 15 P2:31</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-011CA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Physician order dated 11/1/23 for “Increase H2O to 1.5L per day” however, no documentation of treatment services being rendered per order.</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;"><i>PCP discontinued order since resident is drinking enough fluids.</i></p>	<p style="text-align: right;"><i>05-15-24</i></p>
			<p style="text-align: right;">24 MAY 15 P2:32  <small>STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</small></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b>FINDINGS</b>            Resident #1, #2, #3, and #4 – Monthly weight records for all resident not documented consistently on a monthly basis for the past 12 months.</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 MAY 15 P 2:32</p> <p>STATE OF HAWAII            DON SHICA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Physician order dated 11/1/23 for “Increase H2O to 1.5L per day” however, no documentation of treatment services being rendered per order.</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>If MD orders non-medication treatments. I will ask my service supervisor to help me create a tracker to make sure I document increase water intake.</p>	<p>05-25-25</p> <p style="text-align: right;">24 MAY 15 P2:32</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DON-GRCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b><u>FINDINGS</u></b>            Resident #1, #2, #3, and #4 – Monthly weight records for all resident not documented consistently on a monthly basis for the past 12 months.</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>In the future I will set a reminder on the 1st of the month to weigh my residents and document weights. My CCG will check my work 1st week of the month to make sure its done.</p>	<p style="text-align: right;">05-15-24</p> <p style="text-align: right;">24 MAY 15 P2:32</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII        HHS-410A        STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(4) General rules regarding records:</p> <p>An area shall be provided for the safe and secure storage of residents' records which must be retained by the facility for periods as prescribed by state law;</p> <p><b><u>FINDINGS</u></b> Observed residents' charts unsecured on dining 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 style="text-align: center;"><i>All my charts have been locked in my file cabinet.</i></p>	<p style="text-align: center;"><i>05-15-24</i></p> <p style="text-align: center;">24 MAY 15 P2:32</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(4) General rules regarding records:</p> <p>An area shall be provided for the safe and secure storage of residents' records which must be retained by the facility for periods as prescribed by state law;</p> <p><u>FINDINGS</u> Observed residents' charts unsecured on dining table.</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 style="text-align: center;"><i>A sign is posted front of my filing cabinet to "return binders after use and lock".</i></p>	<p style="text-align: center;"><i>05-15-2024</i></p> <p style="text-align: center;">STATE OF HAWAII DHHS-ANCA STATE LICENSING</p> <p style="text-align: right;">24 MAY 15 P2:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(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> No permanent Register observed in facility binder to determine facilities admission and discharge records of 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 style="text-align: center;"><i>Register was found in another binder and refiled. A copy sent to my consultant.</i></p>	<p style="text-align: right;"><i>05-15-2024</i></p> <p style="text-align: center;">24 MAY 15 P2:32</p> <p style="text-align: center;">STATE OF HAWAII DBH-SHICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(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> No permanent Register observed in facility binder to determine facilities admission and discharge records of 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>I will keep my register in the same binder each time so I know where it is. My CCG will double check monthly to see if register is in my binder.</p>	<p>05-15-24</p> <p style="text-align: right;">24 MAY 15 P 2:32</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DOH-011CA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Inadequate amount of emergency food supply available for five (5) residents and at least two (2) staff.</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;"><i>I went shopping after my inspection to re-stock my emergency food supply.</i></p>	<p style="text-align: right; vertical-align: middle;">05-15-24</p> <p style="text-align: right; vertical-align: bottom;"> <small>STATE OF HAWAII  DON-8H/A  STATE LICENSING</small>  <b>24 MAY 15 P2:32</b> </p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u>  Inadequate amount of emergency food supply available for five (5) residents and at least two (2) staff.</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>On a quarterly basis, I will review my stock of food and re-stock as needed. My cell phone will remind me 1st week of each quarter</p>	<p>05-15-24  as</p> <p style="text-align: right;">24 MAY 15 P2:32</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-011CA  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (a) The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a signed Financial Statement by guardian.</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;"><i>I received a signed financial statement from the guardian.</i></p>	<p style="text-align: right;"><i>05-15-24</i></p> <p style="text-align: right;">*24 MAY 15 P2:32</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DOW-AG-11 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (a) The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a signed Financial Statement by guardian.</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>at admission, I will ask for a signed financial statement by guardian.</p> <p>I put a reminder on my binders to remind me when I readmit</p>	<p>05-15-24</p> <p style="text-align: right;">24 MAY 15 P2:32</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: Amely G. Ambayec

Print Name: AMAELY G. AMBAYEC

Date: 05-15-2024

24 MAY 15 P2:32  
STATE OF HAWAII  
DOH-810A  
STATE LICENSING