

State Licensing Section

STATE LICENSING SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Devoted Home, LLC	CHAPTER 100.1
Address: 94-572 Apii Place, Waipahu, Hawaii 96797	Inspection Date: March 7, 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 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).

STATE LICENSING SECTION
STATE OF HAWAII

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	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>FINDINGS Employee #4 – No documented evidence of a current physical examination signed by a physician or advanced practice registered nurse (APRN) on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>EMPLOYEE #4 WENT TO HER PCP TO OBTAIN CURRENT PHYSICAL EXAM SIGNED ON 3/11/24 & PROVIDED IT TO ME AND PLACED IN CAREHOME BINDER.</p>	<p style="text-align: right;">3/11/24</p> <p style="text-align: right;">24 MAR 19 PM 2:59</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH DIVISION OF LICENSURE STATE LINCENR.DOC</p>

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STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING

	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>FINDINGS Resident #4 – No documented evidence of a specified diet order by a physician or APRN. Physician ordered "as tolerated" as a diet order on 2/13/2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCP FAXED CURRENT PE FORM TO RESIDENT'S PCP TO SPECIFY DIET ORDER ON 3/11/24. PCP FAXED UPDATED PE FORM WITH WRITTEN SPECIFIC DIET ORDER "REGULAR DIET AS TOLERATED" ON 3/13/2024. PE FORM UPDATED AND PLACED IN RESIDENT'S CHART.</p>	<p style="text-align: center;">3/13/24</p> <p style="text-align: right;">24 MAR 19 112 58</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LICHEN, MICH</p>

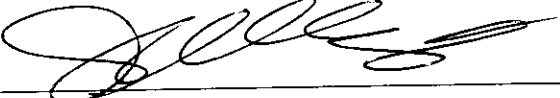
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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician 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><u>FINDINGS</u> Resident #4 - No documented evidence of a specified diet order by a physician or APRN. Physician ordered "as tolerated" as a diet order on 2/13/2024.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE TO ENSURE THAT IT DOESN'T HAPPEN AGAIN I (PCG) WILL CONFIRM AND CLARIFY DIET ORDER WITH THE PCP UPON RECEIVING THE PE FORM DURING OFFICE VISITS. PCG WILL ALSO HAVE THE SCG ASSIST WITH REVIEWING THE DIET ORDERS TO ENSURE THAT THE PCP GIVES THE SPECIFIC DIET ANNUALLY FOR THE PATIENT.</p>	<p>3/13/2024</p> <p style="text-align: right;">24 APR 15 P 2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – Physician evaluated resident as “ARCH level” level of care on 2/2/2024. Need clarification from physician as score tally on the level of care evaluation and the level of care determination does not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCP WENT TO RESIDENT #1'S PCP OFFICE ON 3/8/2024 TO CLARIFY SCORE TALLY ON LOC EVALUATION TO DETERMINE APPROPRIATE LOC. PCP CLARIFIED SCORE TALLY & DETERMINED THAT RESIDENT #1 IS ARCH LEVEL. LOC EVALUATION FORM UPDATED AND PLACED IN RESIDENT'S CHART.</p>	<p style="text-align: center;">3/8/24</p> <p style="text-align: right;">24 MAR 19 12:58</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #2 – No documented evidence of a current level of care evaluation by a physician or APRN on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCC WENT TO RESIDENT #2'S PCP OFFICE TO OBTAIN AN UPDATED AND CURRENT LEVEL OF CARE EVALUATION ON 3/8/24. RESIDENT #2 CONT TO BE UNDER AGE ARCH LEVEL. UPDATED AND CURRENT FORM PLACED IN RESIDENT'S CHART.</p>	<p style="text-align: right;">3/8/24</p> <p style="text-align: right;">24 MAR 19 12:58</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: 

Print Name: MARI JEANNE MENDOZA

Date: 3/15/2024

STATE OF ARIZONA
DEPARTMENT OF
STATE LICENSING

24 MAR 19 12:58

Licensee's/Administrator's Signature: 

Print Name: MARI-JEANNE MENDOZA

Date: 4/11/2024

STATE OF CALIFORNIA
DIVISION OF
STATE LICENSING

24 APR 15 P2:08