

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Emma-Rose Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-379 Haaa Street, Waipahu, Hawaii, 96797</b>	<b>Inspection Date: February 14, 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).**

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING SECTION

24 MAR 25 P 1:06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #2- Physician diet order on 7/18/23 for "No Concentrated Sweets", however, no evidence special diet is being provided.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Updated diet order was obtained from physicians. Forms was given to the physicians to sign and update the forms. It was placed in the Resident binder. It is now Regular Diet.</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN  DEPARTMENT OF  LICENSING</p>	<p style="text-align: right;">3/15/24</p> <p style="text-align: right;">24 MAR 25 P 1:06</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #4-</p> <ul style="list-style-type: none"> <li>• Physician ordered on 1/12/23 for Donepezil 10 mg, however the February 2023 Medication Administration Record (MAR) was reflected as given on 2/29/23.</li> <li>• Physician ordered on 1/12/23 for Glucosamine-chondroitin, however the February 2023 MAR was reflected as given on 2/29/23.</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>	<p style="text-align: right;">24 MAR 25 P 1:06</p> <p style="text-align: right; font-size: small;">STATE BOARD OF NURSING 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> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. Resident #1- No current inventory of money and valuables. Last inventory dated 1/21/22.</li> <li>2. Resident #2- No current inventory of money and valuables. Last inventory dated 9/1/18.</li> <li>3. Resident #3- No current inventory of money and valuables. Last inventory dated 9/13/21.</li> <li>4. Resident #4- No current inventory of money and valuables. Last inventory dated 10/1/18.</li> </ol>	<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>Resident valuables, and Resident Clothing Forms for Res. 1, Resident 2, Resident 3, Resident 4, has been updated and placed in their Resident Binder.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  STATE LICENSING</p>	<p style="text-align: center;"><i>3/15/24</i></p> <p style="text-align: center;">24 MAR 25 P 1:06</p>

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Licensee's/Administrator's Signature: Belma Unay

Print Name: BELMA UNAY

Date: March 15, 2024

STATE OF OHIO  
OFFICE OF  
STATE LICENSING

24 MAR 25 P 1:05