

3/12/24

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estabillo Adult Residential Care Home	CHAPTER 100.1
Address: 92-691 Paakai Street, 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 PER HAR 11-100.1-3(c)(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(c)(3).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>  Substitute Caregiver (SCG) #1-3 - Current Fieldprint clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART I</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>Yes, Substitute Caregiver (SCG) #1-3 had their Fieldprint background checks completed. All caregivers had a green light determination.  See attached..</i></p>	<p style="text-align: right;"><i>3/12/24</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Primary Caregiver (PCG) unable to provide minimum safe cooking temperature obtained when cooking food for residents.</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>	

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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 #1 - Physician's order dated 12/26/23 states, "Dextromethorphan-guaifenesin 10-100mg/5mL liquid 10mL as needed orally every four hours"; however, PRN indication not provided. Medication order incomplete.</p> <p>Submit an updated medication order with plan of correction.</p>	<p style="text-align: center;"><b>PART I</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>Yes, I requested an updated prescription of dextromethorphan-guaifenesin 10-100mg/5ml liquid 10 ml as needed orally every four hours for cough from her PCP.</i></p> <p><i>See attached list of active medications.</i></p>	<p>3/12/24</p>

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<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 – Per 1/2024 and 2/2024 medication administration record (MAR) the following medications are being made available with no current physicians order to administer:</p> <ul style="list-style-type: none"> <li>• Lactulose solution 10mg/15mL – 15mL orally once a day PRN for constipation</li> <li>• Lactulose solution may take 30mnL if 15mL not working</li> <li>• Acetaminophen soln 160mg/5mL – 10mL PO Q4Hours PRN for pain and fever</li> </ul> <p>Submit a revised MAR or physician's orders to administer medications with plan of correction.</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>7 Yes, I requested a revised /updated prescriptions of Lactulose solution PO qd 15 ml – 15ml orally once a day PRN for constipation, Lactulose solution may take 30 ml if 15 ml not working and Acetaminophen Soln 160 mg /5ml – 10ml PO Q 4 hours PRN for pain and fever from her PCP. See attached list of active medications.</p>	<p style="text-align: right;">3/12/24</p>



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Licensee's/Administrator's Signature: M. Estabillo

Print Name: MARY ANN ESTABILLO

Date: 3/12/24