

Office of Health Care Assurance

State Licensing Section

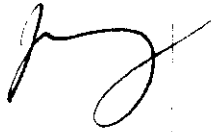
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josie's Ohana	CHAPTER 100.1
Address: 1388 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: April 29, 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).**

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <u>FINDINGS</u> Resident #1 and Resident #4 Annual diet renewal unavailable for review <i>Submit a copy of the renewed diet order with your plan of correction (POC).</i>	<p style="text-align: center;">PART I</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>6/20/24 T/c MD Yatsushiro/MD Elizabeth Kim to prep Resident #1 and Resident #4 their P.E. with diets order. Signed by MD's 6/25/2024. Submit copy POC</p>	<p>6/28/24</p> 

24 JUN 11 2024

	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><u>FINDINGS</u></b>  Resident #1 and Resident #4 – Annual diet renewal unavailable for review.</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 post a post it note on the PE form checklist  I will review the document after doctor sign it and before leaving the clinic and check the diet section is completed.  If faxed document, check to make sure the document is completed, especially the diet section.  I will inform my SCG and have them review the document. Once completed I check off my checklist.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> An expired bottle of cranberry juice (12/2023) was noted in the resident's refrigerator.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I will had my substitute care giver + myself check all juices n food supplies for the expiration date + discard the expired ones.</i></p>	<p>10/28/24</p> <p><i>[Signature]</i></p> <p>24 JUN 11 11:02</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> An expired bottle of cranberry juice (12/2023) was noted in the resident's 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>In the future, I will have my SCGs to check the bottle each time they serve the liquid drinks before serving it to the client. If the bottle is expired, they have to discard it right away.</p> <p>I will also have my SCG to check the refrigerator every week for expired food items and beverages and dispose of expired items.</p> <p>I retrained my SCGs to follow the process to ensure it does not happen again.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (b) 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.  <u>FINDINGS</u> Medications stored in the refrigerator were found unsecured.	<p style="text-align: center;">PART I</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 style="font-size: 1.2em; font-family: cursive;">I bought a new refrigerator medicine container that has a lock &amp; informed my SCG where the key hiding place is.</p>	<p style="text-align: center;">6/28/24</p> <p style="text-align: center;">J. J. J.</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            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>            Medications stored in the refrigerator were found unsecured.</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 make a post note on the top of the medication container to keep it locked as a reminder for my SCGs. I will be responsible for compliance. I will check daily to ensure the container is locked.</p>	

	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 – February 2024 medication administration record (MAR) shows the following medications were not administered as ordered:</p> <ul style="list-style-type: none"> <li>• Carbidopa/Levodopa 25-100 mg 1 tab po 2x/day</li> <li>• Docusate 100mg take 1 cap by mouth 2x/day</li> <li>• Quetiapine 25 mg take 1 tab po 2x/day</li> </ul>	<p style="text-align: center;"><b>PART 1</b></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 11 2024</p>




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<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 – February 2024 medication administration record (MAR) shows the following medications were not administered as ordered:</p> <ul style="list-style-type: none"> <li>• Carbidopa/Levodopa 25-100 mg 1 tab po 2x/day</li> <li>• Docusate 100mg take 1 cap by mouth 2x/day</li> <li>• Quetiapine 25 mg take 1 tab po 2x/day</li> </ul>	<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 utilize a binder to place the MAR I will check the MAR everyday to ensure they are initialed. I will ask to put a reminder note to sign the MAR after giving. Retrained SCG regarding the above steps. I will be responsible for compliance.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1---Physician's order dated 1/18/24 states, "Increase Quetiapine every 6 hours PRN;" however, the order was not clarified to indicate the correct dosage and was not implemented on MAR. <i>Clarify the order with the physician and submit documentation with your POC.</i></p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>1/18/2024 Went to office of MD Yalushko to have sign Quetiapine 25mg. orders for clarification.</i></p>	<p><i>6/28/24</i></p> <p><i>[Signature]</i></p> <p>24 JUN 11 04 37A</p>

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<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—The physician's order dated 1/18/24 states, "Increase Quetiapine every 6 hours PRN;" however, the order was not clarified to indicate the correct dosage and was not implemented on MAR.</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>PCG is responsible for checking the completeness of the medication order. If found the medication order is incomplete, I call the physician right away if not leave a message and have them fax the order I will make a note and fax order to the doctor's office. I will have my SCG to recheck documents for completeness.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 – Current MAR (April 2024) and medication label state Quetiapine 50 mg 1 tab AM, 1 tab Noon, and 1/2 tab at night, but no physician order found in records <i>Clarify the order with the physician and submit documentation with your POC.</i>	<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>4/12/24 MD sign my physician order for Quetiapine 50mg  Personal visit to clinic  see attach</p>	<p>6/28/24  JG</p> <p style="text-align: center;">24  JUL 11  2024</p>

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<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 – Current MAR (April 2024) and medication label state Quetiapine 50 mg 1 tab AM, 1 tab Noon, and ½ tab at night, but no physician order found in records.</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>Every month, I will compare my medication list (physician order) MAR and medication bottle to check for accuracy. If there's a discrepancy (no doctor's order), I will call MD right away to either get an order or clarify the order. I'll put a reminder note on the MAR binder or resident's binder to do this and refer to it when doing the monthly check.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies.</p> <p><b>FINDINGS</b>  Resident #5 - No documentation of initial Tuberculosis (TB) clearance (2-step). Records show 1-step skin testing completed on 1/17/24.  Submit a copy of the 2<sup>nd</sup> step with your POC.</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>5/10/24 Request for step 2 TB clearance from Keokuk Home &amp; they only fax me the Amateperon TB result Plus. This is an evidence that he is negative for TB  Submit copy</p>	<p>6/28/24</p> 

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies:</p> <p><b><u>FINDINGS</u></b>  Resident #5 – No documentation of initial Tuberculosis (TB) clearance (2-step). Records show 1-step skin testing completed on 1/17/24.</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 have updated my checklist to reflect initial TB requirements (2-step or QuantiFERON blood test).  When a required document is obtained, I will mark it off my checklist.  I will put the document in the resident's binder.  I will not admit the resident unless the required TB clearance is obtained.  I will be responsible for compliance.</p>	

	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>FINDINGS</b>  Resident #1 and Resident #4 - Valuables and belongings were not current.  Submit a copy of the revised valuables and belongings form with your POC.</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>6/12/24 reissued resident #4 valuable belonging including the new items that were brought in 2024</i></p>	<p><i>6/28/24</i></p> <p><i>[Signature]</i></p>



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<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>  Resident #1 and Resident #4 – Valuables and belongings were not current.</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 make a point note to the client's chart to check and update valuables/belongings.  I will also make a checklist and refer to this every month to make sure it's completed. I mark off when completed. I will have SCG to double check that it is done.</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><b>FINDINGS</b>            Resident #1 - Annual TB clearance unavailable for review            Submit documentation with your POC</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>6/25/2024 Brought resident #1 to D.S.C lab for his Quantiferon gold TB test. Furnisher got copy w/ POC</i></p>	<p><i>6/28/24</i></p> <p><i>[Signature]</i></p>

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<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><b><u>FINDINGS</u></b> Resident #1 – Annual TB clearance unavailable for review.</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 have created a checklist that includes annual TB clearance with the expiration/renewal date. I will set a reminder note 1-2 months before the expiration date to get this done. When it's completed, I check off this task. PCG will recheck the checklist and the resident binder 1 month prior to inspection month to ensure it is completed.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No incident report generated when resident was taken to the ER for shortness of breath on 12/23/23.</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;">74  APR 11 2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u>  Resident #1 – No incident report generated when resident was taken to the ER for shortness of breath on 12/23/23.</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 have created a list of which types of unusual occurrences require an incident report –like when a resident is taken to the ER due to SOB, fall, etc – and that to complete the incident report within 72 hours. Once completed, I will file this in the care home binder.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports</u> , (f)(4) General rules regarding records:  All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency  <u>FINDINGS</u> Resident #2 - PCG assessment dated 2/14/23 was incomplete not signed by the legal guardian/POA	<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>6/25/24 sent a screenshot assessment/careplan to 2 daughters w/c were in France &amp; Germany living. These were signed filed in the chart - 7/5/24</p>	<p>4/28/24 JG</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #2 – PCG assessment dated 2/14/23 was incomplete –not signed by the legal guardian/POA.</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 create a checklist and reminder note to complete the assessment form and review it for completeness. If a family member lives in the mainland or a different country, I'll either email or mail the form for signature and document it on my progress note. I'll make a copy of the form and put a tracking note to follow up within 1-2 weeks. I'll also call the resident's family to discuss assessment and inform forms to send and document in the chart.</p>	

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (D)(4) General rules regarding records:  All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.  <u>FINDINGS</u> Resident #2 and Resident #5 - Plan of care/activities on file did not indicate resident's name.	<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>Plan of care/activities on file now indicate residents' name #2 + #5</i></p>	<p style="text-align: center;"><i>6/28/24</i></p> <p style="text-align: center;"><i>J</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #2 and Resident #5 – Plan of care/activities on file did not indicate resident's name.</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 create a checklist/reminder note in care home binder and resident binder to complete the plan of care/activities and ensure resident's name is noted. Before filing in the chart, I will have my SCG review the document for completeness.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #2 - No documentation of self-preservation assessment. <i>Submit a copy with your POC.</i></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>On the P.E. record on the last part of form is filled (highlighted on the copy submitted) regarding self-preservation</i></p>	<p style="text-align: center;"><i>6/28/24</i></p> <p style="text-align: center;"><i>J</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documentation of self-preservation assessment.</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 refer to the OHC admission checklist for new resident admission requirements and check off an item when documents are obtained (for example, self-preservation). Before filing documents in the chart, I will have my SCG review the checklist to ensure completeness.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 <u>Admission requirements</u> . (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.  <b>FINDINGS</b> Resident #2 - requires 24-hour total care with ADLs, bedbound, non-ambulatory; however, the level of care was not reassessed to indicate expanded ARCH or nursing facility level. <i>Please obtain a revised level of care determination from the physician and submit a copy with your POW.</i>	<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>6/28/24 New P.E. was being            sign by MD James Albers            Hawaiian Hospice Hawaii            for the second time;            copy submitted assessed            as ICF.</p>	<p>6/28/24</p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;">74            00 11 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #2 - requires 24-hour total care with ADLs, bedbound, non-ambulatory; however, the level of care was not reassessed to indicate expanded ARCH or nursing facility level.</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 create a checklist of the required documents when there's a change in the resident's level of care. The checklist includes PCP reassessment and completion of LOC form. I will make a note on the care binder to refer to this checklist once a change of loc is observed and to update pcp right away. I will train my SCG on this requirement and review the checklist to check for completeness.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b> Resident #2 requires 24-hour total care with ADLs, bedbound and non-ambulatory. No case management services were arranged and provided.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #2 is receiving hospice services and family would like to waive RNCM services. Required documents to waive RNCM submitted to consultant on 7/17/24.</p>	<p>7/17/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b> Resident #2 requires 24-hour total care with ADLs, bathing and non-ambulatory. No case management services were arranged and provided.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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 create a checklist listing the required documents for an expanded ARCH resident which includes RN CM from case management agency or private. If the resident is on hospice services, I will discuss with the family options for hiring a CM agency to provide CM services or keeping only the hospice services since they have an RN. If a family chooses to waive RN CM services from a CMA, I will request the waiver from the department as soon as possible.</p>	

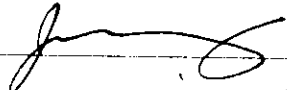
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #2 and Resident #3 – No comprehensive assessment completed by an RN case manager (CM).</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>Resident #2 is receiving hospice services and family would like to waive RN CM services. Required documents to waive RN CM submitted to consultant on 7/17/24. Resident #3 expired.</p>	<p>7/17/24</p>

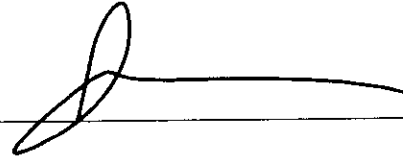


	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #2 and Resident #3 – No comprehensive assessment completed by an RN case manager (CM).</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 create a checklist listing the required documents for an expanded ARCH resident which includes RN CM from case management agency or private to complete comprehensive assessment. If the resident is on hospice services, I will discuss with the family options for hiring a CM agency to provide CM services or keeping only the hospice services since they have an RN.</p> <p>If a family chooses to waive RN CM services from a CMA, I will request the waiver from the department as soon as possible.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #2 – No care plan developed by an RN CM.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #2 is receiving hospice services and family would like to waive RN CM services. Required documents to waive RN CM submitted to consultant on 7/17/24.</p>	<p>7/17/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No care plan developed by an RN CM.</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 create a checklist listing the required documents for an expanded ARCH resident which includes RN CM from case management agency or private to complete a care plan. If the resident is on hospice services, I will discuss with the family options for hiring a CM agency to provide CM services or keeping only the hospice services since they have an RN. If a family chooses to waive RN CM services from a CMA, I will request the waiver from the department as soon as possible.</p>	

Licensee's/Administrator's Signature:   
Print Name: JOSEFINA RODRIGUES  
Date: 07/3/2024

Licensee's/Administrator's Signature:   
Print Name: Josefina Rodrigues  
Date: July 17, 2024