

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 2B	CHAPTER 89
Address: 64-1510 Kamehameha Highway, Wahiawa, Hawaii 96786	Inspection Date: July 25 & 31, 2023 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> No current Fieldprint results for: RA#1, RA#2, RA#3, RA#4, RA#5, RA#6, RA#7.</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>The deficiency have been corrected, all the staffs that needed fingerprint have been fingerprinted on 09.26.2023 and some on 09.28.2023</p>	<p>09/26/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> No current Fieldprint results for: RA#1, RA#2, RA#3, RA#4, RA#5, RA#6, RA#7.</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>To prevent this deficiency from happening in the future, the ORI case manager and/or HR department will keep track and double check that all requirements for new hired staff are obtained.</p> <p>The ORI case manager and/or HR department will follow-up with staff annually and ensure that their requirements are up-to date.</p>	<p>09/26/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure.</u> (e) A developmental disabilities domiciliary home shall consist of a caregiver's certification and facility license.</p> <p><u>FINDINGS</u> There is no current license posted in the residence.</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>The deficiency have been corrected, current license have been posted at the house.</p>	<p>08/01/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (e) A developmental disabilities domiciliary home shall consist of a caregiver's certification and facility license.</p> <p><u>FINDINGS</u> There is no current license posted in the residence.</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>The case manager was advised that in the future, as soon as he/she receive a license from the state, he/she must make a copy of the license and be posted at the house.</p> <p>The PC will follow up with the case manager to ensure license must be posted at the house.</p>	08/01/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Dresser drawer in Resident #3's room has a broken drawer and two missing pull knobs</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>The deficiency have been corrected. New drawer for the clients have been purchased/provided.</p>	<p>08/24/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Dresser drawer in Resident #3's room has a broken drawer and two missing pull knobs</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>The caregiver was advised that in the future if a client drawer, chairs, and/or table is broken, ensure to report at the office immediately to ensure that all furniture is in good condition.</p> <p>The case manager will check the house at least quarterly to ensure there is no broken furniture belonging to the clients.</p>	<p>08/24/2023</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><u>FINDINGS</u> Resident #1 – Physician signed order that was renewed on 10/3/22, 1/2/23, 4/12/23, and 7/11/23 reads “ear drops rubbing alcohol instill 2cc in each ear on M, W, F”, however, the MAR in the residence and the label on the ear drops reads, “ear drops rubbing alcohol instill 2cc in each ear everyday”. The MAR is initialed as being given daily.</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>The deficiency have been corrected. The doctor's order is to continue daily, future 90-day update will be corrected to match the MAR and label of the said medication.</p>	<p>08/17/2023</p>

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<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><u>FINDINGS</u> Resident #1 – Physician signed order that was renewed on 10/3/22, 1/2/23, 4/12/23, and 7/11/23 reads “ear drops rubbing alcohol instill 2cc in each ear on M, W, F”, however, the MAR in the residence and the label on the ear drops reads, “ear drops rubbing alcohol instill 2cc in each ear everyday”. The MAR is initialed as being given daily.</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>The case manager will ensure that the medication label and the MAR match the order from the physician, and to check the 90-day update if it matches the label and the MAR and ensure that the progress note coming from the physician also match. If the progress note does not match the label from the pharmacy and the MAR, follow-up with the physician which is the correct order.</p> <p>The case manager will ensure that in the future the MAR, the label of the medication the 90-day update and the physician's order will all match to avoid confusion.</p>	<p>08/17/2023</p>

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<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><u>FINDINGS</u> Resident #1 – 2/23/23 Physician signed order for “B-12 1000mg IM Q month (PCP to administer)”, is not documented on the MAR.</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>The deficiency have been corrected. The B-12 1000mg IM Q have been added to the MAR to ensure that when the doctor administer and/or give the shot to the client, the caregiver will initial.</p>	08/17/2023

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<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><u>FINDINGS</u> Resident #1 – Current physician's orders are "ear drops rubbing alcohol instill 2cc in each ear on MWF. Ordered 10/3/22, 1/2/23, 4/12/23, and 7/11/23, however MAR entry indicates to give daily, and it is being initialed as given daily.</p> <p>Do not make changes to previous MARs.</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>The case manager will ensure that the medication label and the MAR match the order from the physician, and to check the 90-day update if it matches the label and the MAR and ensure that the progress note coming from the physician also match. If the progress note does not match the label from the pharmacy and the MAR, follow-up with the physician which is the correct order.</p> <p>The case manager will ensure that in the future the MAR, the label of the medication the 90-day update and the physician's order will all match to avoid confusion.</p>	<p>08/17/2023</p>

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<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 – Progress notes do not include resident's response to IM B-12 shots.</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>The deficiency have been corrected. retraining was given to the caregiver for the monthly observation. Caregiver was trained that when the physician administers and/or gave the shot to the client. The caregiver will add on the progress note of what's the response was.</p>	<p>09/05/2023</p>

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<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 progress notes for Proair not being given.</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, the case manager will thorough check the MAR every 15th and end of the month to ensure all daily medication was being administered, if not, ask the caregiver to note on the monthly observation why medication was not given, indicate why the medication was not given or why the MAR was not initialed.</p>	<p>09/05/2023</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 –</p> <ul style="list-style-type: none"> • On 11/14/22, Ophthalmologist noted, “Address vision loss & visual field defects with MRI brain scan” • On 5/11/23, Ophthalmologist noted, “Vitamin B-12 deficiency possibly affecting vision. Visual field defects, patient needs MRI to evaluate cause”. • On 6/22/23, Ophthalmologist noted, “MRI pending important to continue B-12 supplementation”. <p>There are no progress notes acknowledging the need for an MRI or whether information was passed to PCP, if it was completed, results, or resident’s reaction.</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>Retraining was done to the caregiver. The caregiver was advised that any significant event that happens to the clients, she should note on the monthly observation log.</p>	<p>09/05/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 –</p> <ul style="list-style-type: none"> • On 11/14/22, Ophthalmologist noted, “Address vision loss & visual field defects with MRI brain scan” • On 5/11/23, Ophthalmologist noted, “Vitamin B-12 deficiency possibly affecting vision. Visual field defects, patient needs MRI to evaluate cause”. • On 6/22/23, Ophthalmologist noted, “MRI pending important to continue B-12 supplementation”. <p>There are no progress notes acknowledging the need for an MRI or whether information was passed to PCP, if it was completed, results, or resident’s reaction.</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>Caregiver will ensure that in the future, any significant event happens to the clients, she will ensure to note on the monthly observation log and indicate the response or any reaction if any from the medication being administered.</p> <p>The case manager will check the monthly observation monthly to ensure that any significant event happens to the client is indicated on the monthly observation log.</p>	09/05/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> On 7/14/23, Registered Dietician, conducted an annual assessment. Her recommendations were:</p> <ul style="list-style-type: none"> • Resident #2 – Regular, bite sized/chopped however, current diet order is Regular. • Resident #3 – Regular with small portions chopped solids however, current diet order is Regular with small portions • Resident #4 – NAS (or No Added Salt) however, current diet order Regular. <p>No documentation or progress notes indicating that a follow up was conducted, such as, whether Physician was notified of the RD recommendations or if Physician wanted to keep original order, etc.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The caregiver were given a copy of the new changes on the diet orders of the 3 residents.</p> <p>Caregiver was given a training on how to follow the recommendation of the dietician.</p> <p>The physician was also notified with the changes.</p>	<p>08/17/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> On 7/14/23, Registered Dietician, conducted an annual assessment. Her recommendations were:</p> <ul style="list-style-type: none"> • Resident #2 – Regular, bite sized/chopped however, current diet order is Regular. • Resident #3 – Regular with small portions chopped solids however, current diet order is Regular with small portions • Resident #4 – NAS (or No Added Salt) however, current diet order Regular. <p>No documentation or progress notes indicating that a follow up was conducted, such as, whether Physician was notified of the RD recommendations or if Physician wanted to keep original order, etc.</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>The caregiver will ensure to follow all new diet order from the dietician.</p> <p>The case manager was advised that any changes on the resident's diet order, to ensure and notify the physician as soon as possible.</p>	08/17/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #5 – Resident’s current diet order for “Carb-controlled, limit second serving” must include the number of grams of carbs resident is recommended to eat.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The caregiver were given training on how to measure each resident's individual diet order when serving the meal. The caregiver were provided with food weighing.</p>	08/17/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #5 – Resident’s current diet order for “Carb-controlled, limit second serving” must include the number of grams of carbs resident is recommended to eat.</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>The case manager will assist and continue to monitor the caregiver to ensure the caregiver is following the right protocol in serving the clients and following the diet order.</p> <p>Case manager will check lunch and dinner to ensure diet order for all residents are being implemented appropriately.</p>	08/17/2023

	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> Resident #5 – The care home did not have a menu for a Carb-controlled diet.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The caregiver were given a training on how to write a menu with carb-controlled diet. The caregiver were trained how to measure or weigh the food that he/she serves for the resident that have carb-controlled diet.</p>	<p>09/05/2023</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> Resident #5 – The care home did not have a menu for a Carb-controlled diet.</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>The case manager will assist the caregiver in making the menu especially the resident's that have special diet, e.g., low carb, low salt, etc.</p> <p>The case manager will check the menu at least once a month to ensure there is a separate menu for those who have special diet order.</p>	09/05/2023

Licensee's/Administrator's Signature: Susan H. for Susanna F. Cheung

Print Name: Susan H. for Susanna F. Cheung

Date: May 9, 2024