

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Hale Adult Residential Care Home, LLC	CHAPTER 100.1
Address: 94-732 Kaaka Street, Waipahu, Hawaii 96797	Inspection Date: April 18, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

08/16/16, Rev 09/09/16, 03/06/18, 04/16/18

24 JUN -6 PM 2:27

	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>FINDINGS Substitute Care Giver (SCG) #1 and #2 – No Fieldprint result.</p> <p>Please submit copies with your plan of correctio (POC).</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><i>Fieldprint was obtained for SCG #1 and SCG #2. Documents were filed on the home binder. SCG #1 has red light determination. Form 10G5 has been applied and requested. PCG submitted a letter stating that SCG #1 will not transport residents until exemption is approved. PCG will update the result with DHCA.</i></p>	<p style="text-align: right;"><i>05/29/24</i></p> <p style="text-align: right;">24 JUL 17 PM 2:15</p> <p style="text-align: right;">24 JUL 16 PM 2:27</p>

	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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and #2 – No Fieldprint result.</p> <p>Please submit copies with your plan of correctio (POC).</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><i>PCG will remind all SCG one month prior to their fieldprint expiration date. PCG created an annual checklist which includes all required clearances for PCG, SCG's and household members.</i></p>	<p style="text-align: right;"><i>1/29/24</i></p> <p style="text-align: right; font-size: small;">24 JUN 27 02:27</p>

	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><u>FINDINGS</u> SCG #1 - No annual physical exam.</p> <p>Please submit a copy with your POC.</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 style="text-align: center;"><i>Yes, physical exam was obtained for SCG #1 copy attached.</i></p>	<p style="text-align: right;"><i>7/16/2024</i></p> <p style="text-align: right;">24 JUL 17 P12:15</p> <p style="text-align: right;">24 JUL -6 P2:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> SCG #1 – No annual physical exam. Please submit a copy with your POC.</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><i>PCG will remind all SCG one month prior to their physical exams expiration date. PCG created an annual checklist which includes all required clearances for PCG, SCG's and household members.</i></p>	<p style="text-align: right;"><i>4/15/2024</i></p> <p style="text-align: right;">24 JUN -5 PM '27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS SCG #2 – There were two (2) negative PPD skin test results dated 3/6/2024 and 3/22/2024. There was no physician's signature.</p> <p>SCG #3 – There were two (2) negative PPD skin test results dated 3/16/2024 and 3/23/2024. There was no physician's signature.</p> <p>Thus, SCG #2 and #3 did not have initial tuberculosis (TB) clearances. Please submit copies with your POC.</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 style="text-align: center;"><i>Yes, SCG #1 and SCG #2 obtained their TB clearances from their PCP's. Copy attached.</i></p>	<p style="text-align: center;"><i>4/18/2024</i></p> <p style="text-align: center;">24 JUL 17 P12:16</p> <p style="text-align: center;">24 JUN -5 P2:27</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 – There were two (2) negative PPD skin test results dated 3/6/2024 and 3/22/2024. There was no physician's signature.</p> <p>SCG #3 – There were two (2) negative PPD skin test results dated 3/16/2024 and 3/23/2024. There was no physician's signature.</p> <p>Thus, SCG #2 and #3 did not have initial tuberculosis (TB) clearances. Please submit copies with your POC.</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><i>PCG educated all SCG's to obtain their TB clearances from their PCP's or from state branches that checks and issues TB clearances.</i></p>	<p style="text-align: right;"><i>4/18/2024</i></p> <p style="text-align: right;"><i>21 Jun -6 PM 2:27</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS Povidone Iodine swab sticks were stored in first aid kit.</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><i>Yes, povidone iodine swab stick was removed from the first aid kit and stored in a locked/secured cabinet</i></p>	<p style="text-align: right;"><i>9/18/2024</i></p> <p style="text-align: right;">24 JUN -6 PM 2:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Povidone Iodine swab sticks were stored in first aid kit.</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><i>PCG will double check first aid kit every month for the presence of povidone iodine swab stick and if found one, will store it back in a secured locked cabinet. PCG will also educate the proper storage for povidone iodine swab stick.</i></p>	<p><i>4/18/2024</i></p> <p style="text-align: right;">21 JUN -6 P 2:27</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>FINDINGS Resident #1 – Physician’s order dated 1/4/2024 included Lasix 20mg, 1 tab, qd, prn for edema and Metoprolol 25mg, 1 tab, BID. Per Primary Care Giver (PCG), the medications were not available at admission because physician prescribed but the resident’s family did not pick up the medication. PCG recorded “unavailable upon admission D/C per family” for Metoprolol and “D/C upon admission per family” for Lasix. Physician’s order was not clarified.</p> <p>Physician’s order to discontinue Lasix and metoprolol was obtained on 4/15/2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 JUN -5 P2:27</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/4/2024 included Lasix 20mg, 1 tab, qd, prn for edema and Metoprolol 25mg, 1 tab, BID. Per Primary Care Giver (PCG), the medications were not available at admission because physician prescribed but the resident’s family did not pick up the medication. PCG recorded “unavailable upon admission D/C per family” for Metoprolol and “D/C upon admission per family” for Lasix. Physician’s order was not clarified.</p> <p>Physician’s order to discontinue Lasix and metoprolol was obtained on 4/15/2024.</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><i>In the future, PCG will clarify residents medication order if there are discrepancies found PCG will obtain verbal or written order from resident's PCP as soon as possible.</i></p> <p><i>PCG^{with} Review medication order once a month. If clarification is needed, PCG will contact resident's physician in 24 hrs.</i></p>	<p style="text-align: right;"><i>4/18/2024</i></p> <p style="text-align: center;">24 JUL 17 12:16</p> <p style="text-align: center;">24 JUN -6 P2:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Month and year were not recorded in medication administration record (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><i>Yes, month and year were written on medication administration record.</i></p>	<p style="text-align: right;"><i>4/18/2024</i></p> <p style="text-align: right;">24 JUN -5 P2:27</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)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment was not signed by resident, legal representative, or family member.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 JUN -5 P 2:27</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)(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><u>FINDINGS</u> Resident #1 – There was a TB risk assessment and attestation screening form signed and dated by physician on 1/4/2024. Symptom screening result was recorded, but PPD skin test and chest x-ray results were not recorded. Thus, there is no initial TB clearance.</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 style="text-align: center;"><i>Yes, TB clearance was obtained for resident #1. Resident obtained TB clearance from Lantieri TB branch.</i></p>	<p style="text-align: right;"><i>4/18/2024</i></p> <p style="text-align: center;">JUL 17 PM 16</p> <p style="text-align: center;">24 JUN -5 PM 27</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><u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance.</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 style="text-align: center;"><i>Yes, TB clearance was obtained for resident #1</i></p>	<p style="text-align: right;"><i>4/18/2024</i></p> <p style="text-align: right;">24 JUN -5 P2:27</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 1/4/2024 included Lasix 20mg, 1 tab, qd, prn for edema and Metoprolol 25mg, 1 tab, BID. Per PCG, the medications were not available at admission because the physician prescribed but the resident's family did not pick up the medication. PCG recorded "unavailable upon admission D/C per family" for Metoprolol an "D/C upon admission per family" for Lasix by the physician's order. Not documented in progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 JUN -6 P 2:27</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> (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><u>FINDINGS</u> Resident #1 – Emergency Information sheet did not have page 2 (diagnoses, medication history, and current medication list).</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 style="text-align: center;"><i>Yes, emergency information sheet page 2 was filled and filed on residents binder.</i></p>	<p style="text-align: center;"><i>4/18/2024</i></p> <p style="text-align: right;">24 JUN -6 P 2:27</p>

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Licensee's/Administrator's Signature: _____

Julianne

Print Name: _____

JULIANNE LARSEN

Date: _____

6/3/2024

24 JUL 17 P12:16

STATE DEPARTMENT OF REVENUE
STATE DEPARTMENT OF REVENUE

24 JUN -6 P2:27

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