

Rec'd 5/19/24

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TLC Aloha Home Care, LLC	CHAPTER 100.1
Address: 3408 Kahikolu Way, Honolulu, Hawaii 96818	Inspection Date: February 21, 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"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #2 – On the physical exam form dated 10/1/2023, level of care (LOC) was recorded as ARCH. On the LOC Assessment form dated 10/1/2023, ICF was checked off. Please clarify with the physician.</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>RESIDENT #2 - TOOK TO THE DOCTOR A. HARADA TO CORRECT LOC ASSESSMENT FROM ICF TO ARCH LEVEL.</p>	<p>03/05/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #2 – On the physical exam form dated 10/1/2023, level of care (LOC) was recorded as ARCH. On the LOC Assessment form dated 10/1/2023, ICF was checked off. Please clarify with the physician.</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 WILL ENSURE ALL LEVEL OF CARE (LOC) ASSESSMENT ARE CORRECTLY MARKED.</p> <p><i>I will use admission checklist as a reminder to double check. LOC is recorded correctly. If clarification is needed I will contact PCP w/in 24 hours.</i></p>	<p>03/05/2024</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 – There is an order to discontinue Lidocaine 4% patch dated 8/31/2023. Primary Care Giver (PCG) stated the medication was not restarted. But “Lidocaine 4% TOP PTMD patch, Apply 1 patch to skin daily” was listed as current on physician’s notes dated 9/14/2023 and 12/28/2023. Please clarify with the physician.</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>RESIDENT #1 - I SENT A FAX TO DR. L. CHANG WITH ATTACHMENT, PROGRESS NOTE TO DISCONTINUE LIDOCAINE 4% TOP PTMD PATCH AND FOLLOWED UP BY PHONE TO CHAD CAMBRA (SOCIAL WORKER) CLIENT REFUSED TO USE PATCHES.</p> <p><i>If refuses medication, I will report to PCP.</i></p> <p><i>Lidocaine was discontinued, And documented in Progress note.</i></p>	<p>03/05/2024</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><u>FINDINGS</u> Resident #1 – There is an order to discontinue Lidocaine 4% patch dated 8/31/2023. Primary Care Giver (PCG) stated the medication was not restarted. But “Lidocaine 4% TOP PTMD patch, Apply 1 patch to skin daily” was listed as current on physician’s notes dated 9/14/2023 and 12/28/2023. Please clarify with the physician.</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 WILL MAKE SURE ANY MEDICATION TO BE DISCONTINUED WILL GET AN ANSWER AND ATTACHED TO HIS BINDER. CORRECTED.</p> <p><i>If residence refuse medication I will report to PCP and document it. I will obtain a new order.</i></p>	<p>03/05/2024</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><u>FINDINGS</u> Resident #1 – There is an order to discontinue Lidocaine 4% patch dated 8/31/2023. PCG stated the medication was not restarted. The January 2024 medication administration record (MAR) was initialed as the medication was administered daily. The February 2024 MAR was recorded as held. Please obtain a current order and update 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>RESIDENT #1 - MADE AN ADDENDUM TO THE MAR FOR THE DISCONTINUED LIDOCANE 4% PATCH.</p> <p><i>Lidocaine was discontinued by PCP. And noted to Progress note and Mar.</i></p>	<p>03/05/2024</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><u>FINDINGS</u> Resident #1 – Physician ordered “chlorthalidone 25mg Oral Tab, Take 1 tablet by mouth daily” on 12/28/2023. Progress notes stated the medication was started on 12/29/2023. Per MAR, it was started on 1/2/2024. There was no explanation why the medication was not started until 1/2/2024.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - Per MAR, Amlodipine 5mg was started on 12/1/2023. PCG stated that the order was received via phone. Physician's order sheet was not recorded. Amlodipine was discontinued on 12/28/2023.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1 – Most recent order to self-administer “Sodium Chloride 5% OPHT 1 drop both eyes 4@a day” was dated 5/6/2023. The order was not reviewed, signed, dated by physician for a period of nine (9) months.</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>RESIDENT #1 - I WILL CHECK EVERY 4 MONTHS. THE SELF ADMINISTER SODIUM CHLORIDE 5% OPHT BE SIGN AND DATED BY PHYSICIAN.</p> <p><i>The medication was discontinued by PCP.</i></p>	<p>03/05/2024</p>

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<input checked="" type="checkbox"/>	<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 is Acetaminophen 325mg oral tab, take 2 tablets by mouth every 4 hours as needed for pain, headache, or fever. Per MAR, the medication was given daily in November 2023, October 2023, July 2023, and June 2023 (admitted 6/5/2023). Needs for daily use and resident's response to the medication were not recorded in progress notes.</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>RESIDENT #1 - I WILL MAKE SURE PHYSICIAN ORDER AS NOTED PRN BE MORE SPECIFY FOR TIME AND DATED TAKEN THE MEDS.</p> <p><i>I will review all document at the end of the month. I will include respond to medication</i></p>	03/05/2024

	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 – Medication list in Emergency Information sheet was not up to date.</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>RESIDENT #1 - I WILL RECORD IN MY CALENDAR TO UPDATE EVERY MONTH THE MEDICATION LIST IN EMERGENCY INFORMATION SHEETS.</p> <p><i>I will review it after doctors visit to make sure all information is up to date. if emergency information is updated.</i></p>	<p>03/05/2024</p>

	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 – Medication list in Emergency Information sheet was not up to date.</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>RESIDENT #1 - USE CALENDAR LIST TO UPDATE MONTHLY THE MEDICATION LIST IN EMERGENCY INFORMATION SHEET.</p> <p><i>I will review it after doctors visits to make sure all information is up to date.</i></p>	<p>03/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Resident #1 – No record that orientation for emergency procedures was provided to the resident.</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>RESIDENT #1 - I ADDED AND RECORDED THE ORIENTATION FOR EMERGENCY PROCEDURES TO THE RESIDENT,</p> <p><i>I will use my admission check list as a reminder to provide orientation for emergency procedure. I provided orientation to the residence.</i></p>	<p>03/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Resident #1 – No record that orientation for emergency procedures was provided to the resident.</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 WILL MAKE SURE ALL RESIDENTS ARE AWARE OF EMERGENCY PROCEDURES.</p> <p><i>I will use my admission check list as a reminder to provide orientation for emergency procedure.</i></p>	<p>03/05/2024</p>

Licensee's/Administrator's Signature: CELIA OLAES

Print Name: CELIA OLAES

Date: Mar 23, 2024

Celia Olaes
may 9, 2024