

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

24
SEP 11 10:48
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Facility's Name: Analani Hale ARCH	CHAPTER 100.1
Address: 98-137 Kaluamoi Place, Pearl City, Hawaii 96782	Inspection Date: January 9, 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.

APR 30 4:06
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	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) #2 and #3 – No Fieldprint results.</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 FROM HAPPENING AGAIN ALL NEW SCG ARE REQUIRED TO COMPLETE ALL NECESSARY DOCUMENT PRIOR TO START. ALSO A REMINDER LIST OF ANNUAL REQUIRED DOCUMENTS IS POSTED WITH THE RENEWAL DATES.</p>	<p style="text-align: center;">24 SEP 11 9:28 STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">3/4/24</p>
	<p>Please submit a copy with your plan of correction.</p>		<p style="text-align: center;">24 APR 30 4:06 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 – Care home policy was not signed by PCG. Corrected during inspection.</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 SEP 11 A9:48 STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P4:06 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p>FINDINGS Resident #1 – Care home policy was not signed by PCG. Corrected during inspection.</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, PCG & SCG will make sure all Admission documents are properly filled with all the necessary information and signed on the day of admission. I will review all documents within one week of admission & update as needed.</p>	<p style="text-align: right;">24 SEP 11 09:48 STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">1/9/24</p> <p style="text-align: right;">24 APR 30 04:06 STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">9/11/24</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>FINDINGS SCG #2 and #3 – No current 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;">SCG SCG # 2 SCG # 3</p> <p style="text-align: center;">PHYSICIAN EXAM WERE OBTAINED & COPY ATTACHED</p>	<p style="text-align: center;">24 SEP 19 10 21 AM '24 2/19/24 2/27/24 9/11/24</p>
			<p style="text-align: center;">24 APR 30 4:06 PM '24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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			<p style="text-align: right;">STATE OF HAWAII DOH-ONC STATE LICENSING 24 APR 30 P 4:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #1 – No initial tuberculosis (TB) clearance. SCG #2 – There is a record showing PPD skin tests were done on 11/28/2022 and 12/1/2022. But the results are not recorded.</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;">attached</p> <p style="text-align: center;">Initial TB clearance was obtained for SCG #1 & #2. copy attached.</p>	<p style="text-align: right;">4/20/24</p> <p style="text-align: center;">24 SEP 11 A 9:48</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P 4:06</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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			<p style="text-align: center;">24 APR 30 P 4:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #1 and #2 – No annual TB clearance.</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;">SCG # 1 SCG # 2</p> <p style="text-align: center;">Annual TB clearance was obtained copy attached.</p>	<p style="text-align: right;">1/9/24 2/14/24 24 SEP 11 09:48</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-SDCA STATE LICENSING</p>
			<p style="text-align: right;">24 APR 30 P 4:06</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-SDCA STATE LICENSING</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>FINDINGS SCG #1 and #2 – No annual TB clearance.</p> <p>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>TO PREVENT THIS FROM HAPPENING AGAIN WE POSTED A LIST OF NECESSARY ANNUAL DOCUMENTS WITH IT RENEWAL DATES. POSTED ON OUR BULLETIN BOARD.</p> <p>I HAVE A LIST OF ALL ANNUAL CLEARANCE EXPIRATION DATES POSTED.</p> <p>I WILL REMIND THEM 2 MONTHS BEFORE IT EXPIRES.</p>	<p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING 24 SEP 11 A9:48</p>
			<p style="text-align: right;">9/11/24</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING 24 APR 30 P4:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No record that Primary Care Giver (PCG) trained SCG #3 to make prescribed medication available to residents.</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;">SCG#3 WAS TRAINED ON 8/2/23</p>	<p style="text-align: right;">11/9/24</p> <p style="text-align: right;">24 SEP 11 A 9:48 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">24 APR 30 P 4:06 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS Lunch menu was “Fish Sticks, Potato Wedges, Collard Green, Cantaloupe, Mix Green Salad, WG Noodle.” Lunch served was salmon, tater tots, mixed vegetables, and apples. No menu substitution recorded.</p>	<p>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 SEP 11 A 9:48 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P 4:06 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Lunch menu was "Fish Sticks, Potato Wedges, Collard Green, Cantaloupe, Mix Green Salad, WG Noodle." Lunch served was salmon, tater tots, mixed vegetables, and apples. No menu substitution recorded.</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>MOVING FORWARD we made calendar ledger for each resident and will make sure to timely record each menu substitution on the ledger & on their PROGRESS notes.</p> <p>I trained SSC to document menu substitution.</p>	<p style="text-align: right;">STATE OF HAWAII DOH-6810A STATE LICENSING</p> <p style="text-align: right;">24 SEP 11 A 9:48</p> <p style="text-align: right;">1/9/24</p>
			<p style="text-align: right;">STATE OF HAWAII DOH-6810A STATE LICENSING</p> <p style="text-align: right;">24 APR 30 P 4:05</p> <p style="text-align: right;">9/11/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS One (1) disinfectant spray and one (1) air freshener were stored in unlocked cabinet in residents' bathroom.</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>REMOVED IMMEDIATELY FROM THE RESIDENTS BATHROOM CABINET AND SECURED.</i></p>	<p style="text-align: center;"><i>1/9/24</i></p> <p style="text-align: center;"><i>9/11/24</i></p> <p style="text-align: center;">24 SEP 11 A 9:48</p> <p style="text-align: center;">24 APR 30 P 4:05</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS One (1) disinfectant spray and one (1) air freshener were stored in unlocked cabinet in residents' bathroom.</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 style="text-align: center;">We installed a lock to the residents' bathroom cabinet. We will make sure to keep it locked when not in use. I trained my staff to lock the cabinet after every use.</p>	<p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">24 SEP 11 A 9:48</p> <p style="text-align: right;">1/9/21</p> <p style="text-align: right;">allway</p>
			<p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">24 APR 30 P 4:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1's name was not labeled on Triple Action Joint health bottle. Corrected during inspection.</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 SEP 11 A 9:48</p> <p style="text-align: center;">24 APR 30 P 4:05</p>

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			<p style="text-align: right;">24 APR 30 P 4:05</p> <p style="text-align: right;">9/11/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Medication cabinet was not locked upon department arrival. Corrected during inspection.</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 SEP 11 A 9:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P 4:05</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - Physician's orders dated 9/7/2023 and 1/4/2024 were "Amlodipine (Sic) 2.5MG BENZEPRIL 10MG CAP, 1 CAP ORALLY DAILY. HOLD SBP<110 PULSE<60." No record that blood pressure and pulse were taken on 1/4/2024. No notes for reasons why it was not taken.</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 SEP 11 A9:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P4:05</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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 orders dated 9/7/2023 and 1/4/2024 were "Amlodipine (Sic) 2.5MG BENZEPRIL 10MG CAP, 1 CAP ORALLY DAILY. HOLD SBP<110 PULSE<60." No record that blood pressure and pulse were taken on 1/4/2024. No notes for reasons why it was not taken.</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>MOVING FORWARD, we will make sure TO RECORD THE VITAL SIGNS OF EACH RESIDENT RIGHT AFTER we take it. IF we miss anything, we will make NOTE on their PROGRESS NOTES promptly.</p>	<p style="text-align: right;">STATE OF HAWAII DOH-800-A STATE LICENSING</p> <p style="text-align: right;">24 SEP 11 A9:49</p> <p style="text-align: right;">i/a/am</p>
			<p style="text-align: right;">STATE OF HAWAII DOH-800-A STATE LICENSING</p> <p style="text-align: right;">24 APR 30 P4:05</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 orders dated 9/7/2023 and 1/4/2024 were “Amlodipine (Sic) 2.5MG BENZEPRIL 10MG CAP, 1 CAP ORALLY DAILY. HOLD SBP<110 PULSE<60.” On 1/8/2024, Bp: 106/95 and Pulse: 91 were recorded. Medication administration record (MAR) was initialed as Amlodipine was given on 1/8/2024. Whether both blood pressure and pulse meet the parameter was not clarified.</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>ACQUIRED THE CORRECT ORDER NO PARAMETER FOR Amlodipine (sic) 2.5mg BENZEPRIL 10mg CAP.</i></p>	<p style="text-align: right;"><i>2/27/24</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">24 SEP 11 09:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 04:05</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 orders dated 9/7/2023 and 1/4/2024 were “Amlodipine (Sic) 2.5MG BENZEPRIL 10MG CAP, 1 CAP ORALLY DAILY. HOLD SBP<110 PULSE<60.” On 1/8/2024, Bp: 106/95 and Pulse: 91 were recorded. Medication administration record (MAR) was initialed as Amlodipine was given on 1/8/2024. Whether both blood pressure and pulse meet the parameter was not clarified.</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>MOVING FORWARD, WHEN MD CHANGE RESIDENT'S MEDICATIONS OR INSTRUCTIONS we will make sure to update MAR and all the necessary documents, medication list and our computer files to prevent errors.</p> <p>I will review medication orders at least once a month to make sure all orders are carried. If I have a question I will contact MD within 24 hours. 9/11/24</p>	<p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">24 SEP 11 A 9:49</p> <p style="text-align: center;">11/9/24</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P 4:05</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 – Physician’s orders dated 9/7/2023 and 1/4/2024 were “Amlodipine (Sic) 2.5MG BENZEPRIL 10MG CAP, 1 CAP ORALLY DAILY. HOLD SBP<110 PULSE<60.” Parameters for blood pressure and pulse rate were not noted 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 style="text-align: center;"><i>AQUIRED THE CORRECT MED ORDER WITHOUT PARAMETER.</i></p>	<p style="text-align: center;"><i>2/27/24</i></p> <p style="text-align: center;">24 SEP 11 A9:49 24 APR 30 P4:05</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 – Physician's orders dated 9/7/2023 and 1/4/2024 were "Amlodipine (Sic) 2.5MG BENZEPRIL 10MG CAP, 1 CAP ORALLY DAILY. HOLD SBP<110 PULSE<60." Parameters for blood pressure and pulse rate were not noted in medication administration record (MAR).</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, when MD change medication order, we will make sure to update our MAR and all the necessary documents, medication list and computer files to prevent error.</p>	<p style="text-align: right;">STATE OF HAWAII DOH-810CA STATE LICENSING</p> <p style="text-align: right;">'24 SEP 11 A 9:49</p> <p style="text-align: right;">1/9/24</p>
		<p>I will review medication orders & MAR at least once a month and update as needed.</p>	<p style="text-align: right;">STATE OF HAWAII DOH-810CA STATE LICENSING</p> <p style="text-align: right;">'24 APR 30 P 4:05</p> <p style="text-align: right;">9/11/24</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>FINDINGS Resident #1 – No initial TB clearance. Record shows two (2) PPD skin tests were read on 12/5/2022 (step 1) and 12/12/2022 (step 2). However, no physician/APRN determination was recorded.</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;">AQUINO</p> <p style="text-align: center;">STEP 1 0mm 12/21/23</p> <p style="text-align: center;">STEP 2 0mm 2/22/24</p> <p style="text-align: center;">THE RESULT WAS OBTAINED AND COPY ATTACHED. 7/11/24</p>	<p style="text-align: center;">24 SEP 11 A 9:49</p> <p style="text-align: center;">24 APR 30 P 4:05</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><u>FINDINGS</u> Resident #1 – No initial TB clearance. Record shows two (2) PPD skin tests were read on 12/5/2022 (step 1) and 12/12/2022 (step 2). However, no physician/APRN determination was recorded.</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>MOVING FORWARD we will make sure that all incoming residents has initial PPD skin test with result and signed by MD OR APRN.</p> <p>I will use Admission Checklist to remind me to obtain all the needed documents. Will review all the documents within one week of Admission.</p>	<p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">*24 SEP 11 A 9:49</p> <p style="text-align: center;">2/22/24</p>
		<p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">*24 APR 30 P 4:04</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – Physician’s order was Acetaminophen 325mg, 2 tabs 3 times a day as needed for pain. The medication was given daily. Reasons why it was given daily and resident’s response to daily does were not recorded 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 SEP 11 A 9:49</p> <p style="text-align: center;">24 APR 30 P 4:04</p>

STATE OF HAWAII
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STATE OF HAWAII
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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)(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 was Acetaminophen 325mg, 2 tabs 3 times a day as needed for pain. The medication was given daily. Reasons why it was given daily and resident's response to daily does 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 style="text-align: center;">MOVING FORWARD we will make sure to record the reason of the resident's response to any PRN medication on their PROGRESS NOTE.</p>	<p style="text-align: right;">24 SEP 11 A 9:49 1/9/24</p>
		<p>I will document the response to medication at frequency weekly.</p>	<p style="text-align: right;">At 9/11/24 24 APR 30 P 4:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Cabinet for residents' binders was not locked upon department arrival. Corrected during inspection.</p>	<p>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 SEP 11 A 9:49</p> <p style="text-align: center;">24 APR 30 P 4:04</p>

STATE OF HAWAII
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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)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Cabinet for residents' binders was not locked upon department arrival. Corrected during inspection.</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 style="text-align: center;"><i>on the door</i></p> <p>WE POSTED A SIGNAGE TO REMIND US KEEP THE RESIDENTS BINDER CABINET LOCKED WHEN NOT IN USE. PCE & SCA WILL ALSO MAKE IT A HABIT TO KEEP CHECKING MAKING SURE THAT RESIDENTS BINDER CABINET IS ALWAYS LOCKED.</p>	<p style="text-align: center;">24 SEP 11 09:49</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">1/9/24</p> <p style="text-align: center;">24 APR 30 04:04</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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 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>updated</i></p>	<p style="text-align: center;"><i>11/9/21</i></p> <p style="text-align: center;">24 SEP 11 A 9:49 STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P 4:04 STATE OF HAWAII DOH-CHCA STATE LICENSING</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>MOVING FORWARD patient AFTER MD/APPN change medication or medication order, we will make sure to update all necessary documents, medication list & computer files to be consistent & up to date.</p> <p>I will review the emergency information sheet every 3 months and update as needed. 9/11/21</p>	<p style="text-align: center;">STATE OF HAWAII DOH-011CA STATE LICENSING</p> <p style="text-align: center;">24 SEP 11 A 9:49</p> <p style="text-align: center;">1/9/21</p>
			<p style="text-align: center;">STATE OF HAWAII DOH-011CA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P 4:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White out was used in November 2023 and August 2023 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 SEP 11 A 9:50</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: center;">24 APR 30 P 4:04</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White out was used in November 2023 and August 2023 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 style="text-align: center;"><i>Reminded an SCG's that we are NOT allowed to use white out on any residents documents. We also posted a HA reminder note.</i></p>	<p style="text-align: right;"><i>1/9/21</i></p> <p style="text-align: right;">24 SEP 11 A9:50</p> <p style="text-align: right;">24 APR 30 P4:04</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

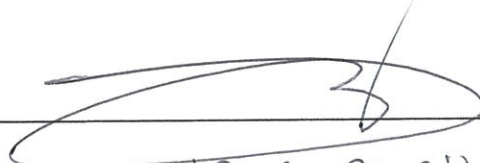
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> One (1) resident uses oxygen. No sign was posted.</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;">SIGN POSTED ON RESIDENTS ROOM 2 CARETAKER FRONT DOOR.</p>	<p style="text-align: center;">1/9/24</p> <p style="text-align: center;">24 SEP 11 A9:50</p> <p style="text-align: center;">24 APR 30 P4:04</p>

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> One (1) resident uses oxygen. No sign was posted.</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>Moving forward I will keep in mind, when resident is ordered to use oxygen we will make sure that signage will be posted right away at the resident's room and the at the home's front door.</p>	<p style="text-align: right;">1/9/21</p> <p style="text-align: right;">*24 SEP 11 A9:50</p> <p style="text-align: right;">*24 APR 30 P4:04</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

Jana Rubio Acun

Date: _____

4/29/24



STATE OF HAWAII
DOH-BHCA
STATE LICENSING

9/11/23

24 SEP 11 A 9:50

STATE OF HAWAII
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24 APR 30 P 4:04