

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Birds of Paradise Home Corporation</b>	<b>CHAPTER 100.1</b>
<b>Address: 3470 Ala Hapuu Street, Honolulu, Hawaii 96818</b>	<b>Inspection Date: July 16, 2024 Annual</b>

**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>§11-100.1-13 <u>Nutrition</u>. (l)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician order 4/23/24 for “Dysphagia pureed, nectar thickened liquid,” then after receiving speech language pathologist assessment on 5/15/24 order changed to “regular bite size soft diet with thin liquids. Thick it PRN” on 5/23/24. No special diet menu provided for pureed or bite size soft diet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- I corrected by contacted OCHA Nutritionist on 7/18/2024 for guidance on pureed diet menu and regular bite sized soft diet.</p> <p>- I corrected by met with OCHA nutritionist on August 5, 2024 and created a special diet menu for the above diets.</p>	<p>08/24/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order 4/23/24 for “Dysphagia pureed, nectar thickened liquid,” then after receiving speech language pathologist assessment on 5/15/24 order changed to “regular bite size soft diet with thin liquids. Thick liquid PRN” on 5/23/24. No special diet menu observed for pureed or bite size soft diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>- I will contact the OCHA Nutritionist for guidance on special diet orders and special diet menus.</li> <li>- I will ensure that menus are available for use after new or updated diet orders are received.</li> </ul>	<p>08/24/1924</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Physician order for 3/12/24 for “pureed diet, thin liquids.” However, no special diet menu observed.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- I corrected by contacted OCHA Nutritionist on 7/16/2024 for guidance on pureed diet menu and regular bite sized soft diet.</p> <p>- I corrected by met with OCHA nutritionist on August 5,2024 and created a special diet menu for the above diets.</p>	08/24/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (f)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Physician order for 3/12/24 for “pureed diet, thin liquids.” However, no special diet menu observed.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- I will contact the OCHA nutritionist for guidance on special diet orders and special diet menus .</p> <p>- I will ensure that menus are available for use after new or updated orders are received.</p>	<p>08/24/2024</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><b><u>FINDINGS</u></b> Bathroom #1 – Observed Lysol cleaning spray and Clorox cleaning spray unsecured in the bathroom near the shower area.</p> <p>Substitute Care Giver (SCG) secured chemicals during inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Bathroom #1 – Observed Lysol cleaning spray and Clorox cleaning spray unsecured in the bathroom near the shower area.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- I will ensure to secured all cleaning products after used. Do not leave any cleaning products in to the bathroom area.</p> <p>- I will check bathrooms area at all times to ensure no cleaning products for resident's safety.</p> <p>- I will delegate SCG to secure all cleaning products after used.</p>	<p>08/24/2024</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><b><u>FINDINGS</u></b>            Resident #2 – Three (3) boxes of “Salonpas Lidocaine 4% patch” observed unsecured in resident’s bedroom dresser.</p> <p>SCG secured medication during inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b>            Resident #2 – Three (3) boxes of “Salonpas Lidocaine 4% patch” observed unsecured in resident’s bedroom dresser.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>- I will ensure to have my reminder checklists placed in to the Resident's refrigerator at all times.</li> <li>- I will ensure to check Resident #2 bedroom dresser everyday, or after visitor leave the rooms.</li> <li>- I will ensure to include in to the checklists posted in to the Residents refrigerator to check the rooms daily .</li> </ul>	<p>08/24/2024</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><b><u>FINDINGS</u></b> Resident #1 – Physician order to discontinue Dutasteride 0.5mg cap daily on 6/4/24. However, June MAR observed to have no documentation whether medication was given to resident, withheld from or if resident refused medications from 6/1/24 to 6/3/24 before it was discontinued.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- I Corrected by initialed it to H hold, verbally ordered it to hold it till PCP appointment, June 4, 2024 due to unable to swallow Dutasteride 0.5 mg. caps.</p>	<p>07/23/2024</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><b><u>FINDINGS</u></b> Resident #1 – Physician order to discontinue Dutasteride 0.5mg cap daily on 6/4/24. However, June MAR observed to have no documentation whether medication was given to resident, withheld from or if resident refused medications from 6/1/24 to 6/3/24 before it was discontinued.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>- I will ensure to review medications orders before giving meds, and initial the MAR after giving meds everyday.</li> <li>- I will ensure to remember by checking residents MAR before and giving meds.</li> <li>- All verbal orders given by MD have to document it as soon orders given.</li> <li>- I will make a new medications update and fax it in to the clinic and have MD sign.</li> </ul>	<p>08/24/2024</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><b><u>FINDINGS</u></b> Resident #1 – Physician order to discontinue Seroquel 25mg 1 tab at bedtime on 6/14/24. However, June MAR records that medication is being administered to resident from 6/14/24 to 6/30/24 despite it being discontinued.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- I corrected by rechecking the orders and have it reviewed. MD. notified.</p>	<p>07/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order to discontinue Seroquel 25mg 1 tab at bedtime on 6/14/24. However, June MAR records that medication is being administered to resident from 6/14/24 to 6/30/24 despite it being discontinued.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- I will ensure to check physician orders, and call MD to confirm discontinued medications.</p> <p>-As soon as orders given by MD , I will initial residents MAR and date discontinued medications.</p>	08/24/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS.</u>            Resident #1 – Resident hospitalized from 4/19/24 to 4/23/24 for acute hypoxemic respiratory failure. No documented evidence of an incident report.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- I corrected by providing a incident report for Resident #1, and placed it in to the Carehome binder.</p>	<p>07/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u>            Resident #1 – Resident hospitalized from 4/19/24 to 4/23/24 for acute hypoxemic respiratory failure. No documented evidence of an incident report.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will ensure to provide an incident report following 11-100.1-17 (c) in the chapter rules.</p> <p>-I have created and posted a guideline of examples of when to do and incident report, These guidelines will be posted in to the carehome binder, it will be available when PCG and SCG to follow, will check very end of the month.</p>	09/18/2024

	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><b><u>FINDINGS</u></b>            Resident #1 – Resident Register had incorrect readmission date written. Register reads that resident was discharged 5/19/24 and readmitted 5/24/24. However, hospital discharge notes and progress notes document resident's hospitalization on 4/19/24 and readmitted on 4/24/24.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b>            Resident #1 – Resident Register had incorrect readmission date written. Register reads that resident was discharged 5/19/24 and readmitted 5/24/24. However, hospital discharge notes and progress notes documents resident's hospitalization on 4/19/24 and readmitted on 4/24/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>- I will ensure to check admissions checklists .</li> <li>- I will ensure to double check dates of the admissions.</li> <li>- I will review residents documents every month or PRN.</li> </ul>	<p>08/24/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #3 – No current inventory of possessions. Last inventory completed on 10/19/20.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- I corrected by providing a new inventory forms for resident #1 and place it into the binder.</p>	07/23/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b>            Resident #3 – No current inventory of possessions. Last inventory completed on 10/19/20.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- I will ensure to update or provide inventory during readmission for Resident #3, ensure to confirm with the resident or families.</p> <p>- I will ensure to check residents belongings as needed / monthly / when families bring new items.</p> <p>- I will check carehome admissions checklist.</p>	<p>08/24/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire Drills held in the last twelve (12) months were not conducted during various times of the day. Documentation shows that fire drills were being done only during daytime hours between 8:05am to 10:45 am.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire Drills held in the last twelve (12) months were not conducted during various times of the day. Documentation shows that fire drills were being done only during daytime hours between 8:05am to 10:45 am.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- I have written in my calendar predetermined times to do my quarterly fire drills to remind me which quarter to do a fire drill during the day and which quarter to do a fire drill at night.</p>	09/17/2024

Licensee's/Administrator's Signature: Mely Co  
Print Name: Mely Co  
Date: 07/24/2024

Licensee's/Administrator's Signature: Mely Co  
Print Name: Mely Co  
Date: 08/24/2024

Licensee's/Administrator's Signature: Mely Co  
Print Name: Mely Co  
Date: 09/18/2024