

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE LICENSING

<b>Facility's Name: Edgar Tuazon Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1117 Lumikuke Place, Waipahu, Hawaii 96797</b>	<b>Inspection Date: June 20, 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>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Menus are too small for residents to see.</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'll display a menu that will be placed on the residents dining table.</p> <p><i>I printed one day menu per page I place on the dining table a letter big enough to see.</i></p>	<p>07/08/2024</p> <p style="text-align: right;">24 JUL 10 P1:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Menus are too small for residents to see.</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'll make sure that the menu can be clearly read by the resident.</p> <p><i>I will print daily menu per page for all type of menu.</i></p>	<p>07/08/2024</p> <p style="text-align: right;">24 JUL 10 P 1:03</p> <p style="text-align: right; font-size: small;">STATE OF ALABAMA DEPT OF SENIOR STATE LICENSING</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>FINDINGS</b>            Unlabeled Icy Hot pain relief cream was stored in unlocked cabinet in the hallway. The medication was removed during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF MA            DEPT. OF HEALTH            STATE LICENSING</p>	<p style="text-align: right; font-size: small;">'24 JUL 10 P 1:03</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b>  Resident #1 – Physician’s order was “Alendronate Sodium 70mg, take 1 tab by mouth weekly 30-60 mins prior to breakfast on an empty stomach, do not lie down after taking medication.” Per medication administration record (MAR), medication was given on 6/4/2024, 6/11/2024, and 6/19/2024 in June. Per physician’s order, dosing date was 6/18/2024. Primary Care Giver (PCG) stated that the medication was given on 6/18/2024, but PCG initialed 6/19/2024 MAR inadvertently.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 10 P 1 03</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND  HIGH SCHOOL  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Only one (1) current resident was listed in permanent resident register. PCG stated that there were total of two (2) residents admitted since the care home opened, and one (1) resident was discharged. Corrected during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 10 P 1:04</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>



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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><b><u>FINDINGS</u></b>  A live grasshopper was found on the kitchen counter. PCG removed it during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND  DEPARTMENT OF HEALTH &amp; GENERAL SERVICES  STATE LICENSING</p>	<p style="text-align: center;">24 JUL 10 P 1 :04</p>

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<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><b><u>FINDINGS</u></b> A live grasshopper was found on the kitchen counter. PCG removed it during inspection.</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 not allow grasshopper's inside my house.</p> <p>a) if there is an insects inside the house I will remove it right away &amp; we cleaned the surface w/ disinfecting wipes.</p>	<p style="text-align: center;">07/08/2024</p> <p style="text-align: center;">24 JUL 10 P 1:04</p> <p style="text-align: center;">STATE OF VERMONT DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Only no-splash bleach was available to sanitize the dishes.</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 will make sure to store regular Bleach Clorox under my locked cabinet. Available to use in the kitchen, specifically to be use to sanitize the dishes.</p> <p><i>I purchased concentrated bleach + ready for use</i></p>	<p>07/08/2024</p> <p style="text-align: right;">24 JUL 10 P 1:04</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: *Jay Luan* *Jay Luan*  
Print Name: EDGAR TUASON  
Date: 07-08-2024 09/09/24

24 SEP -9 P 1 :01  
STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

24 JUL 10 P 1 :04  
STATE OF HAWAII  
DOH & LICENSING  
STATE LICENSING