

8/20/24

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: HM Aloha Matters Care Home LLC	CHAPTER 100.1
Address: 91-1080 Hoowalea Street, Ewa Beach, Hawaii 96706	Inspection Date: July 16, 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>§11-100.1-13 <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><u>FINDINGS</u> Posted menus were too small for residents to see.</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>Deficiency corrected by providing a more clearer and visible menu that can be seen and review by residents and OHCA staff.</p>	08/03/2024

	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><u>FINDINGS</u> Posted menus were too small for residents to see.</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 make sure a clearer and visible copy of menu should be readily available for residents and OHCA to review.</p> <p>To reach out to OHCA nutritionist for more assistance if needed.</p>	08/03/2024

	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>FINDINGS Resident #1 – No label for the bottles of Tylenol 325mg tablets and Dorzolamide HCL/Timolol Maleate Ophthalmic Solution. 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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 – No label for the bottles of Tylenol 325mg tablets and Dorzolamide HCL/Timolol Maleate Ophthalmic Solution. 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>To make sure all medications are properly labeled to prevent medication errors. Caregiver will routinely check at the end of each month and each time the doctor orders new medications. Caregiver will compare medication bottle labels against doctor orders to make sure it matches. If it does not match, caregiver will contact pharmacy to update label or have a sticker posted on the bottle to refer to the medication administration record for instructions. Caregiver will create a monthly to do list as a reminder what to do to prepare for the next month.</p>	08/20/2024

	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 – “Potassium Chloride CR 20 MEQ tab, Take 1 tab by mouth one time per day as needed” and “Furosemide Lasix 20mg tab take 1 tab by mouth every morning as needed” was ordered on 3/7/2024. Indication for as needed use was not included. The order 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>Deficiency corrected by clarifying to doctor's office and requesting a new doctor's order indicating for as needed use of medication.</p>	08/03/2024


	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 – “Potassium Chloride CR 20 MEQ tab, Take 1 tab by mouth one time per day as needed” and “Furosemide Lasix 20mg tab take 1 tab by mouth every morning as needed” was ordered on 3/7/2024. Indication for as needed use was not included. The order 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>When gathering doctor's order, make sure to request to doctor to specify the indication of as needed medications.</p> <p>To review medication orders at least once a month.</p> <p>If clarification needed, i will contact physician within 24hrs.</p>	<p style="text-align: center;">08/03/2024</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 – Physician’s order dated 3/4/2024 was “Midodrine HCL oral tab 2.5mg, Give 1 tab by mouth two times a day for hypotension, Give with breakfast and lunch, Hold if SBP>130 mmHg standing up.” Blood pressure on 7/15/2024 am was recorded as 138/73. Medication administration record appeared to be initialed 7/15/2024 am dose was given. Primary Care Giver (PCG) stated that it was written “W” as withheld, but the initial could not be differentiated from Substitute Care Giver’s initial.</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>	

	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 3/4/2024 was “Midodrine HCL oral tab 2.5mg, Give 1 tab by mouth two times a day for hypotension, Give with breakfast and lunch, Hold if SBP>130 mmHg standing up.” Blood pressure on 7/15/2024 am was recorded as 138/73. Medication administration record appeared to be initialed 7/15/2024 am dose was given. Primary Care Giver (PCG) stated that it was written “W” as withheld, but the initial could not be differentiated from Substitute Care Giver’s initial.</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>Caregiver will make sure to clarify initials in the medication flow sheet.</p> <p>Caregiver modified the legend as HL- HOLD for medication that hasn't been giver to resident.</p>	08/03/2024


	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 – No Emergency Information sheet available.</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>PCG corrected the missing Emergency Information sheet for resident.</p> <p>Caregiver will provide corrected document to OHCA</p>	08/03/2024

	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 – No Emergency Information sheet available.</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>Caregiver will routinely check resident's binder for missing documents and documents that need to be updated at the end of each month. A monthly to do list will be referred to by caregiver to include updating emergency contact information each time any information changes like medications or emergency contacts.</p>	08/20/2024

Licensee's/Administrator's Signature:  _____

Print Name: Lord Harry Umayam _____

Date: Aug 3, 2024 _____

Licensee's/Administrator's Signature: 

Print Name: Lord Harry Umayam

Date: Aug 20, 2024