

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name Halawa Senior Care LLC	CHAPTER 100.1
Address: 99-278 Ohenana Loop, Aiea, Hawaii 96701	Inspection Date: September 10, 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>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Admitted into care home with case management services on 8/14/24; however, no level of care was obtained from the physician indicating nursing facility/expanded level. Currently, the resident is certified as an ARCH level and is able to perform ADLs with minimal assistance, except with transfers. <i>Submit documentation of correction with your plan of correction (POC).</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES. Case Manager came on 9/12/2024 and discontinue case management services to reflect the resident current level of care.</p>	<p>9/12/2024</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan dated 6/18/24 did not include the treatment order to use heel protectors, as ordered on 2/6/24. <i>Submit documentation of correction with your POC.</i></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>YES. PCG conducted case manager to add to use heel protectors in resident care plan. Case manager send an updated care plan on 9/12/2024.</p>	9/12/2024

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Licensee's/Administrator's Signature: Eugine Albert T Ganir

Print Name: Eugine Albert T Ganir

Date: Sep 16, 2024