

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Lilikoi	CHAPTER 100.1
Address: 1033 Ala Lilikoi Street, Honolulu, Hawaii 96818	Inspection Date: August 13, 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.

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).

STATE OF HAWAII
DOH-OHCA
STATE LICENSING
23 SEP 23 P2:24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of all personal items brought into the facility at the time of admission on 8/1/23 is unavailable for review</p> <p>Submit a current inventory of items with plan of correction</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>Resident and I counted and entered all her items on her belonging's sheet. I submitted an inventory of her items.</p>	<p style="text-align: center;">09/03/2024</p>
			<p style="text-align: center;">STATE OF HAWAII DOH- OHCA STATE LICENSING</p> <p style="text-align: center;">24 SEP 23 P 2:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of all personal items brought into the facility at the time of admission on 8/1/23 is unavailable for review</p> <p>Submit a current inventory of items with plan of correction</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, I will count and document inventory items on the residents' sheets upon admission. I will also document items when residents bring new items.</p> <p>I have created admission check list that includes inventory of</p>	<p>09/03/2024</p>
		<p>Possession ; possessions</p> <p>I will use check list at each admissions</p>	<p>9/23/24</p> <p>24 SEP 23 P 2:24</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – PCG reports resident is consuming a diabetic diet; however, carbohydrate intake is not being measured or monitored when preparing meals/snacks</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>When resident was discharged from Queen's hospital, consistent carbs diet was ordered. I asked her PCP about the change of diet and she ordered to regular diet on 07/03/2024. Resident visited PCP on 08/15/2024 and PCP ordered resident can be on regular diet due to her health improvement. I submitted diet orders.</p>	<p style="text-align: center;">09/03/2024</p>

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'24 SEP 23 P2:24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> Resident #1-3 – Special diet menu unavailable for the following diet orders:</p> <ul style="list-style-type: none"> • Resident #1 – diabetic diet • Resident #2 – consistent carb • Resident #3 – diabetic, heart healthy <p>Submit a copy of menus with plan of correction</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 made and posted diabetic diet and heart healthy diet on the menu I submitted special diet menus</p>	<p style="text-align: center;">09/03/2024</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 SEP 23 P2:24</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>FINDINGS Resident #1-3 – Special diet menu unavailable for the following diet orders:</p> <ul style="list-style-type: none"> • Resident #1 – diabetic diet • Resident #2 – consistent carb • Resident #3 – diabetic, heart healthy <p>Submit a copy of menus with plan of correction</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;">In the future, I will follow special diet strictly and post special diet menu with regular diet.</p> <p style="text-align: center;">Diet order will be reviewed at the time of admission to ensure diet is provided and appropriate menu posted. If diet order is incomplete, physician will be contacted immediately for clarification. Review of diet order has been added to my admission check</p>	<p style="text-align: center;">09/03/2024</p>
			<p style="text-align: right;">24 SEP 23 9/23/24 P2:24 STATE OF OHIO DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Bedroom #2 – Two (2) boxes of Ensure Plus stored on bedroom floor Bedroom #3 – Box of Ensure stored on floor of bedroom closet</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 all the supplements from the residents' rooms and stored them in a secluded area with an adequate height in a safe place.</p>	<p style="text-align: center;">09/03/2024</p>
			<p style="text-align: center;">24 SEP 23 P 2:24</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Bedroom #2 – Two (2) boxes of Ensure Plus stored on bedroom floor Bedroom #3 – Box of Ensure stored on floor of bedroom closet</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, any type of supplements will not be left in the residents' rooms.</p> <p>To ensure it doesn't happen, I will post reminder note on refrigerator to check rooms for medications daily as reminder to staff. Any medications found unsecured shall be locked up.</p>	<p>09/03/2024</p> <p>9/23/24</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">24 SEP 23 P2:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports cooking food containing meat/poultry/fish for residents to a temperature of 160°F, below minimum safe temperature of 165°F</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 SEP 23 P2:24</p> <p>STATE OF ILLINOIS DOH-ORICA 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><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/11/23-9/18/23 stated, “Switch to Glucerna”; however, order was incomplete and did not include the dosage and frequency to administer</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 SEP 23 P2:23</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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		<p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p><i>9/23/24</i></p> <p>24 SEP 23 P2:23</p>

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<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 4/29/24 states, “Ensure Plus 237mL drink 1 can three times a day by mouth... Resident keeps these medications in her room and self-administer”; however, MAR shows resident has been consuming “Boost Plus 237mL, take 1 can by mouth” since 4/29/24. Medication administration record (MAR) does not reflect physician’s orders.</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>MAR is corrected to reflect Ensure order from physician. See attached</i></p>	<p style="text-align: center;"><i>9/23/24</i></p>
		<p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;">24 SEP 23 P2:23</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/3/24 states, “Artificial Tears 1 drop in each eye once a day in both eyes”; however, MAR shows resident has been self-administering the medication despite no self-administration order prescribed</p> <p>Submit self-administration order with plan of correction</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>Since 07/01/2024, resident has refused to take artificial tears. She states that she doesn't need it anymore. I obtained physician's d/c order on 08/23/2024.</p>	<p style="text-align: center;">09/03/2024</p> <p style="text-align: center;">24 SEP 23 P2:23</p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LIAISON</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><u>FINDINGS</u> Resident #1 – Medication order for Artificial Tears has not reevaluated since 1/3/24</p> <p>Submit updated medication order with plan of correction</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>Resident received physician's order to stop artificial tears. I submit updated medication order.</p>	<p style="text-align: center;">09/03/2024</p>
			<p style="text-align: right;">STATE OF ILLINOIS DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">24 SEP 23 P2:23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p>FINDINGS Resident #1 – Written procedures that includes storage, monitoring, and documentation of medications self-administered by residents are unavailable for the following orders prescribed on 4/29/24 stating, “Resident keeps these medication in her room and self-administer”:</p> <ul style="list-style-type: none"> • “Trelegy 100mcg-62.5mcg-25mcg powder for inhalation. Inhale 1 puff by mouth daily” • “Ensure Plus 237mL drink 1 can three times a day by mouth” <p>Submit written procedures for self-administration of medication with plan of correction</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>Medication should be placed in a safe and secure place such as inside the bedside drawer. PCG or SCG will monitor the resident to ensure that medication is self-administered. PCG or SCG will document self-administration in the MAR.</p> <p><i>Self administration policy to be submitted on sep 27/24..</i></p>	<p style="text-align: center;">09/03/2024</p> <p style="text-align: center;"><i>9/23/24</i></p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

24 SEP 23 12:23

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1 – Written procedures that includes storage, monitoring, and documentation of medications self-administered by residents are unavailable for the following orders prescribed on 4/29/24 stating, “Resident keeps these medication in her room and self-administer”:</p> <ul style="list-style-type: none"> • “Trelegy 100mcg-62.5mcg-25mcg powder for inhalation. Inhale 1 puff by mouth daily” • “Ensure Plus 237mL drink 1 can three times a day by mouth” <p>Submit written procedures for self-administration of medication with plan of correction</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, I will make a self-administration policy and educate the resident to store her inhaler in a safe and secure place. I will monitor to make sure medication is self-administered properly and document when medications are self-administered in the MAR.</p> <p><i>Staff has been inserviced on self-administration policy and it's filed in the event copy was requested by OHCA.</i></p>	<p>09/03/2024</p>
		<p style="text-align: right;"> <small>STATE OF HAWAII DOH-OHCA STATE LICENSING</small> </p> <p style="text-align: right;"> <i>9/24/24</i> <small>SEP 23 P2:23</small> </p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Daily schedule of activities unavailable for review</p> <p>Submit a copy of resident’s daily schedule of activities with plan of correction</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>I made a daily schedule of activities plan. I submit it.</p>	<p style="text-align: center;">09/03/2024</p>
			<p style="text-align: center;">24 SEP 23 P 2:23 STATE OF ILLINOIS DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Daily schedule of activities unavailable for review</p> <p>Submit a copy of resident’s daily schedule of activities with plan of correction</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>I have added completion of daily schedule of activities to my admission check list.</p> <p>to ensure all incoming residents have schedule of activities provided and followed.</p>	<p style="text-align: right;">24 SEP 23 9/23/24 P2:23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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 #1,4 – Initial (2-step) TB clearance unavailable for review</p> <p>Resident #4 – Annual TB clearance unavailable for review</p> <p>Submit a copy with plan of correction</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>They had 2-step TB clearance. I submit them.</p>	<p>09/03/2024</p>
			<p style="text-align: right;">24 SEP 23 P 2:23 STATE OF HAWAII DOR-DIRECTOR STATE LICENSING</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 #1,4 – Initial (2-step) TB clearance unavailable for review</p> <p>Resident #4 – Annual TB clearance unavailable for review</p> <p>Submit a copy with plan of correction</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>I have added initial two step TB test to my admission check list to ensure proper documentation to be is obtained. check list will be used during admission process.</p>	<p style="text-align: right;">24 SEP 23 12:23 9/23/24</p> <p style="text-align: right;">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>FINDINGS Resident #1 – Admission assessment completed on 8/1/23 was not signed by the resident/resident’s representative</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 SEP 23 P 2:22</p> <p>STATE OF HAWAII DOH-OHCA 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 – Admission assessment completed on 8/1/23 was not signed by the resident/resident’s representative</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, I will go over admission assessment with family or resident and have them sign the sheet upon admission.</p> <p><i>I have added to my admission check list to ensure form is thoroughly completed</i></p>	<p>09/03/2024</p> <p><i>9/23/24</i></p> <p>ST</p>

24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – Signed documentation resident was fully informed of their rights and responsibilities prior to or at the time of admission unavailable for review</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>I explained the admission policy to the resident's sister but she forgot to sign the policy in her chart. I gave another copy of the admission policy to the resident, explained it to her, and obtained her signature.</p>	<p>09/03/2024</p>
	<p>Submit a copy of signed GOP with plan of correction</p>		<p style="text-align: center;">24 SEP 23 P 2:22</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – Signed documentation resident was fully informed of their rights and responsibilities prior to or at the time of admission unavailable for review</p> <p>Submit a copy of signed GOP with plan of correction</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>I have added ^{Signed} Signed completion of GOP to my admission check list to ensure documents is thoroughly completed check list will be used on admissions.</p>	<p style="text-align: right;">9/23/24</p> <p style="text-align: right;">24 SEP 23 P2:22</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the resident was fully informed in writing prior to or at the time of admission of services available and rate for services</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>I fully informed the resident of the rates for service in writing. She received a copy of the policy and I submit it.</p> <p style="text-align: center;"><i>Sign copy is obtained</i></p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;">09/03/2024</p>
	<p>Submit a copy of signed GOP with plan of correction</p>		<p style="text-align: center;"><i>9/24</i> <i>23/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the resident was fully informed in writing prior to or at the time of admission of services available and rate for services</p> <p>Submit a copy of signed GOP with plan of correction</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 have added signed completion of rate of service to my admission. check list to ensure documents. IS thoroughly completed check list with be used on admission</p>	<p style="text-align: right;">9/23/24</p> <p style="text-align: right;">24 SEP 23 P2:22</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONICA STATE LICENSING</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><u>FINDINGS</u> 10/2023 fire drill conducted did not include the duration of time taken to complete</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 SEP 23 P2:22</p> <p>STATE OF HAWAII DOH OIGCA STATE LICENSING</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><u>FINDINGS</u> 10/2023 fire drill conducted did not include the duration of time taken to complete</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>Reminder note is posted in fire drill log, to include duration of time, each fire drill taken to complete</i></p>	<p style="text-align: right;"><i>9/22/24</i></p> <p style="text-align: right;">SEP 23 P2:22</p> <p style="text-align: right; 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)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature is 125.5°F, above maximum safe temperature of 120°F</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>I adjusted the water temperature on the water heater and tested the hot water temperature around 115 degrees F.</p>	<p style="text-align: center;">09/03/2024</p>
			<p style="text-align: right;">24 SEP 23 P 2:22 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature is 125.5°F, above maximum safe temperature of 120°F</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, I will check the water temperature every month to make sure it does not exceed 120 degrees F.</p> <p>Reminder note to do this has posted on the refrigerator.</p>	<p>09/03/2024</p>
			<p>9/23/24</p> <p>24 SEP 23 P 2:22</p> <p>STATE OF HAWAII DOH-041A STATE LICENSING</p>

Licensee's/Administrator's Signature: S. Phillips

Print Name: Soo Yeon Phillips

Date: 9/23/24

24 SEP 23 P2:22
STATE OF HAWAII
DDH-CHCA
STATE LICENSING