## STATE OF HAWAII DEPARTMENT OF HEALTH OFFICE OF HEALTH CARE ASSURANCE 601 KAMOKILA BOULEVARD, ROOM 361 KAPOLEI, HAWAII 96707

## PRELIMINARY REPORT OF ON-SITE VISIT

NAME OF FACILITY: Mililani Care Home LLC DATE: September 10, 2024

## **AREAS OF NON-COMPLIANCE:**

Time in: 0830 Time Out: 1200 Vacancies: 3

Guide:

Substitute Caregiver: Exan Vibat Resident #1- Hilde Terjeiro

- 14(c)- No thermometer available in refrigerator during the time of inspection.
- 14(e)- No metal stem thermometer to check hot and cold temperatures available during the time of inspection.
- 15(e)- Resident #1- Physician ordered on 2/7/24 for Lumigan 0.01% eye drops; however medication was unavailable for review during time of inspection. Per SCG, medication is being refilled, however no entry to determine if medication is currently being refilled.
- 17(b)(3)- Resident #1- Progress notes in June 2024, July 2024, and August 2024 was incomplete and did not consistently address response to medications, treatments, and diet.
- 17(b)(5)- Resident #1- Prolia 60 mg/mL subcutaneous syringe Inject 1 mL by SQ to be given at doctors' office was ordered on 2/7/24; no entry detailing when medication was administered or made available.
- 17(c)- Resident #1- No incident report available during time of inspection that occurred 2/16/24 when resident walked out of care home and was outside for more than 2 hours.

## Advisement for next year's inspection:

- 1. Only TB clearance that OHCA will now be accepting will be "TB Document F: State of Hawaii TB Clearance Form", issued by a health provider (MD, DO, APRN, NP). No other TB document will be accepted as a clearance this includes skin tests results, chest x ray reports, Quantiferon lab reports, doctor letters, or clearances documented on forms other than TB Document F.
- 2. Background checks, initially first 2 years, then biennial. Please refer to email sent 5/28/24. If you have not received the notice, please contact your nurse consultant.

SUBVEYOR'S SIGNATURE

OPERATOR'S SIGNATURE