

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 DEC -5 P 3:00

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Orpiano Adult Residential Care Home	CHAPTER 100.1
Address: 308 Kilani Avenue, Wahiawa, Hawaii 96786	Inspection Date: June 22, 2023 Initial

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.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUL 17 P 2:18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u> , (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; <u>FINDINGS</u> Substitute Care Giver (SCG) #3 and #4 – No Fieldprint results. Please submit a copy with your plan of correction (POC).	<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>I have obtained copies for SCG#3 and SCG#4 I filed it into my ARCH binder. Also I've attached copies to POC.</i></p> <p><i>SCG#4 took new field print 7/14/23 I will sent new copy as soon as available to upload result.</i></p>	<p><i>SCG#3</i> 7-10-23</p> <p><i>SCG#4</i> 6-24-23</p> <p style="text-align: center;">23 JUL 17 P2:17</p>

23 DEC -5 P 3:01

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Substitute Care Giver (SCG) #3 and #4 – No Fieldprint results.</p> <p>Please submit a copy with your plan of correction (POC).</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>To prevent this from happening in the future I have to make sure to review my AReH book monthly to assure Staffs documents are updated and current at all times Copy attached.</i></p>	<p style="text-align: right;"><i>6-24-23</i></p> <p style="text-align: center;">23 JUL 17 P2:18</p>

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STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Primary Care Giver (PCG), SCG #1, #2, #3 – No current annual physical exam.</p> <p>Please submit a copy with your POC.</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>I obtained copies of annual PE PCG: for PCG, SCG #1, SCG #2, SCG #3. Duplicated copies filed in my ARCH binder, also attached copies on the POC.</i></p>	<p><i>7-08-23</i></p> <p><i>SCG #1 1:30 PM 7-17-23</i></p> <p><i>SCG #2 on vacation no annual P.E.</i></p> <p><i>SCG #3 7-14-23</i></p> <p style="text-align: center;">23 JUL 17 P2:17</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Primary Care Giver (PCG), SCG #1, #2, #3 – No current annual physical exam.</p> <p>Please submit a copy with your POC.</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>In the future to prevent this from happening I will use a calendar and post it in my fridge to make sure I have all staffs document updated.</i></p>	<p style="text-align: right;"><i>7/17/23</i></p> <p style="text-align: right;">23 JUL 17 P2:17</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS PCG, SCG #1, #2, #4 – No current annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>I have obtained current - annual T.B. for PCG, SCG#1, SCG#2, SCG#4 copies filed in my ARCH binder and also copies attached to POC.</i></p>	<p style="text-align: right;"><i>7-8-23</i></p> <p style="text-align: right;">23 JUL 17 P2:17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> PCG, SCG #1, #2, #4 – No current annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>To prevent from happening in the future I use my iPhone calendar to track documents before expiration to maintain staffs and household members required clearances up to date, also posted in my fridge for easier access of staff and the department.</i></p>	<p style="text-align: right;"><i>7-5-23</i></p> <p style="text-align: right;">23 JUL 17 P2:16</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> PCG, SCG #2 – No initial tuberculosis clearance. Please submit a copy with your POC.	<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>I obtained PCG tuberculosis clearance, a copy filed in ARCH binder also I attached copy to POC.</i></p> <p><i>SCG #2 unable to obtain tuberculosis clearance because she was "out work" since husband was Dx/CA till he passed. SCG #2 just got added to Orpiano ARCH last February 2023.</i></p>	<p style="text-align: right;"><i>6-30-22</i></p> <p style="text-align: right;">23 JUL 17 P2:16</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS PCG, SCG #2 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>To avoid this from happening in the future, ARCH received 7/10/23 should emphasize to all staffs the importance of required clearances for subyones safety in the ARCH.</i></p> <p><i>I will use SCG3 checklist to obtain required documents.</i></p>	<p style="text-align: center;">23 JUL 17 P2:16</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2, #3, #4 – No first aid certification.</p> <p>Please submit a copy with your POC.</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><i>I obtained current copies of First aid certification for SCG #2, #3, #4 I attached copies to POC and also have copies filed in ARCH binder.</i></p>	<p><i>6/28/23</i></p> <p>23 JUL 17 P2:15</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">23 DEC -5 P 3:01</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2, #3, #4 – No first aid certification.</p> <p>Please submit a copy with your POC.</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>To prevent this ^{from} happening in the future I have to make sure to review my ARCH book regularly to assure required clearances are updated for SCG #2, #3, #4 and have copies filed in the ARCH binder also attached copies in the POC.</i></p> <p><i>I will remind SCGs to upgrade the 1st aide certification 2 months prior to expiration</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">7/17/23</p> <p style="text-align: right;">23 JUL 17 P 2:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No record that PCG trained SCG to make prescribed medication available to residents.</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>I obtained records to all SCG's on how to prepare/make prescribed medications - available to residents, copies of their currently updated training records are filed in ARCH book</i></p>	<p style="text-align: center;"><i>6/23/23</i></p> <p style="text-align: center;">23 JUL 17 P2:15</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No record that PCG trained SCG to make prescribed medication available to residents.</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>To avoid this from happening in the future I have to make sure that upon admission I have to add training on SCG's specially on how to make prescribed medications available to residents and how to properly recorded in resident MAR.</i></p> <p><i>I will use SCG's checklist to remind them myself to train SCG's prior to staffing</i></p>	<p style="text-align: right;"><i>7/5/23</i></p> <p style="text-align: right;">23 JUL 17 P2:15</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">23 DEC -5 P 3:02</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Resident #1 – No record that PCG trained SCG to administer insulin.</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>I obtained copy of insulin administration training in service for Resident #1. I attached copy in resident binder. Also rendered in-service training to SCG's about checking glucose and insulin administration. SCG's record is updated and its filed in the ARCH book.</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">7/17/23</p> <p style="text-align: center;">23 JUL 17 P 2:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Resident #1 – No record that PCG trained SCG to administer insulin.</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>To prevent this from happening in the future I have to make sure to update SCG's delegation record upon admission and copies should be filed in the ARCH book.</i></p> <p><i>I will use SCG's checklist to remind myself to train SCGs and document.</i></p>	<p style="text-align: right;"><i>7/13/23</i></p> <p style="text-align: right;">23 JUL 17 P2:15</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #2, #3, #4 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>I obtained copies of CPR for SCG #2, #3, #4 I attached copies in the POC and it's filed in the home ARCH book.</i></p>	<p style="text-align: right;"><i>7/17/23</i></p> <p style="text-align: center;">23 JUL 17 P2:15</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2, #3, #4 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>To prevent this from happening in the future I have to make sure to review monthly records for staffs and household members to have them accurate in my ARCH book. I posted calendar on fridge to track easier by the staff and the department.</i></p> <p><i>I will remind SCGs to update CPR certification 2 months prior to expiration date.</i></p>	<p style="text-align: right;"><i>7/17/23</i></p> <p style="text-align: right;">23 JUL 17 P2:15</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No record that fire drills were conducted.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">'23 DEC -5 P3:02</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No record that fire drills were conducted.</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>To prevent this from happening in the future I have to make sure to schedule monthly fire drill regularly together with ARCH staffs. Fire drill record is filed in ARCH book.</i></p> <p><i>I do fire drill every 1st-Monday of the month</i></p>	<p style="text-align: right;"><i>6/30/23</i></p> <p style="text-align: center;">'23 JUL 17 P2:14</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>§11-100.1-13 <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 Posted menu did not include portions sizes for each food.</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>I obtained the correct - menu we had from the nutrition class which is includes amount of portion per serving and its posted in the kitchen and in the dinning table for easier access with the clients and the department.</i></p>	<p style="text-align: right;"><i>6/24/23</i></p>

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<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 Posted menu did not include portions sizes for each food.</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>To avoid this from happening in the future I have to make sure that I have a correct menu which includes measurements of foods per serving which is posted in the kitchen and on the dining table for access with the residents and the department.</i></p>	<p style="text-align: right;"><i>6/28/23</i></p> <p style="text-align: right;"><i>4:00</i></p> <p style="text-align: right;">23 JUL 17 P2:14</p>

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	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> Resident #1 – No menu for “regular soft” and “diabetic diet (ADA)” ordered on 5/22/2023. Resident #2 – No menu for “Regular soft diet” ordered on 12/6/2022.</p> <p>Please submit menus for each diet order for department 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>I have obtained regular-soft menu for resident #1 its posted in the kitchen and on the dining table also have diabetic diet (ADA) created for the same resident is in place kitchen & dining table. I've obtained "regular soft" diet for Resident #2 which is posted in the kitchen and on the dining table.</i></p>	<p style="text-align: right;"><i>6/24/23</i></p> <p style="text-align: right;">23 JUL 17 P2:14</p>

23 DEC -5 P 3:02

STATE OF HAWAII
DHHS
STATE LICENSING

STATE OF HAWAII
DHHS
STATE LICENSING

	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 – No menu for “regular soft” and “diabetic diet (ADA)” ordered on 5/22/2023. Resident #2 – No menu for “Regular soft diet” ordered on 12/6/2022.</p> <p>Please submit a menu for each diet order for department review.</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>To prevent this from happening in the future I have made menu of "regular soft diet" for Resident # 1, #2 which is posted in the kitchen and on the dining table. I also made menu for "diabetic diet" (ADA) for resident # 1, copies are posted in the kitchen, dining table I also attached copies on my POC. If I need more information I contact Ms. Jackson.</i></p>	<p style="text-align: right;"><i>6/27/23</i></p>

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STATE OF HAWAII
DOH-CHCA
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STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUL 17 P 2:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Lunch menu is “chicken rice soup, chicken casserole with mashed potatoes, apple pie.” Lunch served was white rice, beef with bell peppers, green peas, cut watermelon, water. No menu substitution recorded.</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>	<p style="text-align: center;">23 JUL 17 P2:14</p>

23 DEC 5 P3:02

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Lunch menu is "chicken rice soup, chicken casserole with mashed potatoes, apple pie." Lunch served was white rice, beef with bell peppers, green peas, cut watermelon, water. No menu substitution recorded.</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>To avoid this from happening in the future I have created a copy of substitution Plan menu to record changes of menu substitution. - everytime occur changes. It's posted on my fridge for easier access.</i></p> <p><i>Menu substitution form is available for SCGs to recalled. I trained SCGs to recalled menus substitution when need it.</i></p>	<p style="text-align: right;"><i>6/26/23</i></p> <p style="text-align: right;">23 JUL 17 P2:14</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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STATE OF HAWAII
DOH-ONCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 – Diet order at admission was “heart healthy + diabetic” prescribed on 6/20/2021. Physician ordered “Dm Diet” on 5/22/2023. Also, a different order was given on the same day 5/22/2023 “regular soft, diabetic diet (ADA)”.</p> <p>Please clarify with physician.</p> <p>Resident #2 – “Regular soft diet” ordered on 12/6/2022.</p> <p>The care home is not special diet certified.</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>As PCP I made clarification order for Resident #1 regarding 2 complicated diet order & sent to PCP. The letter for clarification. I did the same for Resident #2 have a copy of clarification as well for PCP to review & sign. I've attached a copy of letter sent to both PCP of Resident #1, #2 also attached copy to my POC.</i></p> <p><i>The home is now special diet certified.</i></p>	<p style="text-align: right;"><i>7/16/23</i></p> <p style="text-align: right;">23 JUL 17 P2:14</p>

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STATE OF HAWAII
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STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 – Diet order at admission was “heart healthy + diabetic” prescribed on 6/20/2021. Physician ordered “Dm Diet” on 5/22/2023. Also, a different order was given on the same day 5/22/2023 “regular soft, diabetic diet (ADA)”.</p> <p>Please clarify with physician.</p> <p>Resident #2 – “Regular soft diet” ordered on 12/6/2022.</p> <p>The care home is not special diet certified.</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>To prevent this from happening in the future I will ensure all treatments/medications including diet plan, are current and verified by physician (signed and dated physician's order) at admission, and after doctor's visits. As PCG I will complete all necessary training, preferably before admitting new client as well as change in treatment or Care Plan of any client.</i></p> <p><i>The home is now special diet certified.</i></p>	<p style="text-align: right;"><i>7/16/23</i></p> <p style="text-align: right;">23 JUL 17 P2:14</p>

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STATE OF HAWAII
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STATE LICENSING

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Clorox, Lysol, and Toilet bowl cleaner were stored in unlocked cabinet under the bathroom sink inside the residents' bedroom #4. 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>	<p style="text-align: right;">23 JUL 17 P2:13</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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STATE OF HAWAII
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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">23 DEC -5 P3-03</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Clorox, Lysol, and Toilet bowl cleaner were stored in unlocked cabinet under the bathroom sink inside the residents' bedroom #4. 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><i>To prevent this from happening in the future I have to make sure not to store any cleaning products in Residents' ^{Bathroom} cabinets without locking. It's been corrected right away during visit/inspection.</i></p> <p><i>I trained SGGs not to store cleaning supplies in the residents room.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;"><i>6/22/23</i></p> <p style="text-align: right;">23 JUL 17 P2:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Clorox and other cleaning supplies were stored in an unlocked cabinet under the kitchen sink. 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>	<p style="text-align: center;">23 JUL 17 P2:13</p>

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STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">23 DEC -5 P 3:03</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Clorox and other cleaning supplies were stored in an unlocked cabinet under the kitchen sink. 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><i>To avoid this from happening in the future I have to make sure that cabinet under the kitchen sink is always locked for everyones safety especially the residents.</i></p> <p><i>I moved cleaning supplies in outside storage and its double locked always.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;">6/22/23</p> <p style="text-align: right;">23 JUL 17 P 2:13</p>

	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><u>FINDINGS</u> Resident #1 – Insulin pen was stored in a separate container. Pen and container were not labeled with the resident’s name. 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>	<p style="text-align: center;">23 JUL 17 P2:13</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Insulin pen was stored in a separate container. Pen and container were not labeled with the resident's name. Corrected during inspection.	<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>To prevent this from happening in the future I have to make sure that every resident's meds are properly labeled ^{with} their names on the container.</i></p>	<p style="text-align: right;"><i>6/22/23</i></p> <p style="text-align: right;">23 JUL 17 P2:13</p>

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<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><u>FINDINGS</u> Medication for two (2) residents was left on the residents' dining table and dining chair upon department arrival. 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>	

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STATE OF HAWAII
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23 JUL 17 P 2:13

	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><u>FINDINGS</u> Medication for two (2) residents was left on the residents' dining table and dining chair upon department arrival. 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><i>To prevent this from happening in the future I have to make sure that everytime I'm done administering resident's medications I have to stored meds boxes in a safety storage and locked it.</i></p>	<p style="text-align: right;"><i>6/27/23</i></p> <p style="text-align: center;">23 JUL 17 P2:13</p>

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STATE OF HAWAII
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	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><u>FINDINGS</u> The temperature of the refrigerator for medication was 50 degree 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>I have provided new thermometer to replace the old thermometer that's been discarded. Medication fridge now is on 38°F temp it's now working accurate.</i></p>	<p style="text-align: right;"><i>6/23/23</i></p> <p style="text-align: right;">23 JUL 17 P2:13</p>

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STATE OF HAWAII
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	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><u>FINDINGS</u> The temperature of the refrigerator for medication was 50 degree 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><i>To prevent this from happening in the future I have to make sure to check the med fridge everyday to assure the thermometer is working properly and maintain accurate temperature.</i></p>	<p style="text-align: right;"><i>6/23/23</i></p> <p style="text-align: right;">23 JUL 17 P2:13</p>

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STATE OF HAWAII
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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>FINDINGS Resident #1 – Per PCG, resident and previous care giver stated to hold insulin if blood glucose reading is between 100 and 130. PCG followed this administration instruction. No physician's order available for the parameter. Please obtain physician's order.</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>As Primary Care Giver I made verification letter sent to Primary Physicians to verify Plan of Care (Insulin Parameter). Letter sent to PCP requested Physician's Signature to verify treatment and to date signed physicians order for Resident #1.</i></p>	<p style="text-align: right;"><i>7/15/23</i></p> <p style="text-align: right;">23 JUL 17 P2:13</p>

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STATE OF HAWAII
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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 – Per PCG, resident and previous care giver stated to hold insulin if blood glucose reading is between 100 and 130. PCG followed this administration instruction. No physician’s order available for the parameter. Please obtain physician’s order.</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>To prevent this from happening in the future Primary Care Giver will ensure all treatments/medications are current and verified by physician's order at admission, preferably - before admission</i></p>	<p style="text-align: center;">23 JUL 17 P2:13</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – There was a medication list provided by physician at admission, but not signed/dated. Per PCG, the phone order to continue the current medication was received on 5/5/2023 pm, but not recorded in physician's order sheet. Written order was obtained on 5/22/2023.</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>	<p style="text-align: center;">23 JUL 17 P2:13</p>

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STATE OF HAWAII
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23 JUL 17 P2:13

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – There was a medication list provided by physician at admission, but not signed/dated. Per PCG, the phone order to continue the current medication was received on 5/5/2023 pm, but not recorded in physician's order sheet. Written order was obtained on 5/22/2023.</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>To prevent this from happening in the future PCG will ensure all treatments/medications are current and verified by Physicians (signed and dated physician's order) at admission, preferably before admission. I will review medication order and record every 2 wks. I will document anything I did not record previously.</i></p>	<p style="text-align: right;"><i>7/16/23</i></p> <p style="text-align: right;">23 JUL 17 P2:13</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Melatonin 5mg cap, Metoprolol Tartrate 25mg tab, Dextran 70/glycer/0.2%/Hypromel OPH, Apixaban 5mg were listed twice in May 2023 medication administration record (MAR).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Repeated copy of this Melatonin 5mg cap, Metoprolol Tartrate 25mg tab, Dextran 70/glycer/0.2%/Hypromel OPH, Apixaban 5mg were listed twice in May 2023 medication administration record (MAR)</i></p> <p><i>I've taken out copy of this repeated meds in the MAR and revised go ^{errors} it's now corrected and accurate ⁱⁿ the MAR.</i></p>	<p style="text-align: right;"><i>6/29/23</i></p> <p style="text-align: right;">23 JUL 17 P2:13</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Melatonin 5mg cap, Metoprolol Tartrate 25mg tab, Dextran 70/glycer/0.2%/Hypromel OPH, Apixaban 5mg were listed twice in May 2023 medication administration record (MAR).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to make sure to review medications list in the MAR that none of any meds should not be duplicated. MAR now is accurate and omitted the repeated copy. I will review MAR at the end of the month and update as needed.</i></p>	<p style="text-align: right;"><i>6/22/23</i></p> <p style="text-align: right;">23 JUL 17 P2:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

23 DEC -5 P 3:04

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1 – GenTeal Tears eye drops container was labeled as expired. The physician's current order was to instill into both eyes twice a day. PCG stated that the resident rarely uses it. MAR was initialed as given twice a day. The last day MAR was initialed as given was 6/21/2023 am.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>On Resident #1 Gen Teal Tears eye drops on the box labeled was expired but the bottle is still accurate. I also approached Resident #1 the importance of his MD orders have to be followed regularly and accurately, resident agreed to take Gen Teal Tears 2x a day I have to make sure that I stand by assist every time meds is taken so I can assure if I have to initial on the MAR or put (R) if resident refused for accuracy of administering meds.</i></p>	<p style="text-align: center;">JUL 17 P2:12</p> <p style="text-align: right; font-size: 2em;"><i>6/22/23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">'23 DEC -5 P3:04</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §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>FINDINGS Resident #1 – GenTeal Tears eye drops container was labeled as expired. The physician’s current order was to instill into both eyes twice a day. PCG stated that the resident rarely uses it. MAR was initialed as given twice a day. The last day MAR was initialed as given was 6/21/2023 am.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To avoid this from happening in the future I have to be sure to always stand by assist resident when time to administering medications and also for me to know if I signed meds if taken accurately other wise Put (R) if resident has refused to take.</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">6/23/23</p> <p style="text-align: center;">'23 JUL 17 P2:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – No plan of care and activities schedule.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have made plan of care and activities schedule for Resident #1 now is posted on the fridge and filed copy on the residents binder.</i></p>	<p style="text-align: right;"><i>6/25/23</i></p> <p style="text-align: center;">23 JUL 17 P2:12</p>

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STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">23 DEC -5 P3:04</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §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>FINDINGS Resident #1 – No plan of care and activities schedule.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to make sure to make a copy during admission also posted a copy on the board and filed another copy on residents binder.</i></p> <p><i>I will use admission checklist to remind myself to create plan of care.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;"><i>6/29/23</i></p> <p style="text-align: right;">23 JUL 17 P2:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment page 2 was not recorded.</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>	<p style="text-align: center;">23 JUL 17 P 2:12</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 – Admission assessment page 2 was not recorded.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to make sure to complete admission assessment – page 1 and 2 and filed it in the resident's binder PCG will review all documents within one week of admission to make sure everything is completed.</i></p>	<p style="text-align: right;"><i>6/27/23</i></p> <p style="text-align: right;">23 JUL 17 P2:12</p>

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STATE OF HAWAII
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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> (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 – At admission, current physical exam was not obtained. Available physical exam before admission was dated 6/10/2021. Current physical exam was obtained 5/22/2023, after admission.</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>	<p style="text-align: center;">23 JUL 17 P2:12</p>

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STATE OF HAWAII
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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> (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>FINDINGS Resident #1 – At admission, current physical exam was not obtained. Available physical exam before admission was dated 6/10/2021. Current physical exam was obtained 5/22/2023, after admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to make sure that upon admission resident from another Care Home facility I recieved updated current documents from old - PCG upon transfer. I will use admission checklist to remind myself to obtain current P.E.</i></p>	<p style="text-align: right;"><i>6/30/23</i></p> <p style="text-align: right;">23 JUL 17 P2:12</p>

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STATE OF HAWAII
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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> (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 – Emergency information sheet not up to date.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I obtained Resident #1 copy of Emergency information sheet updated and completed now its filed in the residents binder.</i></p>	<p style="text-align: right;"><i>6/25/23</i></p> <p style="text-align: center;">23 JUL 17 P2:12</p>

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STATE OF HAWAII
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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> (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 – Emergency information sheet not up to date.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to make sure to have updated copy of resident emergency information sheet and filed copy on residents binder</i></p>	<p style="text-align: right;"><i>7/17/23</i></p> <p style="text-align: center;">23 JUL 17 P2:12</p>

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STATE OF HAWAII
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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> (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 No "HEIGHT AND MONTHLY WEIGHT" form recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have obtained a copy of height and monthly form record and its filed in the residents binder.</i></p>	<p style="text-align: right;"><i>7/2/23</i></p> <p style="text-align: center;">23 JUL 17 P2:12</p>

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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> (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 No "HEIGHT AND MONTHLY WEIGHT" form recorded.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To avoid this from happening in the future I have to make sure to have a copy attached of height and monthly form record upon admission and it's should be filed in residents binder. The forms is filed in care home binder.</i></p>	<p style="text-align: right;"><i>6/30/23</i></p> <p style="text-align: right;">23 JUL 17 P2:12</p>

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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><u>FINDINGS</u> There was no Permanent Resident Register.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I obtained a copy of permanent resident register its now updated and its filed in residents (binder) my ARCH binder.</i></p>	<p style="text-align: right;"><i>7/1/23</i></p> <p style="text-align: right;">23 JUL 17 P2:12</p>

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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>FINDINGS There was no Permanent Resident Register.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to make sure that a copy of Permanent Resident Register is filled completely upon admission and filed in ARCH binder. I will use admission checklist to remind myself to record all new admissions in resident register.</i></p>	<p style="text-align: right;"><i>7-1-23</i></p> <p style="text-align: right;">23 JUL 17 P2:11</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – No record that PCG was trained to administer insulin.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I recently obtained a copy of training that I was delegated by a RN to administer insulin for Resident #1 a copy is attached to client binder and on ARCH binder.</i></p>	<p style="text-align: right;"><i>7-11-23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – No record that PCG was trained to administer insulin.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To avoid this from happening in the future I have to make sure that I have obtained a copy of certificate that I am trained to administer insulin for PCG Resident #1 and its filed in the ARCH binder.</i></p>	<p style="text-align: center;">23 JUL 17 P2:11</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – No record that PCG trained SCG for blood glucose check.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I obtained certificate of training about blood glucose check and I already did provided to all SCG's training yesterday morning 7/16/23 before their breakfast. SCG's training was successful. I also updated their training record it's filed in ARCH book and I attached copy to my POC.</p>	<p style="text-align: right;">7/16/23</p> <p style="text-align: right;">23 JUL 17 P2:11</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 – No record that PCG trained SCG for blood glucose check.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To avoid this from happening in the future I have to make sure to give proper training to SCG's to do - Glucose check and obtain record on all trained SCG's attached to ARCH binder. I will use SCG's checklist to train them for necessary care.</i></p>	<p style="text-align: right;"><i>7/11/23</i></p> <p style="text-align: right;">STATE OF HAWAII DOR-OHCA STATE LICENSING</p> <p style="text-align: right;">23 JUL 17 P2:11</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered to weigh the resident daily on 5/22/2023. No record that the resident was weighed daily.</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>	<p style="text-align: right;"><i>6-23-23</i></p> <p style="text-align: right;"><i>6-23-23</i></p> <p style="text-align: right;">23 JUL 17 P2:11</p>

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STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 – Physician ordered to weigh the resident daily on 5/22/2023. No record that the resident was weighed daily.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future for resident #1 I have to make sure to follow M.D's order to weigh resident daily and make proper record sheet to be filed in the resident's binder.</i></p> <p><i>Will review physicians order every 2 weeks to make sure the order is carried out.</i></p>	<p style="text-align: right;"><i>7/17/23</i></p> <p style="text-align: center;">23 JUL 17 P2:11</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA 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> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p>FINDINGS No record that smoke detectors were tested.</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>	<p style="text-align: right;">7-21-23 6-28-23 6-22-23</p> <p style="text-align: right;">23 JUL 17 P2:11</p>

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STATE OF HAWAII
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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p>FINDINGS No record that smoke detectors were tested.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to check every week to make sure smoke detector is working properly also to record it properly and file it in the ARCH binder.</i></p> <p><i>I will test smoke detector 1st Monday of the month.</i></p>	<p style="text-align: right;"><i>6-23-23</i></p>

'23 DEC -5 P3:05

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; <u>FINDINGS</u> PCG's personal belongings are stored in resident's bedroom #1.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="font-size: 1.2em;"><i>PCG took it all out her belongings stored in Resident's Room #1 and place it properly in PCG's room #2, now the room for resident #1 is clean and organized.</i></p>	<p style="text-align: right; font-size: 1.2em;"><i>6-22-23</i></p> <p style="text-align: center; font-size: 0.8em;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center; font-size: 0.8em;">23 JUL 17 P2:11</p>

DEC-5 P3:05

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; <u>FINDINGS</u> PCG's personal belongings are stored in resident's bedroom #1.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future PCG make sure not to use any resident's room to stored her belongings to respect their privacy.</i></p>	<p style="text-align: right;"><i>6-22-23</i></p> <p style="text-align: right;">23 JUL 17 P2:11</p>

23 DEC -5 P3:05

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> The smoke detector in the hallway in front of resident's room #1 was chirping throughout the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I have obtained new battery to change the old battery alarm in front of resident #1 now it working properly.</i></p>	<p style="text-align: center;"><i>6-23-23</i></p> <p style="text-align: center;">23 JUL 17 P2:11</p>

23 DEC -5 P3:05

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

STATE OF HAWAII
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	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>FINDINGS The smoke detector in the hallway in front of resident's room #1 was chirping throughout the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>To prevent this from happening in the future I have to do schedule testing on smoke detector weekly to ensure battery should change and assure the smoke detectors are working properly.</i></p>	<p style="text-align: right;"><i>7/17/23</i></p> <p style="text-align: right;">23 JUL 17 P2:11</p>

23 DEC -5 P3:05

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

Licensee's/Administrator's Signature: Asuncion Orpiano

Print Name: Asuncion Orpiano

Date: 7-17-23

'23 DEC -5 P 3:05

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

'23 JUL 17 P 2:11