

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Responsive Caregivers of Hawaii/Kapalama</b>	<b>CHAPTER 89</b>
<b>Address: 1330 Halona Street, Honolulu, Hawaii 96817</b>	<b>Inspection Date: June 12, 2024 Annual</b>

**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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (g) In addition to the above, must follow operational protocol of the home.</p> <p>If the certified caregiver is to be absent from the facility for more than one week, another certified caregiver shall be required to be present.</p> <p><b><u>FINDINGS</u></b> Care Giver managing Kapalama DDDH is not currently a Certified Care Giver (CCG). No documentation of a short application applying care giver as CCG, and proof of having attended Visions Course since taking on her role as a home operator on April 13, 2024.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Agency obtained the short application form from the nurse consultant on 6/17/24. Short application form was filled out and emailed to the nurse consultant on 6/17/24.</p> <p>Nurse Consultant assisted the caregiver on enrolment for Vision Courses on 6/14/24. Caregiver completed the courses on 6/17/24. Caregiver's additional requirements were emailed to the nurse consultant on 6/17/24.</p>	<p>06/17/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (g) In addition to the above, must follow operational protocol of the home.</p> <p>If the certified caregiver is to be absent from the facility for more than one week, another certified caregiver shall be required to be present.</p> <p><b><u>FINDINGS</u></b> Care Giver managing Kapalama DDDH is not currently a Certified Care Giver (CCG). No documentation of a short application applying caregiver as CCG, and proof of having attended Visions Course since taking on her role as a home operator on April 13, 2024.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Agency obtained the short application form from the nurse consultant on 6/17/24. Short application form was filled out and emailed to the nurse consultant on 6/17/24.</p> <p>Nurse Consultant assisted the caregiver on enrollment for Vision Courses on 6/14/24. Caregiver completed the courses on 6/17/24. Caregiver's additional requirements were emailed to the nurse consultant on 6/17/24.</p> <p>The agency created a checklist for the Operations Director and Human Resources /COO to refer to for caregiver requirements when there are potential hires.</p>	06/17/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6)  Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence that medication was re-evaluated every three (3) months from January 2024 to June 2024. Last medication re-evaluation dated 12/28/23.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that medications were administered as ordered by the physician during the following:</p> <ul style="list-style-type: none"> <li>• July 1-5, 2023</li> <li>• December 8-31, 2023</li> <li>• January 1-8, 2024</li> <li>• January 22-31, 2024</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a current Physical Exam (P.E.) Assessment by a physician or advanced practice registered nurse (APRN). Last P.E. on file is dated 1/19/23.</p> <p>Caregiver reports an appointment has been made for 6/18/24. Please submit a copy of resident's physical exam completed by physician with the plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Caregiver called PCP's office to make an appointment for Resident #1 to be seen for PE.            PE was completed for resident #1 on 6/18/24. (Please see attachment.)</p>	06/18/2024

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Monthly progress notes for the past twelve (12) months do not document resident's response to medication, diet, and care plan.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Observed PRN (as needed) medications administered throughout the month of August 2023, September 2023, October 2023 and November 2023. However, there were no follow up documentations on the response to medication.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (a)  The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file.</p> <p><b><u>FINDINGS</u></b>  Resident #1— No signed financial statement by resident and/or representative stating who will be responsible for resident's funds.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Financial Statement was provided to caregiver during licensing by the nurse consultant. Financial Statement form was sent out to each participant's legal guardian. All completed financial statements are on file in each resident's file. (Please attachments).</p>	07/09/2024



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Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: 07/09/2024

Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: 09/03/2024