

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tender Loving Care G. Care Home, LLC	CHAPTER 100.1
Address: 1730 Kilohi Street, Honolulu, Hawaii, 96819	Inspection Date: August 26, 2024 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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> Substitute Caregiver (SCG) #1 - No documentation of first aid certificate. <i>Submit documentation with your plan of correction (POC).</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>My SCG #1 was scheduled to complete her first aid on the day of the department of health inspection. My SCG #1 has completed this training on August 26, 2024. This certificate is available for review with the rest of my care home staff clearances.</p>	<p>08/26/24</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)(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> Substitute Caregiver (SCG) #1 – No documentation of first aid certificate.</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>A list will be used and checked monthly to ensure that all care giver's required annual documents are recorded, checked, and updated. This list will include all of my SCG's required special training expiration dates. Other than a list, I will also write the dates on my main calendar to when my SCG's medical record/paperwork are due. To prevent this from happening in the future, required special training dates for all care givers shall be properly documented and updated annually to certify that they are up to date on the most current first aid.</p>	<p>08/26/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #2 – Physician signed level of care dated 10/30/23 indicates ICF level of care and resident is not receiving case management services. The resident is ambulatory and requires minimal assistance with ADLs. <i>Clarify the level of care with the physician and submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have clarified the level of care with the physician and is available for review in Resident #2 medical binder. On 09/05/2024, I have made an appointment with Resident's #2 POC and explained the importance of filling out this LOC form correctly for my care home to admit this patient with the right level of care.</p>	<p>09/05/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #2 - Physician signed level of care dated 10/30/23 indicates ICF level of care and resident is not receiving case management services. The resident is ambulatory and requires minimal assistance with ADLs.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>An admission checklist is created to ensure that all medical records and paperwork are correctly filed with each resident PRIOR to admission in this care home. To prevent this from happening in the future, the LOC will be completed CORRECTLY by the resident's primary physician or APRN prior to admission. I, the PCG is responsible for ensuring the POC is completed correctly and will double check the LOC prior to admission date.</p>	<p>09/05/24</p>

	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><u>FINDINGS</u> Resident #2 – Physician order dated 10/30/23 states heart-healthy diet including avoidance of refined CHO, including drinks, and limit salt intake to <2g per day. However, PCG stated that the resident is being provided with a Regular diet, as requested by the family. No documentation diet order was discussed and clarified with the physician. <i>Submit documentation of correction with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On admission date of Resident #2, the PCP has been completed and signed the admission form that included the resident’s diet order. The PCP wrote the diet order as “no restrictions.” This has now been clarified on 09/05/2024 to ensure that the PCP has written the correct order that reflects the resident’s diet orders. Resident’s #2 diet order has been clarified to “regular diet with thin liquids.”</p>	<p>09/05/24</p>

	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><u>FINDINGS</u> Resident #2 – Physician order dated 10/30/23 states heart-healthy diet including avoidance of refined CHO, including drinks, and limit salt intake to <2g per day. However, PCG stated that the resident is being provided with a Regular diet, as requested by the family. No documentation diet order was discussed and clarified with the physician.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I will ensure that the PCP has written the proper diet orders prior to admission. I have updated my admission checklist to include a reminder to ensure the admission form assigned by the PCP has written the correct diet orders. For example, ensuring that the PCP has written if the resident is on a regular, cardiac, or renal diet order. If there are changes to the resident's diet during admission, I as a PCG will be responsible in ensuring the diet orders are written correctly.</p>	<p>09/05/24</p>

	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 order dated 5/21/24 for Calcium + Vitamin D3 was not clarified to indicate the specific dosage. <i>Please clarify the order and submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have made an appointment with Resident's #1 to clarify the following medication order. On 09/03/2024, the PCP has made changes to Resident's #1 medication order for calcium + Vitamin D3 is now Calcium 600 mg / Vitamin D3 400 units. Sig: Take 1 tablet twice a day with meals.</p>	<p>09/03/24</p>

	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 order dated 5/21/24 for Calcium + Vitamin D3 was not clarified to indicate the specific dosage.</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>To prevent this from happening in the future, I will carefully review medication orders with the medication bottle provided by the physician with the case manager RN on admission, monthly, or any time there are changes to medications. I as a PCG will be responsible for ensuring that the specific dosage reflects on the medication bottle and MAR correctly. I will use the five rights of medication administration (right patient, medication, DOSE, time, and route) to ensure I am safety administrating the right specific medication dosage.</p>	09/03/24

	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 - No physician order to administer Calcium 500 + Vitamin D3 125 IU 2 tabs po BID, as noted in medication administration record (MAR) between 6/1/24-present. <i>Please clarify the order and submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On 09/03/2024, this order has been made to administer calcium + Vitamin D3 is now Calcium 600 mg / Vitamin D3 400 units. Sig: Take 1 tablet twice a day with meals. The PCP has created orders to reflect the medication bottle and MAR and it is available for review on the most updated MAR.</p>	<p>09/03/24</p>

	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 – No physician order to administer Calcium 500 + Vitamin D3 125 IU 2 tabs po BID, as noted in medication administration record (MAR) between 6/1/24-present.</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>To prevent this deficiency from happening again in the future, I will use the five rights of medication administration to ensure the right patient, medication, dose, route, and time is safety given to each resident. These five rights of medication administration will allow me to ensur that the PCPs are writing the correct orders that reflects the medication bottle and MAR prior to administrating the medication. My SCG and myself as a PCG are responsible to ensure that the specific dosage is given correctly to each resident. As a PCG, it is my responsibility to ensure that all vitamins, minerals, and formulas include the right medication name and dose that includes IU.</p>	<p>09/03/24</p>

	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> Resident register was not maintained to reflect current (2024) admissions and discharges. <i>Submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have updated the resident register to reflect the current admissions and discharges. It is available for review with the rest of the resident's required documents.</p>	<p>08/27/24</p>

	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> Resident register was not maintained to reflect current (2024) admissions and discharges.</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>To prevent this deficiency from happening again in the future, I have made a discharge checklist that reflects the required documents that needs to be completed upon discharge. I also have updated my admission checklist to include filling out the resident register during admission.</p>	08/27/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Records show resident received case management services since admission on 11/28/23 but expanded level of care was not obtained from the physician until 2/13/24.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 - Records show resident received case management services since admission on 11/28/23 but expanded level of care was not obtained from the physician until 2/13/24.</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>To prevent this deficiency from happening again the future, I will first ensure the LOC is CORRECTLY filled and charted by the PCP, then will ensure that the family is aware that a case manager is needed for an expanded level of care resident. If a resident's LOC changes to expanded LOC during admission, I will ensure that the case management and family is immediately aware of the changes that needs to be done. I have updated my admission's checklist to include a reminder to ensure that case management services are needed for an expanded LOC resident. Also, having close communication every month during the case manager visits will guarantee that the appropriate residents are supported by a case manager.</p>	08/31/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan does not reflect all medication orders and does not address care needs related to pain (status post hip surgery in 2024) and use of pain medication to manage pain, use of laxatives (on Senna S and Miralax), low bone density and fracture risk (on Calcium + D3) and sleep disturbance (on Melatonin). <i>Submit a revised care plan with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have communicated this deficiency to my case manager RN and he has updated the care plan that reflects all medication orders related to pain, bowel movements, low bone density and fracture risk, and sleep disturbances.</p>	<p>08/31/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 -- Care plan does not reflect all medication orders and does not address care needs related to pain (status post hip surgery in 2024) and use of pain medication to manage pain, use of laxatives (on Senna S and Miralax), low bone density and fracture risk (on Calcium + D3) and sleep disturbance (on Melatonin).</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>My responsibility as a PCG to this care home is to ensure that the care plan review by the case manager is consistently completed each month:</p> <ul style="list-style-type: none"> -Establish a Schedule: Set a fixed date each month for the case manager's visit to review the care plan. Ensure this date is communicated to all relevant parties. -Create Reminders: Set up automated reminders for both the care home operator and the case manager a few days before the scheduled visit. Use email, calendar alerts, or a task management system. <p>By following this plan, it ensures that the care plan review by the case manager is conducted consistently and effectively each month.</p>	<p>08/31/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 - No documentation care plan was reviewed by the case manager for the month of June (2024).</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 -- No documentation care plan was reviewed by the case manager for the month of June (2024).</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>To prevent this deficiency from happening again in the future, I will ensure monthly case manager visits will include the following:</p> <ul style="list-style-type: none"> -Document the Review: Develop a standardized form or checklist for the care plan review. Ensure that the case manager completes this form during each visit and submits it to a central repository. -Documentation and Reporting: Maintain records of each review and any updates made to the care plan. Prepare a monthly report summarizing the completion of reviews and any significant changes. 	08/31/24

Licensee's/Administrator's Signature: Grace Fermin

Print Name: Grace Fermin

Date: 09/15/2024