

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: United Family Care Home, LLC	CHAPTER 100.1
Address: 1328 Molehu Drive, Honolulu, Hawaii 96818	Inspection Date: May 16, 2023 Annual

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

2023 AUG 21 AM 11:39
STATE OF HAWAII
OH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1 – Special diet menu for “regular pureed diet” contains inappropriate food items not appropriate for such diet: peas, lettuce, celery sticks, whole wheat bun, graham crackers, grapes, corn.</p> <p>Submit an updated menu with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Puree Diet menu updated</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;"><i>5/28/23</i></p> <p style="text-align: center;"><i>23 JUN 26 P12:45</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. <u>FINDINGS</u> Resident #1 – Special diet menu for “regular pureed diet” contains inappropriate food items not appropriate for such diet: peas, lettuce, celery sticks, whole wheat bun, graham crackers, grapes, corn. Submit an updated menu with plan of correction.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder posted on my refrigerator to review and update special diet menu when advised by the physician prior to serving menu items.</i></p>	<p style="text-align: right;"><i>8/21/23</i></p> <p style="text-align: right;">STATE OF HAWAII DUM-ONCA STATE LICENSING</p> <p style="text-align: right;">AUG 21 AM 11:39 23</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>FINDINGS Resident #1 – Unlabeled bottle of Aspirin found in resident's medication inventory</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>OTC Aspirin labeled as ordered by PCP</i></p>	<p style="text-align: center;"><i>J/16/23</i></p> <p style="text-align: center;"><i>73 JUN 26 12:44</i></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>§11-100.1-15 <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 – Unlabeled bottle of Aspirin found in resident's medication inventory</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder placed with medications container, cabinet and checklist to properly label all meds including OTC Meds</i></p>	<p style="text-align: right;"><i>5/16/23</i></p> <p style="text-align: right;">23 JUN 26 12:44</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – External use medication (bottle of ofloxacin eye drops) stored in Ziploc bag with internal use medications</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Eye drops placed in a sealed container as required.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;"><i>5/16/23</i></p> <p style="text-align: right;">23 JUN 26 PM 2:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – External use medication (bottle of ofloxacin eye drops) stored in Ziploc bag with internal use medications</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder posted in medication cabinet to place external (eyedrops / skin tx) in separate sealed container.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>5/16/23</i></p> <p style="text-align: right;">23 JUN 26 PM 2:44</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’s order dated, 8/3/22 and 3/10/23 states, “Ofloxacin 0.3% opthal sol. 1 gtt QD PRN”; however, order does not specify the following:</p> <ul style="list-style-type: none"> • which eye to administer medication into • PRN indication for administering medication 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Medication order updated includes both eyes administration and PRN indication for eye irritation</i></p> <p style="text-align: right;">STATE OF HAWAII DQH-OHCA STATE LICENSING</p>	<p style="text-align: center;"><i>8/21/23</i></p> <p style="text-align: center;">23 AUG 21 AM 1:39</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Physician’s order dated, 8/3/22 and 3/10/23 states, “Ofloxacin 0.3% opthal sol. 1 gtt QD PRN”; however, order does not specify the following: <ul style="list-style-type: none"> • which eye to administer medication into • PRN indication for administering medication 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder posted on my medication drawer cabinet to obtain complete orders with PRN indications and administration orders</i></p>	<p style="text-align: center;"><i>8/21/23</i></p>

23 AUG 21 AM 11:39

STATE OF HAWAII
 BOH-UHCA
 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 – No documented evidence thickener was/is being used to provide nectar thickened liquids, as ordered by physician from 4/29/22 to present (5/16/23).</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><i>MAR updated - thickener added as ordered by PCP effective 5/16/23</i></p>	<p style="text-align: right;"><i>5/16/23</i></p> <p style="text-align: right;">23 JUN 26 PM 2:44</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>

	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><u>FINDINGS</u> Resident #1 – No documented evidence thickener was/is being used to provide nectar thickened liquids, as ordered by physician from 4/29/22 to present (5/16/23).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder posted on Medication cabinet door to document administration of thick- it for thickened liquids in MAR</i></p>	<p style="text-align: center;"><i>8/21/23</i></p> <p style="text-align: right;">23 AUG 21 AM 11:39</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BH- OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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 #2 – Initial tuberculosis clearance (positive PPD) unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>unable to receive person's record Step 1 + 2 done see attached copy</i></p>	<p style="text-align: center;"><i>6/8/25</i></p> <div style="text-align: right;"> <p>73 JUN 26 12:44</p> <p>STATE OF HAWAII DOH - OHCA STATE LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;">23 AUG 21 AM 11:40</p> <p style="text-align: center;">STATE OF HAWAII BCH-DHCA STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §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 #2 – Initial tuberculosis clearance (positive PPD) unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>reminder note posted by referencator to obtain initial TB clearance at the time of admission</i></p>	<p style="text-align: center;"><i>8/21/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of resident's change in condition necessitating physician visit on 5/25/22.</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> <hr style="width: 10%; margin: 20px auto;"/> <div style="text-align: right; margin-top: 20px;"> STATE OF HAWAII DOH-ORICA STATE LICENSING </div>	<p style="text-align: center;">23 JUN 26 11:24A</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – No documented evidence of resident's change in condition necessitating physician visit on 5/25/22.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder posted in refrigerator to document any changes in client's conditions in progress notes. Continue to monitor until resident is back to baseline.</i></p>	

AUG 21 AM 1:40

STATE OF HAWAII
BOH-OHCA
STATE LICENSING

73

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1 – Physician visits attended on 5/25/22, 8/23/22, 10/28/22, and 3/10/23, were not documented in progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>✓</p> <p>—</p>	<p>23 JUN 26 P12:44</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Physician visits attended on 5/25/22, 8/23/22, 10/28/22, and 3/10/23, were not documented in progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder to check list, charts to document in perpetua notes all flv visit, tele health w/ PCP.</i></p>	<p style="text-align: right;">73 JUN 26 PM 2:44</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence specialized training was provided by the case manager to caregivers on preparation of nectar thickened consistency liquids as resident is on a specialized diet, “regular soft puree, liquid nectar consistency”.</p> <p>Submit copy of completed training with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Training done by CM Made H. in preparation nectar liquid consistency done PCG + substitute caregiver training - see attached certificate</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;"><i>5/30/24</i></p> <p style="text-align: right;">23 JUN 26 PM 2:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence specialized training was provided by the case manager to caregivers on preparation of nectar thickened consistency liquids as resident is on a specialized diet, “regular soft puree, liquid nectar consistency”.</p> <p>Submit copy of completed training with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Reminder to refrigerator to review care plans with case manager at each monthly visit to determine if any training is needed and to coordinate such training.</i></p>	<p style="text-align: right;"><i>8/21/27</i></p>

AUG 21 AM 11:40

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Monthly fire drills performed were limited to the hours between 9:00am and 5:15pm; not including various times when it is dark outside</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>73 JUN 26 P12.44</p> <p>STATE OF HAWAII DQH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Monthly fire drills performed were limited to the hours between 9:00am and 5:15pm; not including various times when it is dark outside</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>Reminder posted on refrigerator to perform some fire drills during hours of darkness.</i></p>	<p><i>8/21/23</i></p>

23 AUG 21 AM 11:40

STATE OF HAWAII
DHHS-DHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan states, “Report to RN case manager all skin-related problems”; however, no documented evidence RN case manager was notified of skin slit that developed on coccyx are on 8/10/22.</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;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">23 JUN 26 PM 2:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan states, “Report to RN case manager all skin-related problems”; however, no documented evidence RN case manager was notified of skin slit that developed on coccyx are on 8/10/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Reminder posted on hallway Kipler area to report any adverse finding including skin issues, medical issues to CM and document in progress notes as reported</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: right;"><i>5/18/29</i></p> <p style="text-align: right;">23 JUN 26 PM 2:44</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>FINDINGS Resident #1 – The following medication orders dated 3/10/23, are not reflected in the care plan:</p> <ul style="list-style-type: none"> • Aspirin 81mg chewable tablet – take 1 tab by mouth one time per day • Atorvastatin (Lipitor) 20mg tablet – take 1 tab by mouth one time per day • Mirtazapine (Remeron) 7.5mg tablet – take 1 tab by mouth every night at bedtime • Quetiapine (Seroquel) 50mg tablet – take 1 tab by mouth every night at bedtime • Quetiapine (Seroquel) 25mg tablet – take 1 tab by mouth every 4 hours as needed (agitation) <p>Submit and updated care plan with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>all medication orders added to care plan.</i></p>	<p style="text-align: center;"><i>8/21/23</i></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 – The following medication orders dated 3/10/23, are not reflected in the care plan:</p> <ul style="list-style-type: none"> • Aspirin 81mg chewable tablet – take 1 tab by mouth one time per day • Atorvastatin (Lipitor) 20mg tablet – take 1 tab by mouth one time per day • Mirtazapine (Remeron) 7.5mg tablet – take 1 tab by mouth every night at bedtime • Quetiapine (Seroquel) 50mg tablet – take 1 tab by mouth every night at bedtime • Quetiapine (Seroquel) 25mg tablet – take 1 tab by mouth every 4 hours as needed (agitation) <p>Submit an updated care plan with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Reminder posted in refrigerator to review & check care plans with case manager at each monthly visit to ensure all medication orders are included in the care plans.</i></p>	<p style="text-align: center;">23 AUG 21 AM 1:40</p> <p style="text-align: center;">STATE OF HAWAII D&H-DHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: *[Handwritten Signature]*
Print Name: HELEN GRATE J. GO
Date: 8/21/23

23 AUG 21 AM 1:40

STATE OF HAWAII
DGH-ONCA
STATE LICENSING

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

HETENI GRACE V. COOAN

Date:

6/22/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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