

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Kunia Hale LLC | CHAPTER 100.1 |
| Address: 94-695 Kaaka Street, Waipahu, Hawaii 96797 | Inspection Date: July 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>§11-100.1-3 <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><u>FINDINGS</u> Primary care giver (PCG), substitute care giver (SCG) #1, and SCG #2- No documented evidence stating that the aforementioned individuals have no prior felony or abuse convictions in a court of law.</p> <p>Please submit copies of Fieldprint with your 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>How I corrected the deficiency: I waited for the email of the Nurse Consultant to know what needs to be done. After I received the email, I logged in for the Ecrim background check, searched myself and the SCG's and viewed convictions information or criminal history record files and "NO CONVICTIONS FOUND". Printed copies for record purposes.</p> <p>(Pls see attached copies)</p> | 07/30/24 |

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| <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><u>FINDINGS</u> Primary care giver (PCG), substitute care giver (SCG) #1, and SCG #2- No documented evidence stating that the aforementioned individuals have no prior felony or abuse convictions in a court of law.</p> <p>Please submit copies of Fieldprint with your 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>In the future to prevent this deficiency from happening again, I have a checklist posted at the wall in my kitchen to remind me to do the Ecrim background for myself and the SCG's when I do my monthly audits</p> | 07/30/24 |

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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> SCG #2- No documented evidence of an initial tuberculosis clearance.</p> <p>Please submit a copy of the TB clearance with your 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>Yes, I corrected this deficiency. I called the SCG right away and told her to do the initial TB clearance ASAP. She said to do it as soon as she feels better because she just came back from the Philippines for her father's funeral. She went to have her TB test done but according to her, Lanakila told her no need to do the initial test because she was positive for skin test before and just did the Chest Xray.</p> <p>(Pls. see attached copy)</p> | 07/30/24 |

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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> SCG #2- No documented evidence of an initial tuberculosis clearance.</p> <p>Please submit a copy of the TB clearance with your 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>In the future to prevent this deficiency from happening again, I have a checklist posted at the wall in my kitchen to remind me that we have to do initial TB clearance annually and will refer to this checklist/reminders when I do my monthly audits.</p> | 07/30/24 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Half of papaya left uncovered in the resident's refrigerator.</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>Yes I corrected the deficiency. I put the papaya in a covered container and when the other resident woke up, I gave the papaya for her breakfast together with the cereal and was eating outside. (Nurse Consultant was still here when the resident woke up)</p> | 07/30/24 |

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| <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> One bottle of urine destroyer found in resident's bedroom. One bottle of chlorhexidine rinse and one bottle of Clorox bleach spray found in residents' bathroom.</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>Yes I corrected this deficiency right away. I immediately removed the urine destroyer at the residents bedroom and the Chlorhexedine rinse and bottle of Clorox bleach spray in the resident's bathroom and put them away at the storage room and locked it.</p> | <p>08/01/24</p> |

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| <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> One bottle of urine destroyer found in resident's bedroom. One bottle of chlorhexidine rinse and one bottle of Clorox bleach spray found in residents' bathroom.</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>In the future to prevent this deficiency from happening again, I have a reminder posted at the wall stated that "NO TOXIC CHEMICALS (Clorox spray, urine destroyer, mouth rinse etc.) IN THE RESIDENT'S BEDROOMS AND BATHROOM" to remind me AND THE SCG's not do it again. and will refer to this reminder when I do my monthly audits.</p> | 08/01/24 |

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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- Physician ordered on 1/17/24 for "Acetaminophen 325 mg Take 1 tablet by mouth every 4 hours PRN for pain/fever over 100 degrees"; however, the medication was not made available in the medication administration record from May 2024 to June 2024.</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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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications. (e)</u> 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- The May 2024 MAR was transcribed "Mupirocin 2% topical ointment Apply to wound twice daily x 1 week" and was given from 5/2/24 to 5/9/24; however, there was no documented evidence of a physician order.</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> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p><u>FINDINGS</u> Two signaling devices installed at the resident's bedside were not working.</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>Yes I corrected this deficiency right away. I replaced the signaling devices since I have 3 extra signaling devices, and told the 2 residents to use it when they need something or ask help especially at night and not to hide or take it away</p> | 08/02/24 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p><u>FINDINGS</u> Two signaling devices installed at the resident's bedside were not working.</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>In the future to prevent this deficiency from happening again, I made a note posted at the resident's bedroom, stating "PLS CHECK SIGNALING DEVICES IF IT'S WORKING OR NOT, REPLACE THEM IF NOT". This will remind us to check it all the time. I also have some extras to replace them in case it's not working.</p> | 08/02/24 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #3- No documented evidence of successful completion of twelve hours of continuing education courses per year. Only nine out of twelve hours were completed.</p> <p>Please submit copies of continuing education with your 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>Yes I corrected this deficiency. I called the AFHA and asked when will be the next in service training and the President said there will be this coming September but no definite date yet. I'll follow up again to make sure we can attend this in service training.</p> | 08/04/24 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #3- No documented evidence of successful completion of twelve hours of continuing education courses per year. Only nine out of twelve hours were completed.</p> <p>Please submit copies of continuing education with your 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>In the future to prevent this from happening again I have a checklist/reminder posted in front of my study table to remind me to complete 12 hours of continuing education courses per year for the PCG and SCG's. I will refer this reminder when I do my monthly audits.</p> | 08/04/24 |

Licensee's/Administrator's Signature: *maria cristina vicente*

Print Name: maria cristina vicente

Date: Oct 16, 2024