

State Licensing Section

STATE OF HAWAII

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

Facility's Name: 3MG Bautista Care Home, LLC	CHAPTER 100.1
Address: 94-1258 Kahuaina Street, Waipahu, Hawaii 96797	Inspection Date: August 23, 2024 Initial

STATE OF HAWAII  
24 OCT 21 P1:27

**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><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No Fieldprint results for current year.</p> <p>Please submit a copy of the result for 2024 with your plan of correction (POC).</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>PCG and Scg #1 Field Print has been complied. copy attached</p>	<p>09/2/24</p> <p style="text-align: center;">24 SEP -9 P 3:27</p> <p style="text-align: center;">STATE OF HAWAII  DOH-OHICA  STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P 1:22</p> <p style="text-align: center;">STATE OF HAWAII  DOH-OHICA  STATE LICENSING</p>

	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><b><u>FINDINGS</u></b>            Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No Fieldprint results for current year.</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>To prevent this deficiency from happening again, Pcg will create a checklist to identify when requirements are due . PCG will inform other caregivers when Field Print is due 3 weeks before due date.</p>	<p style="text-align: right;">24 SEP 21 P 1:22 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">9/2/24</p>
	<p>Please submit a copy of the result for 2024 with your plan of correction (POC).</p>		<p style="text-align: right;">24 SEP -9 P 3:28 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	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><b><u>FINDINGS</u></b> SCG #2 – No name was recorded on physical exam form dated 8/8/2024.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Name of SCG #2 has been corrected.</p>	<p>08/23/24</p> <p style="text-align: center;">24 SEP -9 P 3:28</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P 1:22</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	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><b>FINDINGS</b> SCG #2 – No name was recorded on physical exam form dated 8/8/2024.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>Upon adding a new Scg to my ARCH, PCG ensures that all submitted documents are properly/correctly filled up before placing it in the home chart.</p>	<p>08/23/24</p> <p style="text-align: right;">24 SEP -9 P 3 :28</p> <p style="text-align: right;">24 OCT 21 P 1 :22</p>

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING



	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><b><u>FINDINGS</u></b> PCG – No initial tuberculosis (TB) clearance. Only one negative result dated 9/21/2023 was available.</p> <p>Please submit a copy with your POC.</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>PCG obtained TB Clearance with negative results (the same year) dated are as follows: 01/30/2023 @ 5 minutes 09/21/2023 @ Lanakila</p> <p>Results were placed in the PCG binder.</p> <p style="text-align: center;"><i>Copy Submitted</i></p>	<p style="text-align: center;">08/24/24</p> <p style="text-align: center;">24 SEP -9 P 3 :28</p> <p style="text-align: center;">24 OCT 21 P 1 :22</p>

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

	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><b><u>FINDINGS</u></b> PCG – No initial tuberculosis (TB) clearance. Only one negative result dated 9/21/2023 was available.</p> <p>Please submit a copy with your POC.</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>All individuals who either reside or provide care or services to resident in the home, DOCUMENTED EVIDENCE of an INITIAL AND ANNUAL TB CLEARANCE MUST BE COMPLIED annually.</p> <p>PCG will use a checklist to identify when requirements are due to prevent from missing or expiring . PCG ensures to inform other caregivers when item is due at least 3 weeks before it is due.</p>	<p style="text-align: center;">08/24/24</p> <p style="text-align: center;">24 OCT 21 P1:23</p> <p style="text-align: center;">24 SEP -9 P3:28</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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><b><u>FINDINGS</u></b>  Resident #1 – No record that PCG is trained for insulin administration.</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>PCG has been trained for insulin administration by RN Robert Terrado of Care Resource.</p>	<p>09/02/24</p> <p style="text-align: center;">24 SEP -9 P 3:28  STATE OF HAWAII  DOH-ORICA  STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P 1:23  STATE OF HAWAII  DOH-ORICA  STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – No record that PCG is trained for insulin administration.</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>PCG ENSURES to obtain proper training for insulin administration prior to provide care or administer insulin to resident. PCG must keep the signed training form in the PCG chart at all times.</p> <p><i>PCG ensures to do assessment prior to admission. Request a training from Physician/NRN/RN if needed. 10/21/2024</i></p>	<p>9/2/224</p>
		<p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P1:23</p>	<p style="text-align: center;">24 SEP -9 P 3:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b>FINDINGS</b> Resident #1 – At admission on 8/6/2024, resident was on “Insulin Regular Human Injection Solution Pen-injector 100 UNIT/ML” “Inject as Pen sliding scale.” Sliding scale insulin regimen exceeded the care home licensed capacity. Order was updated to Lantus 10 units daily on 8/19/2024.</p>	<p style="text-align: center;"><b>PART 1</b></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>	<p style="text-align: center;">24 OCT 21 P1:23 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">24 SEP -9 P3:28 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b><u>FINDINGS</u></b> Resident #1 – At admission on 8/6/2024, resident was on “Insulin Regular Human Injection Solution Pen-injector 100 UNIT/ML” “Inject as Pen sliding scale.” Sliding scale insulin regimen exceeded the care home licensed capacity. Order was updated to Lantus 10 units daily on 8/19/2024.</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>To prevent this deficiency from happening again, PCG will call Physician/APRN or my DOH CONSULTANT for clarification if that resident is appropriate-levels of Care to Type 1 ARCH. <i>before admission.</i></p> <p>8/27/2024 Self-inject MD order has been complied .</p>	<p>08/27/24</p> <p><i>10/21/2024</i></p>
		<p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P1:23</p>	<p style="text-align: center;">24 SEP -9 P3:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1 – No record that orientation for emergency procedures was provided at admission.</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>PCG and Other care GIVERS Resident #1 has been conducted regular monthly rehearsal of emergency evaluation plans at home.</p>	<p>08/21/24</p>
		<p style="text-align: right;">STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p> <p style="text-align: right;">24 OCT 21 P1:23</p>	<p style="text-align: right;">24 SEP -9 P3:29</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (c)</u>  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><b><u>FINDINGS</u></b>  Resident #1 – No record that orientation for emergency procedures was provided at admission.</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>Upon admission of every new resident at home, PCG/Scg's ENSURES to conduct rehearsals of emergency evacuation plans for resident to follow in case of fire, explosion OR OTHER CIVIL EMERGENCY occurring in or within the house.</p> <p><i>PCG will use Admission Assessment as a reminder to provide orientation for emergency procedure</i></p>	<p style="text-align: center;">8/27/24</p> <p style="text-align: center;"><i>10/21/2024</i></p> <p style="text-align: center;"><i>24 SEP -9 P 3:29</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P 1:23</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><b><u>FINDINGS</u></b> Resident #1 – Order dated 8/5/2024 was “Consistent Carbohydrate, Regular texture, Thin consistency.” Menu labeled as “CARBO CONTROL MINCED.” There was no menu for consistent carbohydrate, regular texture, thin consistency.</p> <p>Please submit weekly menus (7 days) for department review.</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>Menus for seven (7) days cycles has been updated based on the Physician diet order and it was posted in the kitchen and in the conspicuous place in dining area for the residents and department review.</p> <p>Weekly menus for 7 days has been attached.</p>	<p style="text-align: center;">08/27/24</p>
		<p style="text-align: center;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P1:23</p>	<p style="text-align: center;">24 SEP -9 P 3:29</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><b><u>FINDINGS</u></b> Resident #1 – Order dated 8/5/2024 was “Consistent Carbohydrate, Regular texture, Thin consistency.” Menu labeled as “CARBO CONTROL MINCED.” There was no menu for consistent carbohydrate, regular texture, thin consistency.</p> <p>Please submit weekly menus (7 days) for department review.</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>PCG ensures to follow Physician/APRN diet order accurately, if order is not clear, PCG will call Physician/APRN for clarification. Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. PCG ensures that Physician/APRN diet order is match with posted menus.</p> <p>weekly menus for 7 days is attached</p> <p><i>* If I need further assistance in preparing menus, I will contact DHEA Nutritionist.</i></p>	<p>8/27/2024</p> <p style="text-align: right;">24 SEP -9 10/21/24 P 3:29</p> <p style="text-align: right;">STATE OF HAWAII DHEA STATE LICENSING</p> <p style="text-align: right;">STATE OF HAWAII DHEA STATE LICENSING</p> <p style="text-align: right;">24 OCT 21 P 1:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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><b><u>FINDINGS</u></b> Resident #1 – Order dated 8/5/2024 was “Consistent Carbohydrate, Regular texture, Thin consistency.” The amount of carbohydrate was not clarified.</p> <p>Please submit a clarified order.</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>Diet order for resident #1 has been clarified. Physician order is Diabetic DIET 1800 calories per day.</p> <p>Physician diet order is attached.</p>	<p style="text-align: center;">08/27/2024</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-017A STATE LICENSING</p> <p>STATE OF HAWAII DOH-017A STATE LICENSING</p> <p>24 SEP -9 P 3:30 24 OCT 21 P 1:24</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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><b><u>FINDINGS</u></b> Resident #1 – Order dated 8/5/2024 was “Consistent Carbohydrate, Regular texture, Thin consistency.” The amount of carbohydrate was not clarified.</p> <p>Please submit a clarified order.</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>PCG/SCG ensures to follow exactly what is written in the Physician/APRN diet order, PCG makes sure that the amount of calories must be indicated in the PCP order. If PCP order is not clear, PCG will call PCP for clarification. within 24 hours.</p> <p>*PCG ensures to review all orders at least once a month to make sure orders are followed. ?</p>	<p>08/27/24</p> <p>10/21/24</p> <p>24 SEP -9 P 3:30</p> <p>24 OCT 21 P 1:24</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">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> (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><b>FINDINGS</b>  Resident #1 – Resident’s name was not labeled for Melatonin 3mg. No label for Sugar Defender, Stool Softener (Docusate Sodium 50mg, Sennoside 8.6mg), and Tylenol 325mg.</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>Resident right NAME, right FREQUENCY, right time, right DOSAGE and right route has been labeled to resident MEDICINES such as:</p> <ul style="list-style-type: none"> <li>melatonin</li> <li>sugar defender</li> <li>doucussate</li> <li>tylenol</li> </ul>	<p style="text-align: center;">08/24/24</p> <p style="text-align: center;">24 SEP -9 P 3:30 STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P 1:24 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> (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><b><u>FINDINGS</u></b>  Resident #1 – Resident’s name was not labeled for Melatonin 3mg. No label for Sugar Defender, Stool Softener (Docusate Sodium 50mg, Sennoside 8.6mg), and Tylenol 325mg.</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>PCG ENSURES that all MEDICINES prescribed by PCP shall be labeled properly with right NAME, right FREQUENCY, right DOSAGE, right time and a right route. and kept them in the lock cabinet .</p> <p><i>Medication bottles will be labeled as soon as brought to care home to prevent from error.</i></p>	<p>08/24/24</p> <p style="text-align: right;">24 SEP 24 P 3:30</p> <p style="text-align: right;">24 OCT 21 P 1:24</p> <p style="text-align: right;"><i>10/21/2024</i></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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 8/19/2024 is “cyclobenzaprine 10mg TID PRN” and “Tylenol/PRN” No indication for PRN use was provided.</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>Indications for cyclobenzaprine and Tylenol has been obtained from resident's PCP.</p> <p>Cyclobenzaprine discontinued as physician ordered dated 8/27/2024</p>	<p style="text-align: center;">08/27/24</p> <div style="text-align: right; margin-top: 200px;"> <p>STATE OF HAWAII DOR-ORICA STATE LICENSING</p> <p>STATE OF HAWAII DOR-ORICA STATE LICENSING</p> <p>24 SEP -9 P 3:30</p> <p>24 OCT 21 P 1:24</p> </div>

	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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 8/19/2024 is “cyclobenzaprine 10mg TID PRN” and “Tylenol/PRN” No indication for PRN use was provided.</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>PCG ENSURES that all resident's medications has indications written for PRN use was provided</p> <p>PCG will call the PCP/APRN for the medication's indication if not written in the order.</p> <p><i>Also, PCG ensures to review medication order at <del>least</del> least once a month.</i></p>	<p style="text-align: center;">8/27/24</p> <p style="text-align: right;"><i>10/21/24</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-DRUG/A STATE LICENSING</p> <p>STATE OF HAWAII DOH-DRUG/A STATE LICENSING</p> </div> <p style="text-align: right;">24 SEP -9 P 3:30</p> <p style="text-align: right;">24 OCT 21 P 1:24</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><b><u>FINDINGS</u></b> Resident #1 – Unlabeled “Severe Tussin CF” was stored with current medication. There was no physician’s order.</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>Unlabeled :Severe Tussin CF" stored to resident current medication has been removed.</p> <p>Physician ordered Guafeinesin 100 mg/ml oral liquid. PCG stored it in the current medication with label on : right name, right frequency, right time, right DOSAGE, right route.</p> <p>All medications and supplements shall be made available as ordered by the PCP or APRN.</p>	<p style="text-align: center;">08/27/24</p>
		<p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">24 SEP -9 P 3:30</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><b><u>FINDINGS</u></b> Resident #1 – Unlabeled “Severe Tussin CF” was stored with current medication. There was no physician’s order.</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>PCG ensures not to stored unlabeled medications and without order by the physician or APRN in the current medication of resident. PCG will check ACCURATELY the label with right of name, right frequency, right time, right DOSAGE and right route. PCG will call Physician or APRN for clarification for any unsure MD order.</p> <p><i>#1 will review medication order at least once a month to ensure orders on medication are consistent.</i></p>	<p style="text-align: center;">8/27/24</p> <p style="text-align: center;"><i>24 SEP 9 P 3:30</i></p> <p style="text-align: center;"><i>24 OCT 21 P 1:24</i></p>

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)            Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>            Resident #1 self-administers insulin. There was no order for self-administration.</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><i>order for</i>            Self-inject administration for insulin has been obtained.</p>	<p style="text-align: center;">08/27/24</p>
			<p style="text-align: center;">24 SEP -9 P 3:30</p> <p style="text-align: center;">24 OCT 21 P 1:24</p>

STATE OF HAWAII  
 DOH-OHCA  
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b> Resident #1 self-administers insulin. There was no order for self-administration.</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>In the future, PCG ENSURES not to admit resident with insulin administration not unless it is a self-inject and shall be permitted when it is determined to be a safe practice by the resident, family, POA, surrogate Primary care GIVERS and authorized by the PCP/APRN.</p>	<p>08/27/24</p>
			<p style="text-align: center;">24 SEP -9 P 3:30</p> <p style="text-align: center;">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> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b> Resident #1 self-administers insulin. There was no written policy for storage, monitoring, and documentation.</p> <p>Please submit a copy of the policy with your POC for department review.</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>Type 1 ARCH policy for resident #1 has been updated. copy attached</p>	<p>09/2/24</p>
			<p style="text-align: right;">24 SEP -9 P 3:30 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">24 OCT 21 P 1:24 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #1 self-administers insulin. There was no written policy for storage, monitoring, and documentation.</p> <p>Please submit a copy of the policy with your POC for department review.</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>In the future, PCG ensures that self-administration of medication procedure is indicated in the Type 1 Arch policy. PCG ensures that self-inject of medication shall be permitted when it is determined to be safe practice by the resident , family, POA, surrogate or case manager and Primary Care Giver and authorize by the PCP or APRN.</p> <p><i>* I will follow my self administration policy.</i></p>	<p style="text-align: center;">09/2/24</p> <p style="text-align: right;"> 24  SEP -9 P 3:30 '24  OCT 21 P 1:24  10/21/2021 </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><b>FINDINGS</b>  Resident #1 – "MEDICAL CARE" on the admission assessment form was not addressed.</p>	<p style="text-align: center;"><b>PART 1</b></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>	<p style="text-align: center;">24 OCT 21 P 1:25</p> <p style="text-align: center;">24 SEP -9 P 3:32</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><b><u>FINDINGS</u></b>  Resident #1 – "MEDICAL CARE" on the admission assessment form was not addressed.</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>Upon admission, readmission or transfer of resident, PCG ensures that all question provided in the Admission assessment must be answered accurately. Put "N/A" if does not apply to resident.</p>	<p style="text-align: center;">08/25/24</p> <p style="text-align: right;">24 SEP -9 P 3:32  STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p> <p style="text-align: right;">24 OCT 21 P 1:25  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> (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><b><u>FINDINGS</u></b>  Resident #1 – No initial TB clearance. Only negative result dated 7/3/2024 was available.</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>Resident #1 Initial TB Clearance has been obtained from Avalon Care Center and it was placed in the resident chart</p>	<p style="text-align: center;">8/27/24</p> <p style="text-align: center;">24 SEP -9 P 3:32</p> <p style="text-align: center;">24 OCT 21 P 1:25</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA 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><b><u>FINDINGS</u></b>  Resident #1 – No initial TB clearance. Only negative result dated 7/3/2024 was available.</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>Upon admission, readmission or transfer of a resident, PCG ensures that all necessary documents available for the department review.</p> <p>PCG will use a checklist to identify what documents is missing.</p>	<p>8/27/24</p>
			<p style="text-align: right;">24 SEP -9 P 3:32  STATE OF HAWAII  DOH-ORICA  STATE LICENSING</p> <p style="text-align: right;">24 OCT 21 P 1:25  STATE OF HAWAII  DOH-ORICA  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)(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><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR), wound care for left heel/toe was provided from 8/7/2024 to 8/13/2024. PCG also stated dressing change was done as needed. Observation and service provided were not recorded in progress notes.</p>	<p style="text-align: center;"><b>PART 1</b></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>	<p style="text-align: center;">24 OCT 21 P 1:25</p> <p style="text-align: center;">24 SEP -9 P 3:32</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><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR), wound care for left heel/toe was provided from 8/7/2024 to 8/13/2024. PCG also stated dressing change was done as needed. Observation and service provided were not recorded in progress notes.</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>IN the future, PCG ensures to document in the progress notes all observations of the resident's response to medication, TREATMENTS, diet, care plan or 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><i>x PCG ensures to document in progress note at the end of the month to include summaries of the treatment</i></p>	<p>08/28/24</p> <p>10/21/2024</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>24 OCT 21 P1:25</p> <p>24 SEP -9 P3:32</p>

	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><b><u>FINDINGS</u></b> Resident #1 – Emergency information sheet was not completed.</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>PCG completed the Emergency information sheet accurately.</p>	<p style="text-align: center;">08/24/24</p> <p style="text-align: center;">24 SEP -9 P3:32 '24 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">21 OCT 21 P1:25 STATE OF HAWAII DOH-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> (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><b><u>FINDINGS</u></b> Resident #1 – Emergency information sheet was not completed.</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>PCG ensures that all questions provided in the Emergency information sheet must be filled-up accurately.</p> <p>PCG will put "n/a" for the question that does not apply to resident.</p> <p><i>* I will use Admission checklist as a reminder to complete the form.</i></p>	<p>08/24/24</p> <p style="text-align: right;">24 SEP -9 P 3:32</p> <p style="text-align: right;">24 OCT 21 P 1:25</p>
			<p style="text-align: right;">10/21/2024</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><b><u>FINDINGS</u></b> In Permanent Resident Register, the facility names where residents were admitted from was not recorded for all residents. "Discharged to" was not recorded for two (2) discharged residents. "Religion" was not recorded for all residents.</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>PCG filled-up the Permanent General Register accurately.</p>	<p style="text-align: center;">08/28/24</p> <p style="text-align: right;">24 SEP -9 P 3:32 STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">24 OCT 21 P 1:25 STATE OF HAWAII DOH-DHCA STATE LICENSING</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><b><u>FINDINGS</u></b> In Permanent Resident Register, the facility names where residents were admitted from was not recorded for all residents. "Discharged to" was not recorded for two (2) discharged residents. "Religion" was not recorded for all residents.</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>In the future, Upon admission, re admission or transfer of a resident, PCG will answer the question provider in the Permanent Resident Register accurately. PCG will put "N/A" if it doesn't apply to resident.</p>	<p style="text-align: center;">08/27/24</p> <p style="text-align: center;">24 SEP -9 P 3:32</p> <p style="text-align: center;">24 OCT 21 P 1:25</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	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><b><u>FINDINGS</u></b> Resident #1 – No record that PCG trained SCG for glucose monitoring.</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>PCG has been trained for Glucose Monitoring by RN Roberto Terrado, RN of Care Resource. then PCG trained my SCG's at home for Glucose Monitoring. &amp; Document it.</p>	<p style="text-align: center;">08/27/24</p> <p style="text-align: center;">10/21/24</p> <p style="text-align: center;">24 SEP -9 P 3:33</p> <p style="text-align: center;">24 OCT 21 P 1:25</p> <p style="text-align: center;">STATE OF HAWAII DQH-OHCA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DQH-OHCA STATE LICENSING</p>

	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><b><u>FINDINGS</u></b> Resident #1 – No record that PCG trained SCG for glucose monitoring.</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>PCG and SCG must get trained for Glucose Monitoring prior to provide health care for the residents as prescribed by a Physician or APRN.</p> <p><i>* I will use SCG's checklist as a reminder to provide necessary training</i></p>	<p style="text-align: center;">08/27/24</p> <p style="text-align: center;">24 SEP 19 10:21/24 STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">24 OCT 21 P 1:25 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>



	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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 8/19/2024 stated to discontinue Novolog and start Lantus 10 units daily. PCG stated that the physician also gave a verbal order to check blood glucose once a day. The verbal order was not recorded in physician’s order sheet.</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>PCG has been obtained for the BS checking once daily and it was placed in the residents binder.</p> <p><i>* received an order to check BS once a day.</i></p> <p><i>* I will check 1</i></p>	<p>08/27/24</p> <p>10/21/2024</p> <p style="text-align: center;">24 SEP -9 P 3:33</p> <p style="text-align: center;">24 OCT 21 P 1:26</p>

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

	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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 8/19/2024 stated to discontinue Novolog and start Lantus 10 units daily. PCG stated that the physician also gave a verbal order to check blood glucose once a day. The verbal order was not recorded in physician’s order sheet.</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>PCG ensures to document either telephone or verbal order in the Physician or APRN order sheet. PCG shall fax PCP for her signature or shall bring it during resident's next appointment for signature.</p> <p><i># I will review all record at least once a month to ensure that telephone order is recorded timely. then, I will fax to PCP's offic for signature.</i></p>	<p>08/27/24</p> <p><i>9/21/24</i></p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>24 SEP -9 P 3:33 '24</p> <p>OCT 21 P 1:26</p>

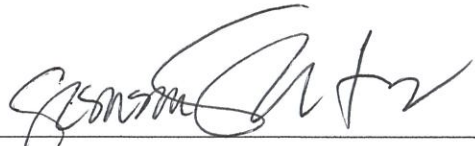
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 8/6/2024 included “call if BS&lt;70 and/or&gt;400mg/dL.” BS log showed BS&gt;400 on 8/11/2024, 8/12/2024, 8/13/2024, and 8/15/2024. No record that physician was called. New order without parameter was given on 8/19/2024.</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>PCG brought resident to TRIPLER ED dated 8/13/24 due to high BS results. Discharged summary is available; if requested.</p> <p># BS was reported to the Physician without order does not include BS parameter - next appointment 10/31/2024</p>	<p>8/27/24</p> <p>10/21/24</p>
			<p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>24 SEP -9 P 3:33 24 OCT 21 P 1:26</p>

	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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 8/6/2024 included “call if BS&lt;70 and/or&gt;400mg/dL.” BS log showed BS&gt;400 on 8/11/2024, 8/12/2024, 8/13/2024, and 8/15/2024. No record that physician was called. New order without parameter was given on 8/19/2024.</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>PCG or SCG must notify Physician/APRN immediately if BS results is less than 70 or greater than 400mg/dl .</p> <p><i>i will provide training for SCG, i will write parameter and the BS log as a reminder.</i></p>	<p style="text-align: center;">08/28/24</p> <p style="text-align: center;"><i>10/21/24</i></p> <p style="text-align: center;">24 SEP -9 P 3:33</p> <p style="text-align: center;">24 OCT 21 P 1:26</p>

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING



Licensee's/Administrator's Signature: 

Print Name: GEMMA BAPTISTA

Date: 9/9/2024 / 10/21/2024

24 SEP -9 P 3:33  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

24 OCT 21 P 1:26  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING