

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ICAREUHAWAII LLC	CHAPTER 100.1
Address: 94-530 Koaleo Street, Waipahu, Hawaii 96797	Inspection Date: September 3, 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 type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> No available thermometer to check the resident's temperature. <i>Submit proof of correction with your plan of correction (POC)</i></p>	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART I</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. Laurena brought back the thermometer and I purchase 2 more extra.</p>	<p>09/04/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="266 342 300 375">☐</p> <p data-bbox="336 337 953 456">§11-100.1-12 <u>Emergency care of residents and disaster preparedness</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p data-bbox="336 488 463 516"><u>FINDINGS</u> No available thermometer to check the resident's temperature.</p>	<p data-bbox="1293 329 1406 358" style="text-align: center;">PART 2</p> <p data-bbox="1240 399 1464 428" style="text-align: center;"><u>FUTURE PLAN</u></p> <p data-bbox="1002 469 1704 570" 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 data-bbox="1002 586 1698 773">In the future I have to Make sure that there is a thermometer on the floor and will require substitute caregivers to have a sign in sheet to audit with medical supplies prior to ending every shift.</p>	<p data-bbox="1740 370 1859 399">09/05/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input type="checkbox"/> §11-100.1-13 <u>Nutrition</u> (1) Each resident shall have a documented diet order on admission and readmission to the Type I ARCTI and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 - No documentation of annual diet order. Last diet order was dated 8/29/22. <i>Submit a copy with your POC</i></p>	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART I</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 . Obtained a copy of the diet order done during annual physical exam on 11/20/23</p>	<p>9/5/24</p>

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<input type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 No documentation of annual diet order. Last diet order was dated 8/29/22.</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>In the future, prior to physical exam specially for Annual physical exam , I will do have a note of what to obtain during Physical exam like diet , medication orders etc , TB test and clearance and etc and will ask Doctor to have it completed during the visit and to double check before leaving the office. Also will do more chart auditing during the first week of the month . During 1st day of the month is intended to update and audit charts .</p>	<p>10/01/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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> Observed a pill minder box and medication cups with medications dispensed in them in the resident's medication cabinet. Per the primary caregiver (PCG), the prepared medications belonged to Resident #1, prepared by the resident's family member.</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. Discarded pre poured /prepared medications by resident family. And inform the family that strictly no prepoured medications are allowed in CH</p> <p>Notice was given to the family that from now on prepoured or prepared medications by family will not be allowed in CH. Copy of the notice given to the family was attaches in CH binder.</p>	<p>09/06/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="242 285 278 318">☐</p> <p data-bbox="310 285 953 586">§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 data-bbox="310 623 449 651"><u>FINDINGS</u> Observed a pill minder box and medication cups with medications dispensed in them in the resident's medication cabinet. Per the primary caregiver (PCG), the prepared medications belonged to Resident #1, prepared by the resident's family member.</p>	<p data-bbox="1310 277 1427 305">PART 2</p> <p data-bbox="1253 350 1485 378"><u>FUTURE PLAN</u></p> <p data-bbox="1002 423 1736 524">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p data-bbox="1008 558 1719 911">From this time on , we will include this during orientation of new admission resident that , this carehome will not be accepting any medications that are not in their original pharmacy bottles and or pre poured or prepared by anyone . This carehome will also give an information form to the family and put In the carehome binder to be reminded not to accept anything from family that is not in original container</p>	<p data-bbox="1768 305 1906 332">10/1/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>411-100.1-15 <u>Medications</u>, (c) 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 has an order for Acetaminophen 500 mg take 1-2 tabs po every 6 hours for pain. No Acetaminophen supply is available to administer the PRN medication. <i>Submit proof that the supply has been obtained with your PCR.</i></p>	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART I</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 . Called Dr Jenny Satterberg to refill the said medications 9/05/24. Received the said medications 9/6/24</p>	<p>9/6/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) 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 has an order for Acetaminophen 500 mg take 1-2 tabs po every 6 hours for pain. No Acetaminophen supply is available to administer the PRN medication.</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, during admission and during medication reconciliation at least every week , this caregiver will make sure that medications are in place and will put a reminder note in a calendar or by note if it needs to be refilled or called to Doctor for any refill order as needed .</p>	<p>10/1/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.4-15 <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 Physician's order for Refresh tears was not carried out on the medication administration record (MAR) until August 2024; medication was ordered on 6/20/24</p>	<p>PART 1</p> <p>Correcting the deficiency after the fact is not practical or appropriate. Only a future plan is required for this deficiency.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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 Physician's order for Refresh tears was not carried out on the medication administration record (MAR) until August 2024; medication was ordered on 6/20/24</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future , this caregiver will make sure to transcribe new medications from any Doctor and will put a note in calendar , or patient chart if there are things that needs to be clarified so I will be reminded to follow up with the doctors. Also, do more thorough medication reconciliation at least every week most specially to those who had recent doctors appointments and make a reminder in the calendar.</p>	<p>10/1/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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 Physician order for Alprazolam 0.5 mg PO three times day PRN for Anxiety (Take 4-6 hours prior to procedure as needed for any agitation anxiety) on 8/24/24 was not carried out on MAR. <i>Submit proof of correction with your POC</i></p>	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART I</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. Called Doctor Jenny Satterberg 9/4/2024 to verify that the order is only 1x order for his MRI procedure.</p>	<p>9/4/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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 Physician order for Alprazolam 0.5 mg PO three times day PRN for Anxiety (Take 4-6 hours prior to procedure as needed for any agitation anxiety) on 8/24/24 was not carried out on MAR.</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 , I will transcribe any orders in MAR and will just indicate if this medications was given by carehome or the family . Furthermore an agreement was given and signed by the Family that any medications given by them (family) or outside the CH, that CH is not liable to any adverse effect of the medication that may have . Family should have a copy of the agreement and will also put a note to residents charts if there are medications that needs to be transcribe or be followed up with the doctors so won't missed anything .</p>	<p>10/01/2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="278 289 310 321">☐</p> <p data-bbox="346 289 783 345">§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p data-bbox="346 378 953 492">Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis.</p> <p data-bbox="346 524 474 548"><u>FINDINGS</u></p> <p data-bbox="346 557 963 670">Resident 31 - No documentation of annual tuberculosis (TB) clearance indicating current TB screening. Per records, last TB screening was completed (2step) on 1/19/23. <i>Submit proof of correction with your POC</i></p>	<p data-bbox="1187 215 1538 240" style="text-align: center;">PLAN OF CORRECTION</p> <p data-bbox="1304 289 1421 313" style="text-align: center;">PART I</p> <p data-bbox="1070 362 1655 386" style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p data-bbox="1059 427 1655 492" style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p data-bbox="995 524 1644 630">Yes . Called Dr Jenny Satterberg office to schedule residents 2 step PPD . He is scheduled 9/07/24 and second step will be 9/14/24.</p>	<p data-bbox="1751 329 1847 354">9/14/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="278 240 314 267">☐</p> <p data-bbox="346 240 989 462">§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis.</p> <p data-bbox="346 483 478 511"><u>FINDINGS</u> Resident #1 No documentation of annual tuberculosis (TB) clearance indicating current TB screening. Per records, last TB screening was completed (2step) on 1/19/23.</p>	<p data-bbox="1336 256 1457 284" style="text-align: center;">PART 2</p> <p data-bbox="1283 329 1510 357" style="text-align: center;"><u>FUTURE PLAN</u></p> <p data-bbox="1032 397 1755 503" 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 data-bbox="1032 532 1734 803">In the future , prior to admission I will provide a check list to family including case manager what are the things or requirements needed prior to admission like TB test and clearances This checklist will also be a tool for me to double check if all requirements was provided and was met prior to admission .</p>	<p data-bbox="1793 292 1925 319">10/1/2024</p>

	PLAN OF CORRECTION	Completion Date
<p data-bbox="521 219 819 251">RULES (CRITERIA)</p> <p data-bbox="287 284 798 349"> <input type="checkbox"/> § 11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis. </p> <p data-bbox="351 527 478 560"><u>FINDINGS</u></p> <p data-bbox="351 560 946 609">Resident #2 - No documentation of annual TB clearance. <i>submit proof of correction with your POB</i></p>	<p data-bbox="1181 219 1542 251">PLAN OF CORRECTION</p> <p data-bbox="1308 284 1415 316">PART 1</p> <p data-bbox="1074 357 1649 389"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p data-bbox="1064 430 1659 495">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p data-bbox="1000 519 1681 633">Will do thorough chart audits during admission's and once a month thereafter to make sure updated immunizations including TB clearances.</p> <p data-bbox="1000 673 1638 747">Will submit the proof after DR finish her report on 9/16/24 visit</p>	<p data-bbox="1744 324 1851 357">9/14/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis:</p> <p><u>FINDINGS</u> Resident #2 No documentation of annual TB clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future , I will utilize a checklist prior to annual physical exam visit to the Primary physician and always make sure to obtain a copy with them . The checklist will also be my tool to double check if everything was in place or obtained during the Annual physical exam .</p>	<p>10/1/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out used in Resident #F's MAR and progress notes.</p>	<p>PART I</p> <p>Correcting the deficiency after the fact is not practical or appropriate. Only a future plan is required for this deficiency.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
1	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out used in Resident #1's MAR and progress notes.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future will be more alert and mindful not to use any white out for corrections in MAR. Will do more educations to sub caregivers and my self . And will put a note in MAR portion not to use any white out to prevent from committing same mistakes again</p>	<p>10/01/2024</p>


RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/> <p>511-100 1-20 <u>Resident health care standards, (c)</u> The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident - 3 The weight log shows that the resident lost 6 pounds between January (108 lbs) and February (102 lbs). There is no documentation that the physician was notified of the significant weight loss.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after the fact is not practical or appropriate. Only a future plan is required for this deficiency.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100 1-20 Resident health care standards, (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including but not limited to: convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain</p> <p><u>FINDINGS</u> Resident #3 The 2024 weight log shows that the resident lost 6 pounds between January (108 lbs) and February (102 lbs). There is no documentation that the physician was notified of the significant weight loss</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>From now on , a Loss weight of 5lbs or more in a month unintentionally must be reported to Doctor as soon as possible so immediate action and reassessment will be done . I will log in my calendar that during the 1st day of the month when weights are being taken, we have to differentiate what was the weight from last Month to the present so we could give attention right away and report to the doctor</p>	<p>10/01/2024</p>

Licensee's Administrator's Signature: *TCB*

Print Name: Roxan Juna Lee Manzano

Date: 09/15/2024

Licensee's Administrator's Signature: 

Print Name: Roxan Juna Lee Simon Manzano

Date: 10/01/2024