

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C & S Care Home Service LLC	CHAPTER 100.1
Address: 604 Hunalewa Street, Honolulu, Hawaii 96816	Inspection Date: September 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
☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 8/1/24 for Loperamide 2 mg oral tablet; however, on the September 2024 medication administration record (MAR) was written as "discontinued". There was no documented evidence that the physician discontinued the Loperamide order.</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>By correcting this deficiency, SCG contacted the case manager right away to get the progress note from 8/1/24 to 8/31/24 which patient was at the respite care the whole month and PCG was not aware that patient was prescribed Loperamide 2 mg oral tablet on 8/1/24 by Dr. John Zhang (Urgent care). PCG/SCG went back to look at the medication list from May and Case manager did add the medication loperamide 2mg that was ordered on 8/1/24 which PCG assumes that there was not added medication until the announce visit came and nurse consultant notified us.</p>	10/18/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician discontinued on 7/1/24 for Guaifenesin 600 mg oral tablets; however, on the September 2024 MAR the medication was still made available and was not discontinued.</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>By correcting this deficiency SCG went back to the PCP orders and checked Guaifenesin 600 mg discontinued order from the doctor and it was DC. PCG make sure it was matched on MAR list which it was dated on 7/1/24 and it was written on the MAR Discontinued. Please see attached record.</p>	<p>10/18/24</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1- No documented evidence that the resident and the resident's family is fully informed orally and in writing the related charges since admission to expanded on 7/1/24.</p> <p>Please submit a copy of the financial statement 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>PCG/SCG corrected this deficiency by having resident's family to informed orally and in writing the related charges since admission to expanded on 7/1/24 by signing the addendum paper. Please see attached copy of the financial statement.</p>	<p>10/18/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities. (a)(1)(C)</u> Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1- No documented evidence that the resident and the resident's family is fully informed orally and in writing the related charges since admission to expanded on 7/1/24.</p> <p>Please submit a copy of the financial statement 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>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that it doesn't happen again is to make sure all Type 1 ARCH resident's become EARCH will have the family sign all EARCH documentation most especially fully inform them orally and in writing the related charges upon readmission. Since PCG and SCG was there first time admitting EARCH resident, we will make sure to have a reminder list what is to be done and put it in the care home book as a guide next time we admit EARCH again.</p>	10/18/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Substitute care giver (SCG)- No documented evidence that the SCG was trained for the expanded resident.</p> <p>Please submit a copy 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>By correcting this deficiency PCG make sure that all SCG was trained for the expanded resident and signed all the documentation needed by providing daily personal care for residents as needed to implement their care plan.</p>	10/18/24

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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- No documented evidence of successful completion of twelve hours of continuing education courses per year. SCG completed eleven out of twelve hours.</p> <p>Please submit the one hour of continuing education to complete the twelve hours required 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>By correcting this deficiency PCG informed SCG to make sure she gets her 1 hour credit successful of completion by October due to only eleven hours of completion out of twelve hours.</p>	<p>10/18/24</p>

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☒	<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- No documented evidence of successful completion of twelve hours of continuing education courses per year. SCG completed eleven out of twelve hours.</p> <p>Please submit the one hour of continuing education to complete the twelve hours required 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>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>My future plan for this deficiency and won't happen again is PCG need a reminder note that all SCG/PCG has a 12 hours successful completion of continuing education per year.</p> <p>Make sure to put reminder note in Care home book as everyone to see.</p>	10/18/24

Licensee's/Administrator's Signature: *jerry encomienda*

Print Name: jerry encomienda

Date: Oct 18, 2024