

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Lehua Carehome	CHAPTER 100.1
Address: 984 Ala Lehua Street, Honolulu, Hawaii 96818	Inspection Date: October 18, 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> Substitute Caregiver (SCG) #2 – No documented evidence of fingerprint background check clearance. <i>Submit copy of documentation with your plan of correction (POC).</i></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, the deficiency was corrected. SCG#2 had a valid fingerprint background check clearance from Fieldprint, Inc. as per attached and the original is available for review with the rest of my care home staff.</p>	<p style="text-align: center;">12/15/24</p>

STATE OF MICHIGAN

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	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> Substitute Caregiver (SCG) #2 – No documented evidence of fingerprint background check clearance.</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>Clearances should be filed in the binder for Substitute and Caregiver for inspection. The primary caregiver will check paperwork required from each SCGs and CGs for updates and completeness. A calendar for all the requirements such as clearances, Physical exam, In service training, CPR and First Aide training, etc. will be included in the binder.</p>	<p>12/15/24</p> <p style="text-align: right;">74 FEB 1 21:37</p>

	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><u>FINDINGS</u> SCG #2 and SCG #3 – No record of either initial or current TB clearance. <i>Submit copy of documentation with your POC.</i></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, TB clearance are attached and the original is now filed in the care home staff binder for review.</p>	<p>12/15/24</p>

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	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><u>FINDINGS</u> SCG #2 and SCG #3 – No record of either initial or current TB clearance.</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>A calendar of deadlines and a checklist will be included in the care home staff binder to serve as reference when a requirement is due. The primary caregiver will be responsible for checking the staff binder for updates, completeness and accuracy of records on file.</p>	<p>12/15/2024</p> <p style="text-align: right; font-size: small;">24 DEC 17 PM 57</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>FINDINGS Resident #1 – Physician order states, “Seroquel 25 mg tablet 50 mg po QD.” However, November 2023-April 2024 medication administration record (MAR) was transcribed as “Seroquel 25 mg <u>1 tab</u> po QHS.” The medication order for Seroquel was not followed during this period, as the resident received 25 mg daily instead of 50 mg.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 DEC 11 PM 37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 order states, “Seroquel 25 mg tablet 50 mg po QD.” However, November 2023-April 2024 medication administration record (MAR) was transcribed as “Seroquel 25 mg <u>1 tab</u> po QHS.” The medication order for Seroquel was not followed during this period, as the resident received 25 mg daily instead of 50 mg.</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>Physician's order states Seroquel 25 mg 2 tablets Q HS , bottle states 25 mg 2 tabs QHS, (so Resident received 50 mg Q HS).PCG and SCG , to prevent this deficiency happening in the future PCG and SCG will transcribe MD orders according to how it was ordered, check if there is any discrepancy / typographical error done.</p>	<p>12/15/2024</p> <p style="text-align: right;">24 DEC 11 PM 07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – May, June, and September 2024 MAR indicates Seroquel 25 mg 2 tablets QHS, but initialed as given <u>every other day.</u></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 DEC 1 10:37</p>

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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 – July 2024 MAR shows medication order Seroquel 25 mg 2 tabs po Q HS was not initialed as either given to, held, or refused by the resident from 7/1/24-7/31/24.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 050 1 11:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 -- July 2024 MAR shows medication order Seroquel 25 mg 2 tabs po Q HS was not initialed as either given to, held, or refused by the resident from 7/1/24-7/31/24.</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>The MAR should be updated regularly and serves as reference to provide and dispense medication correctly. The medication label in the bottle and MAR should match to correctly dispense the medication. The MAR should be initialed to indicate that the medication has been given.</p> <p>In case of changes to the medication, the changes should also be noted on the MAR and bottle label.</p> <p>The primary caregiver should review the MAR on a regular basis for completeness and accuracy.</p>	<p>12/15/2024</p> <p style="text-align: right; font-size: small;">24 050 11 21:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Monthly fire drill was recorded as being held between 9:00 am to 9:40 pm—no fire drill conducted for the 3rd shift and 4th shift.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right; vertical-align: bottom;">24 DEC 11 2:57</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Monthly fire drill was recorded as being held between 9:00 am to 9:40 pm—no fire drill conducted for the 3rd shift and 4th shift.</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>To prevent this from happening again, Fire drills will be scheduled at different times of the day between 9AM to 9PM.</p> <p>A notice will be included in the calendar for future reference.</p>	<p style="text-align: center;">12/15/2024</p> <p style="text-align: right; font-size: small;">74 000 1 01 37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Resident #1 - No documentation SCGs were trained by the RN case manager in providing daily personal and specialized care. <i>Submit documentation with your POC.</i></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.</p> <p>The training provided to SCGs, CGs in daily personal care and specialized care by RN Case Manager is properly documented and the original is available for review in the care home staff binder. A copy of the training document is attached.</p>	<p>12/15/2024</p> <p style="text-align: right; vertical-align: middle;">24 001 21:57</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Resident #1 - No documentation SCGs were trained by the RN case manager in providing daily personal and specialized care.</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>All training documents must be filed in the care home staff binder for future reference and further review. The primary caregiver will be responsible for the accuracy and completeness of all documents.</p>	<p>12/15/24</p> <p style="text-align: right;">24 DEC 16 01:37</p>

Licensee's/Administrator's Signature: Romeo P. Valdez

Print Name: Romeo P. Valdez

Date: 12/16/2024

24 DEC 17 09:57