

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| <b>Facility's Name: Mililani Care Home LLC</b>                     | <b>CHAPTER 100.1</b>                              |
| <b>Address:<br/>95-117 Waikalani Drive, Mililani, Hawaii 96789</b> | <b>Inspection Date: September 10, 2024 Annual</b> |

**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).**

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
|-------------------------------------|--|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c)<br/>Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b><br/>Refrigerator was not equipped with an appropriate thermometer during the time of inspection.</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>Yes, I corrected this deficiency<br/>I placed a metal thermometer in the refrigerator and is now available for the uepartment to view.</p> | <p>09/15/24</p>        |

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
|-------------------------------------|--|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c)<br/>Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b><br/>Refrigerator was not equipped with an appropriate thermometer during the time of inspection.</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>I will add in my checklist of required documents/equipment to check thermometer weekly and put a check box if the thermometer is visible and readily available for the department to view</p> <p>I will instruct my care givers to put a check mark on checklist box once the thermometer is put back in its designated location after each use.</p> | 09/19/24               |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (e)<br/>A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b><br/>No available metal stem thermometer during the time of inspection.</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>Yes. I have a metal stem thermometer available and it is now keep in the kitchen drawer next to the stove.</p> | <p>09/19/24</p> |

|                                     | <b>RULES (CRITERIA)</b>   | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
|-------------------------------------|---|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c)<br/>A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b><br/>No available metal stem thermometer during the time of inspection.</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>I will include the metal thermometer for the refrigerator in my check list of required equipment and designate a day of the week to check weekly to make sure that metal thermometer is available during inspection.</p> | 09/19/24               |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1- Physician ordered on 2/7/24 for Lumigan 0.01% eye drops, however, medication was unavailable for review during the time of inspection. Per substitute care giver (SCG), medication is currently being refilled, however there was no documentation to determine if the medication is currently being refilled.</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>Yes, Lumigan is now available in resident's med bin I put a note in resident's med bin to place the Lumigan back after each use and after refilled as a reminder to myself and to my substitute care giver to ensure that this medication will be available during inspection</p> | <p>09/19/24</p> |

|                                     | <b>RULES (CRITERIA)</b>   | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
|-------------------------------------|---|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (c)<br/>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><br/>Resident #1- Physician ordered on 2/7/24 for Lumigan 0.01% eye drops, however, medication was unavailable for review during the time of inspection. Per SCG, medication is currently being refilled, however there was no documentation to determine if the medication is currently being refilled.</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>I will check residents med bin daily to ensure that all prescribed medication are put back to the medication bin to ensure the availability of all meds during inspection</p> <p>I will put a note in front of resident's chart to place medication in the med bin immediately once filled by pharmacy, and to document in my progress notes and in the Mar if medications are being refilled.</p> | 09/19/24               |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><u>FINDINGS</u><br/>Resident #1- Progress notes documented in June 2024, July 2024, and August 2024 was incomplete and did not consistently address the response to medications, treatments, and diet.</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |



|                                     | <b>RULES (CRITERIA)</b>   | <b>PLAN OF CORRECTION</b>   | <b>Completion Date</b> |
|-------------------------------------|---|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1- Progress notes documented in June 2024, July 2024, and August 2024 was incomplete and did not consistently address the response to medications, treatments, and diet.</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>I will write a progress notes each month or as appropriate to include residents response to treatment, medication, diet, or any changes in resident's condition immediately once it occurs</p> <p>I will have my substitute caregiver check my progress notes each month for completeness and to make sure that any change in resident's condition is documented immediately to ensure that progress notes is complete and readily available for the department to view</p> | 09/19/24               |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(5)<br/>During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1- Physician ordered on 2/7/24 for “Prolia 60 mg/mL subcutaneous syringe Inject 1 mL by SQ to be given at doctor’s office”; however, no entry detailing when the medication was administered or made 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>This medication is only available at the Doctor's office and it's only being administered every 6 months, so I documented in Mar that this medication is given every six months. I also asked the family to let me know when resident received the dose in Doctor's office so I can document in my progress notes</p> | <p>09/19/24</p> |

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>   | <b>Completion Date</b> |
|-------------------------------------|--|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(5)<br/>During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1- Physician ordered on 2/7/24 for "Prolia 60 mg/mL subcutaneous syringe Inject 1 mL by SQ to be given at doctor's office"; however, no entry detailing when the medication was administered or made 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>I will put a note in front of resident's chart the date that this medication will be given at the Doctor's office to ensure that it will be documented in my progress notes and in Mar.</p> | 09/19/24               |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (c)<br/> Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u><br/> Resident #1- No documented evidence of an incident report that occurred on 2/16/24 when resident walked out of care home and was outside for more than two (2) hours.</p> | <p style="text-align: center;">PART 1</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> |                 |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (c)<br/>           Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b><br/>           Resident #1- No documented evidence of an incident report that occurred on 2/16/24 when resident walked out of care home and was outside for more than two (2) hours.</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>I will write an incident report as soon as it occur.<br/>           I will have my secondary care giver to check resident's chart for incident report once it occurred and directly report to PCG if no incident report on file to ensure that all incident report are documented and filed in chart on time.</p> | 09/10/24        |

Licensee's/Administrator's Signature: sonia Galvez

Print Name: sonia Galvez

Date: Sep 20, 2024