

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kakealani Care Home	CHAPTER 100.1
Address: 94-833 Kalaiaha Place, Waipahu, Hawaii 96797	Inspection Date: June 10, 2025 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
☒	§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH; <u>FINDINGS</u> The license was not posted. Corrected during the inspection.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 <u>Licensing</u>. (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH; <u>FINDINGS</u> The license was not posted. Corrected during the inspection.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I along with my SCG David will make sure that the license is placed in the proper place upon arrival into our facility. We will do daily walk through of our facility, to make sure that it is placed properly and in view. I the PCG will note it in my calendar on my cellular phone that the license has arrived and have SCG David verify arrival and we will place it in the common area for viewing.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. <u>FINDINGS</u> Opened bottles of alcohol were left unsecured on the counter in residents' dining room. Corrected during the inspection.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. <u>FINDINGS</u> Opened bottles of alcohol were left unsecured on the counter in residents' dining room. Corrected during the inspection.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I along with all caregivers will make sure that after cleaning out the storage area that all alcohol is placed into a locked cabinet. To ensure that all alcohol is placed in its perspective places all caregivers will note that all bottles of alcohol is locked up properly by, signing the log that is placed on the cabinet.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Unlabeled antibiotic ointment was left unsecured on the dresser in resident's room (green room).	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency was corrected. I asked resident to make sure to bring me any and all over the counter medications brought by family members, to any caregivers available so that it can be noted that family member purchased while visiting resident. All caregivers will note that over the counter medication was purchased and was properly stored.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Unlabeled antibiotic ointment was left unsecured on the dresser in resident's room (green room).	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG will remind all residents/family members that in the future to bring any and all OTC medication to me or any of the other SCG's. PCG will note it in the progress notes any and all OTC medications brought into the facility by resident or family members. PCG will check all rooms for any medications left in all residents rooms daily.	09/04/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Unlabeled Alka-Seltzer for care givers was left unsecured on the counter in residents' dining room. Corrected during the inspection.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Unlabeled Alka-Seltzer for care givers was left unsecured on the counter in residents' dining room. Corrected during the inspection.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? All caregivers will store their personal medications in their rooms out of sight of the residents common areas. All caregivers will do daily walk throughs through the facility to make sure that any and all of their personal medications are properly stored and placed in their rooms and not left in the common area of the residents area. The PCG will do daily walk throughs through the facility and make sure that no personal medications are left in the common areas of the residents.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Melatonin 5mg, 1 tab, qhs prn for insomnia was listed in medication administration record (MAR) as current. The medication was listed in 1/10/2025 order, but not listed in 3/10/2025 and 3/17/2025 (physical exam form). There was no current order available. Please clarify with physician.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected. PCG contacted physician on 06/12/2025 to get an updated medication list for resident. PCG verified all medications listed on the physician order dated 3/10/2025.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Melatonin 5mg, 1 tab, qhs prn for insomnia was listed in medication administration record (MAR) as current. The medication was listed in 1/10/2025 order, but not listed in 3/10/2025 and 3/17/2025 (physical exam form). There was no current order available. Please clarify with physician.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG and SCG David will verify that medication list is clear and understood before leaving the physicians office. All medication changes will be noted and signed and verified by physician. PCG will note it in the residents MAR on the changes list located at the front of the binder of changes to medications order.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Dextromethorphan-Guaifenesin 10-100mg/5ml syrup was listed in MAR. There was no current order.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected. PCG contacted physician on 06/12/2025 to get an updated medication list for resident. PCG verified all medications listed on the physician order dated 3/10/2025.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Dextromethorphan-Guaifenesin 10-100mg/5ml syrup was listed in MAR. There was no current order.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG and SCG David will verify that medication list is clear and understood before leaving the physicians office. All medication changes will be noted and signed and verified by physician. PCG will note it in the residents MAR on the changes list located at the front of the binder of changes to medications order.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Current order included Acetaminophen 650mg, 1-2 tabs every 8 hours as needed for pain. The medication is not available at home.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected. PCG contacted the physician on 06/11/2025, to ask if he could call in a prescription order for Acetaminophen 650 mg. Family was contacted as well daughter to pick up medication at pharmacy.	07/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Current order included Acetaminophen 650mg, 1-2 tabs every 8 hours as needed for pain. The medication is not available at home.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Make it a standard procedure that all PRN medication although its PRN to be readily available. SCG #2 along with the PCG will follow up by doing monthly checks on medications for all residents.	07/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – PRN medication was not listed in June 2025 MAR.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency was corrected. PCG contacted physician on 06/11/2025 to get an updated medication list, updated med list lists PRN medication.	07/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – PRN medication was not listed in June 2025 MAR.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG and SCG #2 will double check all summary given to make sure that all medications along with PRN medications are listed on med lists. If there should be any discrepancy PCG will contact physician immediately.	07/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. <u>FINDINGS</u> Resident #1 – A list of medication was signed/dated by physician on 3/10/25, 1/10/25, and 6/17/24. Not reviewed every four months.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. <u>FINDINGS</u> Resident #1 – A list of medication was signed/dated by physician on 3/10/25, 1/10/25, and 6/17/24. Not reviewed every four months.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG will verify that medication list is clear and understood before leaving the physicians office. PCG will train all SCG verify that med lists has been signed and dated. Resident will visit physician every four months, PCG will verify with physician of any changes to medications and that it is signed and dated by him on every visit.	07/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – A care plan included “Change colostomy bag (including water) 3x/week.” No record that the bag was changed per care plan. No record for observation of the colostomy.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – A care plan included "Change colostomy bag (including water) 3x/week." No record that the bag was changed per care plan. No record for observation of the colostomy.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG and SCG David added a care plan for residents colostomy bag on 06/12/2025, which was placed into the residents binder. Documenting date of change. Signature of change will be documented as well with the change of the colostomy bag. PCG will inform all caregivers and instruct them that if they do the change it should be documented and signed. PCG and SCG David will do monthly checks on the care of the residents colostomy bag.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records: An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law; <u>FINDINGS</u> Residents' binders were stored in an unlocked cabinet. Corrected during the inspection.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records: An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law; <u>FINDINGS</u> Residents' binders were stored in an unlocked cabinet. Corrected during the inspection.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? SCG installed a lock on cabinet, and will let all caregivers know that at all times residents binders should be locked in the cabinet at all times. SCG David will do weekly walk throughs to make sure that all binders are in the cabinet and secured properly.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #1 – Medication list in emergency information sheet was not up to date.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected. SCG David will leave blank sheets in all residents binders.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #1 – Medication list in emergency information sheet was not up to date.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG and SCG David will mark it on their cellular calendar of updated monthly emergency information and medication lists are updated. A reminder at the ending of each monthly will be on both their phones to remind them of updates needed for all residents.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: 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. <u>FINDINGS</u> SCG #1 and #2 – Only ten (10) hours of continuing education credits could be confirmed in the past 12 months.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected. PCG explained to all caregivers of all hours needed per year for continuing education.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: 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. <u>FINDINGS</u> SCG #1 and #2 – Only ten (10) hours of continuing education credits could be confirmed in the past 12 months.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? SCG David will do weekly verification of all hours for all caregivers. This reminder will be on a list of all caregivers on the bulletin boards of any and all upcoming continuing education courses available. PCG receives emails of any and all upcoming continuing education course prior and she will let all caregivers know so that they can make arrangements to be able to watch or attend these courses available with their schedules.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> No record that fire drill was conducted in July 2024.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; <u>FINDINGS</u> No record that fire drill was conducted in July 2024.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? SCG David added an extra list within the caregivers binder as a reminder that a fire drill will be conducted, also a printed out paper stating when a fire drill will be conducted will be placed on the cabinet in view of all residents and all caregivers.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); <u>FINDINGS</u> Resident #1 – No record that influenza vaccine was given/offered.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected. PCG contacted physician on 06/12/2025 noted that flu shot was received on 10/28/2024.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); <u>FINDINGS</u> Resident #1 – No record that influenza vaccine was given/offered.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? SCG created a list of any and all upcoming vaccines that are necessary for all residents. It will be posted in the hallway of the residents view, a copy is placed into the caregivers binder. A reminder is placed on the cellular phones of SCG David and PCG of any and all vaccinations that are nearing expiration date.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – The most recent list of medication that was signed by RN case manager was dated 3/31/2023, on the day of admission. Medication list was not up to date.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected. PCG contacted case management during inspection. PCG followed up with case management and a copy of Medication list was updated and signed on 02/2025.	07/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – The most recent list of medication that was signed by RN case manager was dated 3/31/2023, on the day of admission. Medication list was not up to date.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Case Management assured PCG they will follow the formats per DOH. A copy was sent and placed into the residents. A copy of residents recent visit to physician was sent to case management. Updated MAR is placed in the residents binder. PCG will do weekly checks to assure that all documentations are updated and reviewed accordingly.	06/26/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – State of Hawaii Quest Integration Service Plan (SP) form was used for a care plan. Using a form for DHS Medicaid does not accurately reflect the resident's status.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes this deficiency has been corrected, PCG contacted case management to let them know that DOH says that the care plan needs to be changed to a different format because resident is no longer medicaid resident. PCG talked to Nancy from the case management she worked with Nancy to assure that they are following the correct format. Nancy emailed a copy of correct format and that has been placed into the residents binder.	07/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; <u>FINDINGS</u> Resident #1 – State of Hawaii Quest Integration Service Plan (SP) form was used for a care plan. Using a form for DHS Medicaid does not accurately reflect the resident's status.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Case Management assured PCG she will follow the formats per DOH. A copy was sent and placed into the residents. A copy of residents recent visit to physician was sent to case management. Updated MAR is placed in the residents binder. PCG will do weekly checks to assure that all documentations are updated and reviewed accordingly.	06/26/2025

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Noreen Montijo

Jun 26, 2025

Licensee's/Administrator's Signature: *~*

Print Name: Noreen Montijo

Date: Jul 22, 2025