Rec'd 1/27/25

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mother & Daughter	**CHAPTER 100.1**
Address: 94-369 Apowale Street, Waipahu, Hawaii 96797	**Inspection Date: October 28, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(i) Application. 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: 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; **FINDINGS** PCG, SCG#'s 1, 2, & 3, HHM#'s 1, 2, 3, & 4 – No documented evidence of 2024 (year two) background check results.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -YES, I SCHEDULED BACKGROUND CHECKS FOR HOUSE HOLD MEMBERS ON 10/30/24 -EVERYONES RESULTS ARE OBTAINED & FILLED	11/12/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(i) Application. 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: 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; FINDINGS PCG, SCG#'s 1, 2, & 3, HHM#'s 1, 2, 3, & 4 – No documented evidence of 2024 (year two) background check results.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL REVIEW OR REORDER HOUSE HOLD MEMBERS BACKGROUND CHECKS 3 MONTHS BEFORE INSPECTION MONTH	11/12/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(6) During residence, records shall include: All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly; **FINDINGS** Resident #1 – Lost nine (9) pounds during this inspection year. Physician's notes and progress notes don't explicitly address weight loss. Last BMI in record was 18.7 on 9/13/24. Normal BMI range is 18.5 – 24.9.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, DOCTOR WAS MADE AWARE OF CLIENTS WEIGHT LOSS & SCHEDULED APPOINTMENTS FOR ENDOSCOPY & DEXA	11/20/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(6) During residence, records shall include: All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly; FINDINGS Resident #1 – Lost nine (9) pounds during this inspection year. Physician's notes and progress notes don't explicitly address weight loss. Last BMI in record was 18.7 on 9/13/24. Normal BMI range is 18.5 – 24.9.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - I WILL MAKE SURE DOCTOR IS AWARE OF WEIGHT LOSS AND INCLUDE IN PROGRESS NOTES - I WILL REVIEW PATIENT RECORD ATLEAST ONCE A MONTH. IF ANYTHING NEEDS TO BE REPORTED I WILL CONTACT PHYSICIAN WITHIN 24HRS.	11/20/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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. **FINDINGS** SCG#1 – No documented evidence of Primary Care Giver (PCG) training.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, I COMPLETED A PRIMARY CAREGIVER & SUBSTITUTE CAREGIVER TRAINING FORM	11/1/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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. FINDINGS SCG#1 – No documented evidence of Primary Care Giver (PCG) training.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? -I WILL MAKE SURE ALL PROPER TRAINING IS CONDUCTED BEFORE EMPLOYEE START DATE -I WILL USE SCG CHECKLIST AS A REMINDER TO COMPLETE TRAINING	11/1/24

Licensee's/Administrator's Signature: _____

Print Name: RAYNILDA GUTING / JAYDEN PAJELA

Date: 1/24/25