Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Daquip Care Home	**CHAPTER 100.1**
Address: **87-132 Palani Street, Waianae, Hawaii 96792**	**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
☒	§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** Primary Care Giver (PCG), Substitute Care Giver (SCG) #3 – No documented evidence that aforementioned care givers have no prior felony or abuse convictions in a court of law on file for two (2) consecutive years. Only documented evidence for PCG & SCG #3 was from 2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PRIMARY / SECONDARY CAREGIVERS WERE SCHEDULED WITH FELIP PRIVI TO HAVE THEIR BACK GROUND CHECKED. CHECKS ARE COMPLETED	2/13/2025

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	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** Primary Care Giver (PCG), Substitute Care Giver (SCG) #3 – No documented evidence that aforementioned care givers have no prior felony or abuse convictions in a court of law on file for two (2) consecutive years. Only documented evidence for PCG & SCG #3 was from 2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** BACK GROUND CHECKS WILL BE DONE ANNUALLY FOR ALL ~~CARE~~ GIVERS. PCG & SPCG WILL REVIEW CHARTS EVERY 6 MONTHS TO MAKE SURE CHECKS ARE UP DATED.	25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2, Resident #3, Resident #4 – No documented evidence of a current annual diet order from a physician or advanced practice registered nurse (APRN) on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CARE GIVER FOLLOWED UP ON DRS VISIT 27/12/2025 TO CORRECT DEFICIENCY. ORDERS ARE ON FILE.	25 FEB 13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2, Resident #3, Resident #4 – No documented evidence of a current annual diet order from a physician or APRN on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** FUTURE PLAN IS TO MAKE SURE DR. WILL ADRESS PROPER DIET ORDERS ON RESIDENTS ANNUAL PHYSICAL DOCS. PCG & SCG WILL REVIEW CHARTS EVERY 6 MONTHS. TO MAKE SURE EVERY THING IS IN ORDER.	25 FEB 13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medications orders not reevaluated and signed by a physician or APRN at least every four (4) months. Last medication reevaluation performed in January 2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** RESIDENT WAS TAKEN TO DR TO UPDATE/ REEVALUATE MEDICATIONS	2/12/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medications orders not reevaluated and signed by a physician or APRN at least every four (4) months. Last medication reevaluation performed in January 2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** RESIDENTS MEDICATION ORDERS WILL BE UPDATED DURING MONTHLY/QUARTERLY DRS. VISITS. PCG OR SCG WILL UPDATE CHARTS AFTER EVERY VISIT.	25 FEB 13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1, Resident #2, Resident #3, Resident #4 – No documented evidence of a current level of care evaluation from a physician or APRN on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** OBTAINED LEVEL OF CARE EVALUATION FROM DRS. VISITS.	2/12/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1, Resident #2, Resident #3, Resident #4 – No documented evidence of a current level of care evaluation from a physician or APRN on file.	**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/SCG will review charts every six months to make sure its on file.	2-13-17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #2 – No documented evidence of a current inventory of belongings on file. Last inventory was done in 2022.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** INVENTORY OF BELONGINGS WAS UPDATED. FOR CURRENT YEAR.	10/1/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #2 – No documented evidence of a current inventory of belongings on file. Last inventory was done in 2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** INVENTORY FOR EACH RESIDENT WILL BE UPDATED YEARLY PRIOR TO ANNUAL INSPECTION. PCG/SCG WILL REVIEW EVERY 6 MONTHS TO MAKE SURE IT DONE	'25 FEB 13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Observed non-working signaling devices in all four (4) resident rooms and two (2) bathrooms. No back up signaling devices in facility.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** BEDSIDE, BELLS WERE PROVIDED / INSTALLED TO EACH RESIDENTS DOORS. BELLS WERE ALSO PROVIDED IN THE RESTROOMS	10/31/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Observed non-working signaling devices in all four (4) resident rooms and two (2) bathrooms. No back up signaling devices in facility.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TEST WILL BE CONDUCTED O/N SIGNALING SYSTEM AT LEAST ONCE A WEEK BY CARE GIVERS. MANUAL BELLS WILL BE PROVIDED IF SYSTEM IS NOT WORKING	25 FEB 13

Licensee's/Administrator's Signature: Eunice S. Dagnip

Print Name: EUNICE S. DAGNIP

Date: 2/13/2025

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