Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Senior Care, Inc., #II	**CHAPTER 100.1**
Address: **711 Oneawa Street, Kailua, Hawaii 96734**	**Inspection Date: November 4, 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
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Residents personal items brought into the ARCH was not maintained: • Resident #2: Last maintained 8/2023 • Resident #3: Last maintained 10/2023	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected and correction was placed on the Residents binder. Clothing and personal belongings inventory for Resident #2 and Resident #3 were updated for 2024.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Residents personal items brought into the ARCH was not maintained: • Resident #2: Last maintained 8/2023 • Resident #3: Last maintained 10/2023	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I entered into my calendar to remind me that I have to update personal belongings everytime family brings in any item for the resident.	11/07/2024

	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 #1's 8/23/24 progress notes entry reads "clarified as regular diet from readmission," however no telephone order available for review for the "regular diet." 9/26/24 medication re-evaluation order reads that the diet is "NCS, regular"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected and correction was placed on the resident's binder available for review. Regular diet was signed by Resident #1 PCP.	11/07/2024

	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 #1's 8/23/24 progress notes entry reads "clarified as regular diet from readmission," however no telephone order available for review for the "regular diet." 9/26/24 medication re-evaluation order reads that the diet is "NCS, regular"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have included and added into my checklist that all telephone orders must be signed by the physician and place it on resident's binder for review.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** One (1) bottle of Clorox spray and Two (2) spray cans of Pledge were found unlocked under kitchen cabinet. One (1) bottle of Lysol toilet bowl cleaner found unsecured in residents' bathroom #1 floor. PCG removed during time of 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 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** One (1) bottle of Clorox spray and Two (2) spray cans of Pledge were found unlocked under kitchen cabinet. One (1) bottle of Lysol toilet bowl cleaner found unsecured in residents' bathroom #1 floor.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future , I have posted a reminder in the kitchen and bathrooms that all toxic chemicals and cleaning agents must be placed in a locked cabinet after each use.All caregivers are made aware of this rule.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - Observed a bottle of "Stimulant Laxative Plus Stool Softener (Docusate Sodium 50mg/Sennoside 8.6mg) unlabeled and no current physician order for aforementioned medication upon readmission on 8/23/24.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Bottle of Stimulant Laxative Plus Stool Softener (Docusate Sodium) was removed from Resident #1 medication bin.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - Observed a bottle of "Stimulant Laxative Plus Stool Softener (Docusate Sodium 50mg/Sennoside 8.6mg) unlabeled and no current physician order for aforementioned medication upon readmission on 8/23/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my daily checklist to remove all medication bottles that does not belong to a Resident or any medication not ordered by the physician on a daily basis. I have reviewed this to my substitute caregiver to double check the daily reminder.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #3 - Medication Fluocinonide cream found in residents' bathroom #1 cabinet above sink unsecured. A bottle of Delsym cough syrup with no label also found in resident's refrigerator. PCG removed during time of 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 Medications. (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. **FINDINGS** Resident #3 - Medication Fluocinonide cream found in residents' bathroom #1 cabinet above sink unsecured. A bottle of Delsym cough syrup with no label also found in resident's refrigerator.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I have placed a note reminder in the bathroom and refrigerator area to remove medications and creams and must be placed in a secured area.I also reviewed this reminder to my substitue caregivers to follow the rules.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1's October 2024 Medication Administration Record (MAR) order and 9/26/24 PCG generated medication re-evaluation sheet signed by the physician reads "Mirtazapine 15mg tab. Give 1 tab PO Q daily at bedtime. However, 8/27/24 discharge order and medication bottle dispensed 10/16/24 on hand reads "Mirtazapine 15mg, Take ½ tab by mouth @ bedtime." Orders are conflicting in MAR, medication bottle label, and PCG generated medication order re-evaluation. No records that 8/27/24 medication order was discontinued, and medication was increased. PCG reported order changed back to Mirtazapine 15mg 1-tab QHS after speaking with PCP, but no documented evidence to support PCG's statement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Contacted PCP for Resident #1, clarification of Mirtazapine 15mg 1 tab QHS was reviewed and signed by PCP. Clarification order was placed on Resident #1 binder for review.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1's October 2024 MAR order and 9/26/24 PCG generated medication re-evaluation sheet signed by the physician reads "Mirtazapine 15mg tab. Give 1 tab PO Q daily at bedtime. However, 8/27/24 discharge order and medication bottle dispensed 10/16/24 on hand reads "Mirtazapine 15mg, Take ½ tab by mouth @ bedtime." Orders are conflicting in MAR, medication bottle label, and PCG generated medication order re-evaluation. No records that 8/27/24 medication order was discontinued, and medication was increased. PCG reported order changed back to Mirtazapine 15mg 1-tab QHS after speaking with PCP, but no documented evidence to support PCG's statement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added to my checklist on Physician's telephone order to document right away and have Physician sign order immediately. I have asked all substitute caregiver to review the checklist and must be followed.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 - Medication orders dated 8/22/24 and reorder date 9/26/24 for "Acetaminophen 500mg tab. 2 tab PO every 8 hours PRN pain," however October 2024 and November 2024 MAR order transcribed reads "Acetaminophen 325mg tab. 2 tab PO Q8hrs PRN pain" MARs do not match with physician orders.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected and placed on Resident #1 binder. October 2024 and November 2024 MARs were corrected to read, Acetaminophen 500mg tab. 2 tabs PO every 8 hours PRN pain to match with physician orders.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 - Medication orders dated 8/22/24 and reorder date 9/26/24 for "Acetaminophen 500mg tab. 2 tab PO every 8 hours PRN pain," however October 2024 and November 2024 MAR order transcribed reads "Acetaminophen 325mg tab. 2 tab PO Q8hrs PRN pain" MARs do not match with physician orders.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I have added to my monthly checklist to check MAR sheet and physician orders are matched together. I have asked substitute caregivers to double check all entries are correct.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 - Medication orders dated 8/22/24 and reorder date 9/26/24 for "Acetaminophen 500mg tab. 2 tab PO every 8 hours PRN pain," however, Acetaminophen 500mg tab is not available. Instead, Acetaminophen 325mg tabs are in the resident's medication bin.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Acetaminophen 500mg tab 2 tabs PO every 8 hours PRN pain was placed on Resident #1 medication bin. Acetaminophen 325mg tab bottle was removed from the medication bin.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 - Medication orders dated 8/22/24 and reorder date 9/26/24 for "Acetaminophen 500mg tab. 2 tab PO every 8 hours PRN pain," however, Acetaminophen 500mg tab is not available. Instead, Acetaminophen 325mg tabs are in the resident's medication bin.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I have added to my daily checklist to check physician medication orders against MARs during readmissions . I have assigned my substitute caregiver to double check all medication orders.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** The following medications were not documented as being made available on the following dates in October 2024: • "Hydralazine 25mg ½ tab PO BID with meals" did not have initials 10/30 and 10/31 during AM and PM dose. • "Amlodipine 5mg 1 tab PO BID" did not have initials 10/30 and 10/31 during AM and PM dose	**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 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** The following medications were not documented as being made available on the following dates in October 2024: • "Hydralazine 25mg ½ tab PO BID with meals" did not have initials 10/30 and 10/31 during AM and PM dose. • "Amlodipine 5mg 1 tab PO BID" did not have initials 10/30 and 10/31 during AM and PM dose	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have assigned my substitute caregiver to double check all medications are being initialed everytime medication is given in the morning and in the afternoon.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Discharged resident's one (1) bottle of Ketoconazole shampoo found in resident's bathroom #2, was not disposed properly. PCG removed during time of 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 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Discharged resident's one (1) bottle of Ketoconazole shampoo found in resident's bathroom #2, was not disposed properly.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future , I have added to my patient discharged checklist to dispose all medicated shampoo properly . I also discussed with my substitute caregiver about the rule to be followed.	11/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 was transferred from "Oililua IV" to Oililua Senior Care, Inc #II on 7/16/24. However, no PCG assessment upon readmission to Oililua Senior Care, Inc #II.	**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 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 was transferred from "Oililua IV" to Oililua Senior Care, Inc #II on 7/16/24. However, no PCG assessment upon readmission to Oililua Senior Care, Inc #II.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future , I have added to my readmission checklist to do readmission assessment on every transfer.I have reviewed to my substitute caregiver to remind, double check for accuracy.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #1- No documented evidence of inventory upon readmission for 5/28/24, 7/16/24, and 8/23/24.	**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 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #1- No documented evidence of inventory upon readmission for 5/28/24, 7/16/24, and 8/23/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I have added to my daily checklist to complete inventory checklist upon readmission. My substitute caregiver was asked to double check for me on every readmission.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1: July 2024 Progress notes did not document resident's transfer from "Oililua IV" to Oililua Senior Care, Inc #II on 7/16/24.	**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 Records and reports. (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; **FINDINGS** Resident #1: July 2024 Progress notes did not document resident's transfer from "Oililua IV" to Oililua Senior Care, Inc #II on 7/16/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I added to my checklist about documentation on the progess notes on every resident transfer from one facility to the other. I have asked my substitute caregiver to check the progress notes for completeness.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (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; **FINDINGS** Resident #1 - Monthly progress notes for August 2024 and September 2024 reads resident is on regular diet, However, readmission diet order dated 8/23/24 is "Hemodialysis diet, low sodium (2gm), 1500mL fluid restriction, low phos (1gm), low K(2gm). And 9/26/24 diet order reads "NCS, Regular." Progress notes did not accurately reflect diet orders.	**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 Records and reports. (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; **FINDINGS** Resident #1 - Monthly progress notes for August 2024 and September 2024 reads resident is on regular diet, However, readmission diet order dated 8/23/24 is "Hemodialysis diet, low sodium (2gm), 1500mL fluid restriction, low phos (1gm), low K(2gm). And 9/26/24 diet order reads "NCS, Regular." Progress notes did not accurately reflect diet orders.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future , I have added to my daily checklist to check type of diet ordered when documenting on Resident's monthly progress notes. I have asked my substitute caregiver to double check progress notes for accuracy.	11/07/2024

	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** Permanent General Register records Resident #1 was readmitted to Oililua Senior Care, Inc., #II from "Oililua IV" on 7/16/24, however July 2024 MAR observed all medication orders initialed from 7/1/24-7/31/24, despite not being this care home 7/1/24-7/15/24.	**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 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** Permanent General Register records Resident #1 was readmitted to Oililua Senior Care, Inc., #II from "Oililua IV" on 7/16/24, however July 2024 MAR observed all medication orders initialed from 7/1/24-7/31/24, despite not being this care home 7/1/24-7/15/24.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my checklist to start separate MAR for the Resident when there is a temporary transfer. I have advised and explained to my substitute caregiver to double check for accuracy.	11/07/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Fire drills conducted in the last twelve (12) months listed participants as "Clients 1 to 5" and "SCG" as substitute caregiver with no determination on who the clients are or who the SCG was.	**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
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Fire drills conducted in the last twelve (12) months listed participants as "Clients 1 to 5" and "SCG" as substitute caregiver with no determination on who the clients are or who the SCG was.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added to my monthly fire drill checklist to lists the names of the participants. I have asked my substitute caregiver to double check the fire drill checklist on a monthly basis.	11/07/2024

Licensee's/Administrator's Signature: Norma Tenorio

Print Name: Norma Tenorio

Date: 12/08/2024