Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Faithcare Senior Hale	**CHAPTER 100.1**
Address: **1108 Gulick Avenue, Honolulu, Hawaii 96819**	**Inspection Date: July 18, 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
☒	§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **FINDINGS** Primary Care Giver – No documented evidence of six (6) continuing education hours within the last year.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG has completed 8 credit hour continuing education regarding being a home caregiver via online in-service training.	10/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **FINDINGS** Primary Care Giver – No documented evidence of six (6) continuing education hours within the last year.	**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 ensure that an annual 6-hour credit training will be completed. Google Calendar will be set up to remind me 3 months before the due date of the in-service training in a specific year, and I should complete the in-service training immediately. Another Google Calendar will be set up to remind me 3 months before the annual inspection to ensure that in-service training is current/ updated, and another reminder 2 months before the annual inspection to ensure that the training has already been completed.	01/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute Care Giver #1 – No documented evidence of negative chest x-ray despite positive PPD history.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute caregiver #1 was able to submit documented evidence of a negative chest x-ray acquired from the Lanakila health center.	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Substitute Care Giver #1 – No documented evidence of negative chest x-ray despite positive PPD history.	**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 to make sure that the report will be kept on file, reviewed, and updated if needed. A list of caregiver documents, including the negative chest x-ray for those with a history of positive PPD, will be created and will be reviewed every 6 months. Google Calendar will be set up to remind me to review caregiver documents/requirements every 6 months. If the document is missing, it will be updated immediately. Another Google Calendar will be set up to remind me 3 months before the annual inspection to ensure that all caregiver documents are current/updated.	01/28/2025

	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 – No current annual diet order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG acquired an updated diet order from the PCP during the resident's annual physical examination on 9/11/2024.	09/11/2024

	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 – No current annual diet order.	**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 ensure that diet orders will be reviewed with the PCP. 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. Google Calendar reminder will be set up to remind me 1 month before the annual due date of the resident's diet order. Also, PCG will make a list of resident documents, which will be attached to the front of their binder and should be reviewed every 3 months. Google Calendar will be set up to remind me to review the list of required documents every 3 months. If something is missing or outdated, PCG will update it immediately.	01/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 – No documented evidence that the special diet order (cardiac diet) was clarified with the physician. In addition, no documented evidence that the special diet was provided as ordered as there are no special diet menus available for this diet order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG reviewed the diet order with the PCP during the resident's annual physical examination on 9-11-2024 and special diet menu was created to comply with the special diet order.	09/13/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 – No documented evidence that the special diet order (cardiac diet) was clarified with the physician. In addition, no documented evidence that the special diet was provided as ordered as there are no special diet menus available for this diet order.	**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 make a list of resident documents, including diet orders, which will be attached to the front of their binder and should be reviewed every 3 months to make sure it is clarified with the PCP. Google Calendar will be set up to remind me to review the list of required resident documents every 3 months. If something is missing or outdated, PCG will update it immediately. PCG and SCG will make sure that there are special diet menus posted weekly that residents can access and see. A Google reminder will be set up to remind PCG and SCG one day before a new week to create an updated special diet menu and then post it at the care home.	01/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 – No documented evidence that the special diet order (30 carbs per meal with at least 10 grams of protein) was provided as ordered as there are no special diet menus available for this diet order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG met with the RD, Ms. Jackson, on 9/9/2024 for diet training and a recommendation on how to make a diet menu for resident #2.	09/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 – No documented evidence that the special diet order (30 carbs per meal with at least 10 grams of protein) was provided as ordered as there are no special diet menus available for this diet order.	**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 and SCG will make sure that there are special diet menus posted weekly that residents can access and see. A Google reminder will be set up to remind PCG and SCG one day before a new week to create an updated special diet menu and then post it at the care home. If there are any updates on the diet ordered by the PCP, PCG and SCG will update them immediately to be compliant. PCG will call the OHCA dietician if I need assistance in creating special diet menus and update the special diet menus as necessary based on the diet orders for the resident.	01/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #3 – No documented evidence that the special diet order (no concentrated sweets/no added salt) was provided as ordered as there are no special diet menus available for this diet order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG met with the RD, Ms. Jackson, on 9/9/2024 for diet training and a recommendation on how to make a diet menu for resident #3.	09/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #3 – No documented evidence that the special diet order (no concentrated sweets/no added salt) was provided as ordered as there are no special diet menus available for this diet order.	**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 and SCG will make sure that there are special diet menus posted weekly that residents can access and see. A Google reminder will be set up to remind PCG and SCG one day before a new week to create an updated special diet menu and then post it at the care home. If there are any updates on the diet ordered by the PCP, PCG and SCG will update them immediately to be compliant. PCG will call the OHCA dietician if I need assistance in creating special diet menus and update the special diet menus as necessary based on the diet orders for the resident.	01/28/2025

	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 – Medication order for Metolazone = 2.5 mg po qd if weight >119 lbs. Medication label = Metolazone 2.5 mg po qd prn if weight increases to 110 lbs. or higher. Medication label doesn't reflect medication order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG clarified with the PCP regarding the Metolazone medication during the resident's annual physical examination on 9/11/2024. The medication was refilled with an updated order that matches the medication bottle label.	09/11/2024

	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 – Medication order for Metolazone = 2.5 mg po qd if weight >119 lbs. Medication label = Metolazone 2.5 mg po qd prn if weight increases to 110 lbs. or higher. Medication label doesn't reflect medication order.	**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 and an SCG will review all residents' medication orders, medication labels, and MAR entries to ensure all labels and information match and are reflected accurately. PCG will be in charge of checking all medications and MAR. Google calendar reminders will be set up to remind PCG and SCG to check all medication orders at the beginning of each month. If something needs to be updated, PCG and SCG will update it immediately.	01/28/2025

	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 – Three (3) separate orders for Torsemide = 10 mg po qod, 10 mg - 2 tabs po qod, and 10 mg po qd PRN if weight <108 lbs. Torsemide medication label = 10 mg, take 1-2 tablets by mouth every day as directed. Medication label doesn't accurately reflect medication orders.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG clarified with the PCP regarding the Torsemide medication during the resident's annual physical examination on 9/11/2024. Medication refilled with an updated order that matches the medication bottle label.	09/11/2024

	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 – Three (3) separate orders for Torsemide = 10 mg po qod, 10 mg - 2 tabs po qod, and 10 mg po qd PRN if weight <108 lbs. Torsemide medication label = 10 mg, take 1-2 tablets by mouth every day as directed. Medication label doesn't accurately reflect medication 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?** PCG and an SCG will review all residents' medication orders, medication labels, and MAR entries to ensure all labels and information match and are reflected accurately. PCG will be in charge of checking all medications and MAR. Google calendar reminders will be set up to remind PCG and SCG to check all medication orders at the beginning of each month. If something needs to be updated, PCG and SCG will update it immediately.	01/28/2025

	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 – Medication orders not reevaluated and signed by a physician or APRN every four (4) 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 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 – Medication orders not reevaluated and signed by a physician or APRN every four (4) months.	**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 ensure that medication orders will be reevaluated and signed by the PCP every four months. A calendar reminder will be set up to remind PCG that a medication reevaluation is due in order to comply with the regulations.	09/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No current annual physical exam nor current annual tuberculosis clearance available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The resident was seen by PCP on 9/11/2024 for the annual physical examination and was able to obtain annual TB clearance signed by PCP on 9/13/2024.	09/13/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No current annual physical exam nor current annual tuberculosis clearance available.	**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 ensure that the residents' physical examination and annual TB clearance are completed in a timely manner. PCG will create a Google calendar reminder 1 month before the annual TB clearance will be due. Also, PCG will create a Google calendar reminder 3 months before the annual inspection to ensure all required resident documents are current/updated. If something is missing or not current, PCG will acquire and update the document immediately.	01/28/2025

	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 – No monthly progress notes including observations of the resident's response to diet, medications, treatments, and activities available.	**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 – No monthly progress notes including observations of the resident's response to diet, medications, treatments, and activities available.	**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 ensure that residents' monthly progress notes are completed every last day of the month, with the required documentation using the recommended OHCA resident form. PCG/SCG will also create a monthly list of required documentation or forms to be completed and attach them to the resident binders. Google Calendar reminder will be set up to remind me at the end of the month to review and complete the monthly progress note with the required documentation.	01/28/2025

Licensee's/Administrator's Signature: 

Print Name: Jun Lynard Tugas

Date: Feb 17, 2025

Licensee's/Administrator's Signature: _____

Print Name: Jun Tugas

Date: Oct 17, 2024