Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Flojo Quality Affordable Care Home	**CHAPTER 100.1**
Address: 1159 Kuokoa Street, Pearl City, Hawaii 96782	**Inspection Date: February 19, 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
☒	§11-100.1-9 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** HHM #1 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Obtained copy of HHM # 1 Initial 2-step TB clearance from 2017. A copy of this document is attached.	2/28/25

	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** HHM #1 – Initial 2-step TB clearance unavailable for review Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Staff required document record has been revised to include a column for tracking. Initial 2 step TB clearance. This record is kept in the front of my Care home record binder. PCG will review this record monthly to ensure all annual requirements are up to date.	2/28/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #1 – Diet order dated 12/2/24 states, "Regular minced diet. Avoid tomato and citrus"; however, special diet menu resident is being provided includes the following entrees or food items that include tomato and/or citrus: beef stew, chicken tinola with tomato, beef-tofu with tomato sauce, pork with peas/carrots/garbanzo in tomato sauce, mandarin oranges, fish sinigang with spinach and tomato, sautéed fish with pumpkin and tomato, chicken afridata with tomato sauce, beef lauya with tomato sauce, salsa, and spaghetti. Per PCG, no substitutions being provided or substitution menu available Submit a copy of revised menu or substitution menu that does not include resident's food restrictions with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 3/25/2025 PCG met with [redacted] [redacted] RD at POS to review the 5 weeks cycle menu for tomato products and citrus fruits. RD provided PCG with menu substitutions for tomato products and citrus. Revised menu with substitutions is attached.	3/25/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #1 – Diet order dated 12/2/24 states, "Regular minced diet. Avoid tomato and citrus"; however, special diet menu resident is being provided includes the following entrees or food items that include tomato and/or citrus: beef stew, chicken tinola with tomato, beef-tofu with tomato sauce, pork with peas/carrots/garbanzo in tomato sauce, mandarin oranges, fish sinigang with spinach and tomato, sauteed fish with pumpkin and tomato, chicken afritada with tomato sauce, beef lauya with tomato sauce, salsa, and spaghetti. Per PCG, no substitutions being provided or substitution menu available Submit a copy of revised menu or substitution menu that does not include resident's food restrictions with plan of correction.	**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 post a reminder note to review all diet menus upon receiving special diet orders for any resident to ensure & have the appropriate menus and food items to serve such residents. RD will be contacted if special diet menu is needed.	4/26/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. **FINDINGS** Resident #1 – External use medications (e.g., mupirocin ointment, nystatin powder, hydrocortisone cream, eye drops) stored within same compartment as internal use medications	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Each of my resident's medication is in their own container labeled with their name. Internal medication use is kept on the front container and external use medication is kept on the back container. NOTE: (When my DOH RN consultant visited I grabbed all external medication and put it on the internal medication container.)	3/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. **FINDINGS** Resident #1 – External use medications (e.g., mupirocin ointment, nystatin powder, hydrocortisone cream, eye drops) stored within same compartment as internal use medications	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 7 Reminder note was posted on medicine cabinet to remind staff internal and external medications shall be stored separately	4/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – Daily schedule of activities stated "throwing ball" from 10:00a-11:00a; however, resident observed laying in bed watching TV during this time period	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** n/a	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 – Daily schedule of activities stated "throwing ball" from 10:00a-11:00a; however, resident observed laying in bed watching TV during this time period	**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 in service staff / reminding staff to notify PCG if resident's condition changes preventing them from participating in scheduled activities so that appropriate activities can be provided and schedule revise.	4/28/2015

	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 – Seven (7) day treatment with Ciprofloxacin and prednisone prescribed on 12/2/24; however, change in health condition warranting medications and effectiveness of medication treatment were unavailable in progress notes	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** N/A	

	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 – Seven (7) day treatment with Ciprofloxacin and prednisone prescribed on 12/2/24; however, change in health condition warranting medications and effectiveness of medication treatment were unavailable in progress notes	**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 document changes in condition and effectiveness of medication in my progress notes. I have created a calendar alert in my phone, that prompts me to have my substitute caregiver review each resident's progress notes and MAR (for the previous month) on the 1st day of every month. I have discussed with my SCGs this new system for them to thoroughly review each resident's monthly progress note for accuracy and completeness, including changes in condition and effectiveness of medication.	3/18/2025

	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 – Quetiapine orders changed from "Quetiapine Fumarate 100mg tab take 1 tab by mouth in the morning, 1 tab in the afternoon, and 2 tabs at bedtime" to "Quetiapine 200mg extended release, 1 tab by mouth in the morning and 1 tab by mouth in the evening" on 5/6/24 and then to "Quetiapine 100mg 1 tab PO in AM, 1 tab PO in afternoon, 1 tab PO in evening"; however, no documentation on change in condition or effectiveness of medication regimen warranting medication changes	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** N/A	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(D) Residents' rights and responsibilities: Each resident shall: Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARC'H's written policy, as approved by the department; **FINDINGS** Resident #2,3 – Residents observed seated at dining table in wheelchairs with seatbelts on. Restraint orders for seatbelt use unavailable	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** N/A	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(D) Residents' rights and responsibilities: Each resident shall: Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department. **FINDINGS** Resident #2,3 – Residents observed seated at dining table in wheelchairs with seatbelts on. Restraint orders for seatbelt use unavailable	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** If my resident requires a physical restraint to protect themself from injury. I will discuss this with my resident's family and physician. and I will obtain a written order. NOTE Written orders for safety belt use for residents # 2 and # 3 have been obtained and a copy is attached.	3/14/25 3/17/25

	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** Monthly fire drills conducted on 5/19/24 and 10/21/24 did not include the duration of time taken to complete	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** N/A	

	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** Monthly fire drills conducted on 5/19/24 and 10/21/24 did not include the duration of time taken to complete	**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 not rush when completing my fire drill records. I will take time to thoroughly document each drill, including the start and end time. As a double check, I have created a calendar alert on my phone that reminds me on the 1st of each month to have my SCG review my fire drill records for completeness.	3/12/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – Physician's order dated 1/26/24-3/7/24 states, "Docusate Sodium (DOK 100mg) tablet. Generic for Docuprene 100mg. 1 tab by mouth daily for constipation. May crush medication."; however, no documented evidence case manager training on preparation and administration of crushed medications were provided at any point while medication order was active	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** N/A	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – Physician's order dated 1/26/24-3/7/24 states, "Docusate Sodium (DOK 100mg) tablet. Generic for Docuprene 100mg. 1 tab by mouth daily for constipation. May crush medication."; however, no documented evidence case manager training on preparation and administration of crushed medications were provided at any point while medication order was active	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** > A reminder note has been posted on residents binder to remind staff to meet with case manager for at monthly visits to review all current medication orders to determine if any CM training is necessary.	4/28/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. **FINDINGS** Resident #1 – No documented evidence of current pneumococcal vaccination received or declination of vaccination Submit a copy of vaccination or letter of declination with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have obtained a copy of my resident's pneumococcal vaccine record. A copy is attached for your reference	3/2/15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. **FINDINGS** Resident #1 – No documented evidence of current pneumococcal vaccination received or declination of vaccination Submit a copy of vaccination or letter of declination with plan of correction.	**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 have revised my "Resident Required Document Record" to include a column for Pneumococcal Vaccine. This is a reminder for me to obtain a copy of each Expanded Care Residents Vaccine. I will fill in the dates of pneumococcal vaccines or declination of vaccines for each Expanded resident upon admission to expanded care.	3/6/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Annual physical and dental examinations; **FINDINGS** Resident #1 – No documented evidence of annual dental examination or declination of annual dental exam from resident Submit documented evidence of completed annual dental exam or letter of declination with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have obtained a letter from my resident's POA declining annual dental exams. I have attached a copy of this letter for your reference.	3/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (c)(1) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Annual physical and dental examinations; **FINDINGS** Resident #1 – No documented evidence of annual dental examination or declination of annual dental exam from resident Submit documented evidence of completed annual dental exam or letter of declination with plan of correction.	**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 have added a column to my "Resident Required Document Record" for annual Dental Exam. This will remind me to complete my client's annual dental exam or obtain a letter from the POS if they choose to decline this exam.	3/16/20xx

Licensee's/Administrator's Signature: _____

Print Name: CECILIA B. FLOOD

Date: 3/26/2025

25 MAR 27 AM 7:47
STATE LIBRARY

Licensee's/Administrator's Signature: _____

Print Name: Cecile R. Flatt

Date: 4/28/2025