Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Heart to Heart Care Home	**CHAPTER 100.1**
Address: **94-384 Ana Lane, Waipahu, Hawaii 96797**	**Inspection Date: January 16, 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
☒	§11-100.1-3 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 and Substitute Care Giver (SCG) #1 – No documented evidence care givers meet Fieldprint background check requirements (2 consecutive years of APS, CAN and fingerprint registries).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -Primary Caregiver obtained APS/CAN/Fingerprint clearance on 3/3/25. -Copy of SCG #1 Fieldprint fitness clearance completed on 12/30/2024 obtained and placed in Care Home Binder. -Plan to complete second set of APS/CAN/Fingerprint clearance for PCG and SCG within 1 year of last clearance.	03/03/2025

	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 and Substitute Care Giver (SCG) #1 – No documented evidence care givers meet Fieldprint background check requirements (2 consecutive years of APS, CAN and fingerprint registries).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -APS/CAN/Fingerprint requirement will be added to quarterly care home binder audit/checklist and new hire required documentation checklist. Quarterly checklist to be completed by PCG. Quarterly phone alarm reminder added to PCG personal cell phone and written reminder on personal calendar to serve as a reminder. -Yearly alarm reminder set on PCG and SCG personal cell phone and written in personal calendar to assist in ensuring that task is completed.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Cycle menus in use do not include lunch meals for Mondays, Tuesdays, Wednesdays, Thursdays and Fridays.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -Cycle menus were updated to include lunch meals for Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays. -Menus were posted on Care Home Bulletin Board.	01/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Cycle menus in use do not include lunch meals for Mondays, Tuesdays, Wednesdays, Thursdays and Fridays.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Add menu check on daily environment checklist. Environment checklist to be completed and initialed daily by PCG or SCG. Daily reminder alarm set on PCG and SCG phone to complete checklist daily. -Train all staff and substitute caregivers on daily environment checklist. Substitute caregiver to check that daily checklist is complete. If not signed by PCG, SCG to complete and initial. -Train all staff and substitute care givers on purpose of menu.	01/17/2025

	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** Toxic chemicals unsecured in cabinet at back of house upon initial inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Detergent and cleaning agents were placed back into the outdoor cabinet and secured with a lock.	01/16/2025

	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** Toxic chemicals unsecured in cabinet at back of house upon initial inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Add locked cleaning agents and detergent in daily environment checklist/audit. Environment checklist/audit. Checklist to be completed and initialed by PCG or SCG daily. Daily alarm reminder set on PCG and SCG phone to complete environment checklist. -Train and educate all staff and substitute caregivers on importance of securing cleaning agents and detergent in a locked cabinet after each use.	01/17/2025

	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** Insulin Glargine and Bisacodyl found unsecured in refrigerator. (Discarded during 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** Insulin Glargine and Bisacodyl found unsecured in refrigerator. (Discarded during inspection.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Add refrigerator check to daily environment checklist. Checklist to be completed and initialed daily by PCG or SCG. Daily phone alarm reminder set on PCG and SCG personal phone as a reminder to complete daily checklist. -Educated and train all staff on proper medication storage. -Locked medication cabinet purchased for medications that need to be stored in the refrigerator.	01/17/2025

	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 not reevaluated and signed every four (4) months. Last signed medication orders from 8/14/2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -Updated medication review completed by MD for visit done on 11/1/2024. -Physician Orders placed in Resident's chart	01/25/2025

	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 not reevaluated and signed every four (4) months. Last signed medication orders from 8/14/2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Physician Orders added to quarterly client binder audit. Audit to be completed by PCG. Quarterly alarm set on PCG personal form and written reminder on personal calendar to remind PCG to complete audit. -All staff and substitute caregivers educated and trained on quarterly client binder audit and medication order requirements.	01/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – No initials on medication administration record for medications that should've been administered this morning (1/16/2025) at 0900.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -Medication administration record initialed by SCG to reflect medication was given.	01/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – No initials on medication administration record for medications that should've been administered this morning (1/16/2025) at 0900.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Educated and trained SCG on importance of signing MAR immediately after medication administration to client. -MAR check to be added to daily environment checklist. Checklist to be completed and initialed by PCG or SCG. Daily alarm reminder to complete environment checklist added to PCG and SCG personal cell phone.	01/17/2025

	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 – Schedule of activities not followed.	**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
☒	§11-100.1-16 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 – Schedule of activities not followed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Schedule of Activities will be posted on care home bulletin board to remind all caregivers of activity schedule -All staff and caregivers will be educated and trained on Schedule of Activities and importance of following daily schedule. -Schedule of activities will be added to daily environment checklist. Checklist to be completed and initialed by PCG or SCG. Daily phone alarm will be set on PCG and SCG personal cell phone to serve as a reminder to complete checklist daily.	01/17/2025

	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 and #2 – Tuberculosis (TB) Document F not used for TB clearances.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -Tuberculosis Document F obtained for residents #1 and #2 and placed in care home resident binder.	01/25/2025

	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 and #2 – Tuberculosis (TB) Document F not used for TB clearances.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Tuberculosis Document F added to quarterly resident binder audit/checklist. Checklist to be completed by PCG. Quarterly phone alarm on personal cell phone and written reminder in personal calendar to remind PCG to complete resident binder audit/checklist. -All staff and substitute caregivers will be educated on resident binder audit and Tuberculosis Document F.	01/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage; **FINDINGS** Urine smell present towards back of home. (Smell taken care of during 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
☒	§11-100.1-23 Physical environment. (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage; **FINDINGS** Urine smell present towards back of home. (Smell taken care of during inspection.)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -Screen door installed to back door to facilitate air flow and prevent stagnant air and scents. -Fan placed in hall way to circulate fresh air. -All staff and substitute caregivers educated and trained on proper cleaning/ laundering techniques and to utilize odor eliminating cleansers and air fresheners.	01/17/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Per SCG #1, dishes are sanitized weekly instead of after each wash.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** -Educated and trained SCG on sanitation procedures and policies. -Dishes sanitized utilizing proper procedure as stated in Chapter 11-100. 1-23	01/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Per SCG #1, dishes are sanitized weekly instead of after each wash.	**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 visualized SCG utilizing proper technique in dish sanitizing. -Dish sanitation added to daily care home environment audit/checklist. Checklist to be completed and initialed by PCG or SCG daily. Daily phone alarm reminder added to PCG and SCG personal cell phone to serve as a reminder to complete checklist. -All staff and substitute caregivers educated and trained on environment checklist and proper sanitation techniques.	01/17/2025

Licensee's/Administrator's Signature: Tracy Lockhart

Print Name: Tracy Lockhart

Date: Apr 14, 2025

Licensee's/Administrator's Signature: Tracy Lockhart

Print Name: Tracy Lockhart

Date: Mar 4, 2025