Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Care Home LLC	**CHAPTER 100.1**
Address: **151 Chong Street, Hilo, Hawaii 96720**	**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
☒	§11-100.1-13 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, Resident #2 – No documented evidence of a current annual diet order on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Resident #1 Resident #2. Diet order on filed Documents has been obtained it has place in the home record it will be in home Binder	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #1, Resident #2 – No documented evidence of a current annual diet order on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1, Resident #2 Diet oder on filed and Documente has been obtained PCG has placed in the home record. It will be in home binder as evidence PCG ~~will~~ ensure that. Wont happend again, and PCG will be carefull with all the Documente placed in home record, Hospice comfort kis is. Uptodate. The pcg and scg will Review at least once a month to ensure everything will be in order and complete for department review	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Physician ordered "Hyoscyamine 0.125mg tablet," "Lorazepam 1mg tablet," Olanzapine 2.5mg," "Bisacodyl 10mg supp," "Acetaminophen 650mg supp," and Morphine sulfate 100mg/5mL" in November 2023. Medications not transcribed onto medication administration record (MAR) from November 2023 to November 2024.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Hospice comforticare has Replaced to New. One November 5 24. Hyoscyamine 0.25mg has Replaced. Lorazepam 1mg tablet has Replaced. olanzapine 2.5mg Replaced. Bisacodyl 10mg supp. Replaced. Acetaminophen 650mg supp Replaced morphine sulfate 100mg/5ml. Replaced These medication has Replaced on November 5. 2024. PCG also Attached all medication rise up loaded.	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Physician ordered "Hyoscyamine 0.125mg tablet," "Lorazepam 1mg tablet," Olanzapine 2.5mg," "Bisacodyl 10mg supp," "Acetaminophen 650mg supp," and Morphine sulfate 100mg/5mL" in November 2023. Medications not transcribed onto MAR from November 2023 to November 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?** The Hospice comfort kits has been replaced To.: New comfort kits on November 05. 2024. PCG uploaded all medication list. on. November 19. 2024. PCG ensure the this happen will not occurred in the future In the future Hospice comfort kit will be always up to date. The PCG and SCG will review ae lease once a month to ensure every thing will be in order and complete for department review.	5/20/25

	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 at least every four (4) months. Last medication evaluation dated November 2023.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 Medication Level of Assement has been done by Resident's physician, and New Evaluation Documenthas been obtained PCG binder, New medication Evaluation Documents in the House record.	5/20/25

	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 at least every four (4) months. Last medication evaluation dated November 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?** Resident # 1 Medication Evaluation Assement has been Done by Resident's physican and New Evaluation Document issued by Residenes pcp. New medication List is PCG's binder PCG will allways keep in mind every four month each Resident goes New Evaluation PCG ensure the wont happended this again in the future. The pcg and scg will review at least once a moneh to ensure everything willbe in order and complete for depurtemene review.	5/20/25

	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** Resident #1 – Observed "Apriprazole 2mg tablet," "Hyoscyamine 0.125mg tablet," "Lorazepam 1mg tablet," Olanzapine 2.5mg," "Bisacodyl 10mg supp," "Acetaminophen 650mg supp," and Morphine sulfate 100mg/5mL" in resident's medication bin, all past its expiration date.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 Apriprazole 2mg tablet has been discontinued, so. PCS Discarded Medication Bottles Hyoscyamine 0.125mg Replaced NOV.5.24 Lorazepam 1mg tablet. Replaced NOV.5.24 Olanzapine 2.5mg tablet. Replaced on NOV.24 Bisacody 10mg Supp. Replaced on NO.5.24 Acetaminophen 650mg Supp. Replaced on NO.5.24 Morphine Sulfate 100mg/5mL Replaced on NO.5.24 All medication is New and up to date.	5/20/25

	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** Resident #1 – Observed "Apriprazole 2mg tablet," "Hyoscyamine 0.125mg tablet," "Lorazepam 1mg tablet," Olanzapine 2.5mg," "Bisacodyl 10mg supp," "Acetaminophen 650mg supp," and Morphine sulfate 100mg/5mL" in resident's medication bin, all past its expiration date.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1 Residents expired medication is all new and up-to date. Some expired medication has been discarded because Residene discontinued PCG will make sure NO expired medication is keep in House PCG ensure the old expired Medication is alway discarded, Replace to new medication in the future The PCG and SCG will review at least once a month to ensure everything will be in order and complete for department review	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No documented evidence of a current annual physical examination clearance signed by a physician or advanced practice registered nurse (APRN) on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 Residente physical, ananual Examinatien obtain by Resident's PCP.	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No documented evidence of a current annual physical examination clearance signed by a physician or APRN on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident # 1 Resident #1 Currene Annual physical examination clearance obtained by Resident #1's PCP. This information/document is PCP Home Binder as Record of evidence. in the future. ensure that Not occurs again. in future, always 1 month prior to. PCP will make an appoiment before expiring date. The PCP and SCP will review at least once a month to ensure everything will be in order and complete for department review.	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No documented evidence of a current annual level of care evaluation signed by a physician or APRN on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident # 1 Resident # 1 Current Annual level of care evaluation obtained by Residents PCP. PCP Obtained level of Care Placed on home binders as Record Evidence.	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No documented evidence of a current annual level of care evaluation signed by a physician or APRN on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1 Resident #1 current Annual level of care has been obtained by Resident's PCP. PCG keep this document as evidence Placed into Home binder as Record PCG always checked the Document is current and ensure the work occur again in the future, the PCG and SCG will review at least once a month to ensure everything will be order and complete for department review	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1 – No documented evidence of a monthly weight measurement or substitute in lieu of, from February 2024 to September 2024.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** Resident #1 The PCG and SCG will Review the chart at Least every month to ensure that a monthly weight or mid-arm circumference is documented at ~~least~~ every month	5/26/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1 – No documented evidence of a monthly weight measurement or substitute in lieu of, from February 2024 to September 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?** Resident #1 The PCG and SCG will Review the chart at least every month, to ensure that a monthly weight or mid-arm circumferance is documented at least every month. PCG will make sure that this happened. Wont occurred again in future.	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1 – No documented evidence of a current annual self-preservation status signed by a physician or APRN on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** #1 Resident obtained Document of Self-Preservation by his pcp. Current annual Self-Preservation Document, will be placed on Home binder as Record.	5/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: **FINDINGS** Resident #1 – No documented evidence of a current annual self-preservation status signed by a physician or APRN on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1 The Resident current Annual Self-preservation Document obtained by Residents PCP. This Document is keep in the PCG Home Binder as evidence PCG ensure that always checked the Resident's Documents, make sure won't occurred in future. The PCG and SCG will review at lease once a month to ensure everything will be in order and complete for department review.	5/20/25

Licensee's/Administrator's Signature: Hestia Lee

Print Name: Hestia Lee

Date: 5/20/2024