

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lunalilo Home	CHAPTER 100.1
Address: 501 Kekauluohi Street, Honolulu, Hawaii 96825	Inspection Date: March 12 & 13, 2015 Annual

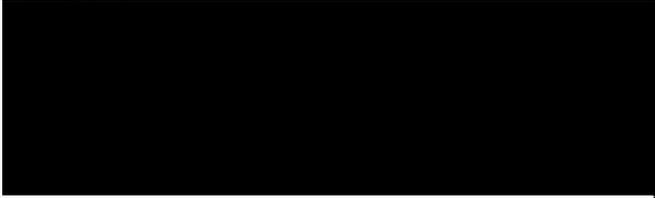
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> For care giver [REDACTED] no physical examination from [REDACTED] For care giver [REDACTED] no current annual physical examination. 	<p>#1. Procedure: Notification of all job requirements at 12 months (attach #1), followed by a 60 day (attach #2) and final 30 day notice (attach #3). Non-compliance, is addressed and after the final 30 day notice, employee will be removed from the work schedule until the job requirement is met.</p> <p>#2. Please see attach #5. The above protocol (attach #1,2,&3) will apply.</p>	<p>03/16/2015</p> <p>03/16/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> For care giver [REDACTED] no current annual tuberculosis clearance. 	<p>#1. Please see attach #6. Attach #1, 2, &3, will apply.</p>	<p>03/16/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	2. For care giver [REDACTED] no current pre-hire tuberculosis clearance.	Utilize New Hire Checklist - clearance used for new hires, see attach #7.	04/09/2015
☒	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS For Resident [REDACTED] level of care assessment completed on [REDACTED] after admission.</p>	#1. LOC completed 01/06/15, please see attach #8.	03/16/2015
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS For Resident #1: [REDACTED]</p>	[REDACTED]	03/17/2015 04/08/2015 04/08/2015

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	<p>[REDACTED]</p> <p>#5. See Physician Order Policy attach # 11 and Licensed Staff inservice, attach #12.</p> <p>#6. See Physician Order Policy attach #11, and Licensed Staff inservice attach #12.</p> <p>7. See Physician Order Policy attach #11 and Licensed Staff inservice, attach #12.</p> <p>8. See Physician Order Policy attach #11 and Licensed Staff inservice, attach #12.</p> <p>[REDACTED]</p> <p>10. See Physician Order Policy attach #11 and Licensed Staff inservice, attach #12.</p>	<p>03/18/2015</p> <p>04/08/2015</p> <p>04/08/2015</p> <p>04/08/2015</p> <p>04/08/2015</p> <p>03/17/2015</p> <p>04/08/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u></p> <p>[REDACTED]</p>	<p>See page 4.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	<p>#1. Please see Physician Policy attach #11, and Licensed Staff inservice, attach #12.</p> <p>#2. Please see Physician Policy attach #11, and Licensed Staff inservice, attach #12.</p> <p>#3. Please see MAR 03/16/2015. Please also see Physician Policy attach #11, and Licensed Staff inservice, attach #12.</p>	<p>04/08/2015</p> <p>04/08/2015</p> <p>03/16/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>#1. Please see MAR 03/16/2015 attach #13. Please also see Physician Policy attach #11, and Licensed Staff inservice, attach #12.</p>	<p>03/16/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>#1. Incident Report was completed appropriately, but was misfiled by month. (attach #14). Monthly Incident Report Summary shall be matched to 72 Hour Charting Log which lists incidents, IR completed, and dates for the 72 hour charting. Process is completed for PI process at the end of each month.</p>	<p>03/17/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
			02/06/15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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.</p> <p>FINDINGS Bedrooms #231, #220 and #217 and the Bathroom for #211: Cracks or pits on the vinyl floor.</p>	<p>Flooring completely replaced in bedrooms #220, & #231. Cracks or pits repaired in bedroom #217 and bathroom #211.</p>	<p>04/07/2015 04/10/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Several resident pillows did not have plastic coverings.</p>	<p>Rounds made by charge nurse and CNA to place plastic coverings on those that did not have them. All pillows including privately owned, were marked with the initials of resident. DON reminded both CNA's and charge nurse to check for plastic coverings on pillow when making-up bed.</p>	<p>03/18/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p>	<p>See page 6.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS 		04/08/15 04/09/15

Licensee/Administrator's Signature

Print Name

Date:

04/13/2015

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

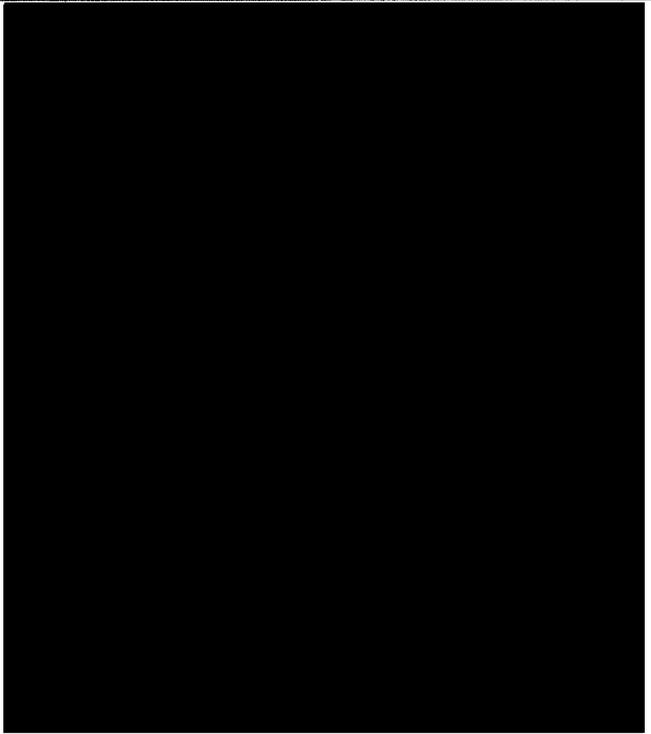
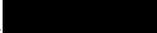
Facility's Name: Lunalilo Home	CHAPTER 100.1
Address: 501 Kekauluohi Street, Honolulu, Hawaii 96825	Inspection Date: March 12 & 13, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. For care giver [redacted] no physical examination from [redacted] 2. For care giver [redacted] no current annual physical examination. 	<p>(1) CURRENT ANNUAL PHYSICAL REQUESTED AND OBTAINED FROM CAREGIVER [redacted] (ATTACHMENT #6). (2) Please see attachment #5 indicating current compliance for caregiver [redacted]. TO PREVENT SIMILAR DEFICIENCIES FROM RE-OCCURRING, THE FOLLOWING PROCEDURE WAS DEVELOPED: 12 month Mandatory Update (attach #1), followed by a 60 day (attach #2) and final 30 day notice (attach #3). Non-compliance is addressed and after the final 30 day notice, employee will be removed from the schedule.</p>	<p>03/16/2015</p> <p>03/16/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. For care giver [redacted] no current annual tuberculosis clearance. 	<p>(1) Current annual TB requested/obtained from caregiver [redacted] (attachment #6). To prevent similar deficiencies from reoccurring, the following procedure was developed: 12 month Mandatory Update (attach #1), followed by a 60 day (attach #2), final 30 day notice (attachment #3) Non-compliance addressed after final 30 day notice, employee removed from schedule</p>	<p>03/16/2015</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
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	Rules (Criteria)	Plan of Correction	Completion Date
	2. For care giver [REDACTED] no current pre-hire tuberculosis clearance.	(2) Unable to obtain pre-hire TB clearance. To prevent in future, New Hire Checklist being used for new hires (Attach #7)	04/09/2015
☒	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS For Resident [REDACTED] level of care assessment completed on [REDACTED] after admission.</p>	(a) LOCATED A COMPLETED LOC DATED 01/06/15 IN THINNED CHART; THIS HAD BEEN COMPLETED PRIOR TO ADMISSION (Attach #8); To prevent reoccurrence of similar deficiency, all LOC's will remain in chart and not be thinned.	03/16/2015
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS For Resident #1: [REDACTED]</p>	[REDACTED]	(e) (1) 03/18/2015 04/08/2015 04/08/2015

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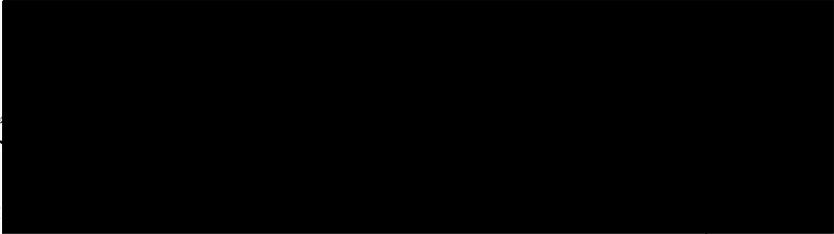
	Rules (Criteria)	Plan of Correction	Completion Date
		<p>(4) New OTC medication order.  has chosen to bring in all OTC medications from an outside source other than the pharmacy we are contracted with.  delivered the OTC medication to LH on 02/23/2015. TO PREVENT SIMILAR DEFICIENCY FROM REOCCURRING, FAMILIES WILL BE NOTIFIED AND REMINDED OF 72 HOUR TIME-FRAME FOR PROVIDING THE MEDICATION OR LH WILL OBTAIN MEDICATION THROUGH LH CONTRACTED PHARMACY</p> <p>(5) See Physician Order Policy attach # 11 and Licensed Staff inservice, attach #12 (SEE FURTHER EXPLANATION PG 7)</p> <p>(6) See Physician Order Policy attach #11, and Licensed Staff inservice attach #12 (SEE FURTHER EXPLANATION PG 7)</p> <p>(7) See Physician Order Policy attach #11 and Licensed Staff inservice, attach #12 (SEE FURTHER EXPLANATION PG 7)</p> <p>(8) See Physician Order Policy attach #11 and Licensed Staff inservice, attach #12 (SEE FURTHER EXPLANATION PG 7)</p> <p>(9) See After Visit Summary 3/6/15 #15 for physician order  attach's #11, #12, also apply) (SEE PAGE 7)</p> <p>(10) See Physician Order Policy attach #11 and Licensed Staff inservice, attach #12 (SEE FURTHER EXPLANATION PG 7)</p>	<p>03/18/2015</p> <p>04/08/2015</p> <p>04/08/2015</p> <p>04/08/2015</p> <p>04/08/2015</p> <p>03/17/2015</p> <p>04/08/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS </p>	<p>(m) (1) (2) To prevent similar deficiencies from reoccurring we developed a Physicians Order Policy (Attach 11) and in-serviced the entire licensed staff (Attach 12); Updated and Revised Physician Order Form</p>	<p>STATE OF MARYLAND MAY 11 2015 15 JUN 27 4:25A CBA</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	<p>(1) Please see Physician Policy attach #11, and Licensed Staff inservice, attach #12.</p> <p>(2) Please see Physician Policy attach #11, and Licensed Staff inservice, attach #12.</p> <p>(3) Deficiency corrected on 3/16/15. Please refer to MAR (Attach 13) (SEE FURTHER EXPLANATION PAGE 7).</p>	<p>04/08/2015</p> <p>04/08/2015</p> <p>03/16/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>(1) Deficiency corrected on 3/16/15. Please refer to MAR (Attach 13); To prevent similar deficiencies from reoccurring, we developed a Physicians Order Policy (Attach 11) and in-serviced the entire licensed staff (Attach 12); Updated and Revised Physician Order Form and All Physician Orders/After Visit Summaries will be counter-signed by two (2) licensed staff.</p>	<p>03/16/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>#1. Incident Report was completed appropriately, but was mis-filed by month. (attach #14). Monthly Incident Report Summary shall be matched to 72 Hour Charting Log which lists incidents, IR completed, and dates for the 72 hour charting. Process is completed for PI process at the end of each month.</p>	<p>03/17/2015</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
			02/06/15
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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.</p> <p>FINDINGS Bedrooms #231, #220 and #217 and the Bathroom for #211: Cracks or pits on the vinyl floor.</p>	<p>Flooring completely replaced in bedrooms #220, & #231. Cracks or pits repaired in bedroom #217 and bathroom #211; TO PREVENT DEFICIENCY FROM REOCCURRING, DOCUMENTED MONTHLY INSPECTIONS ARE BEING CONDUCTED AND REPAIRS ARE COMPLETED BY MAINTENANCE STAFF.</p>	<p>04/07/2015 04/10/2015</p>
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Several resident pillows did not have plastic coverings.</p>	<p>Rounds made by charge nurse and CNA to place plastic coverings on those that did not have them. All pillows including privately owned, were marked with the initials of resident. DON reminded both CNA's and charge nurse to check for plastic coverings on pillow when making-up bed.</p>	<p>03/18/2015</p>
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p>	<p>See page 6.</p>	<p>STATE OF HAWAII DUR-CORRECTIONAL 15 AUG 24 5:25:54 RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; <u>FINDINGS</u> 		04/08/15 04/09/15

Licensee/Administrator's Signature: 

Print Name:

Date: 08/21/2011

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING
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 P. O. BOX 2190

Lunalilo Home 2015 Annual Survey
FURTHER EXPLANATION PAGE

Section 11-100.1-15 (e) (1) To prevent similar deficiencies from reoccurring, families will be notified during admission process of importance of submitting After Visit Summaries, as-well-as reminders when picking up their family member for doctor appointments. Reminder will also be published through quarterly Ohana Newsletter to families.

Section 11-100.1-15 (e) (5) (6) (7) (8) (10) To prevent similar deficiencies from reoccurring, we developed a Physicians Order Policy (Attach 11) and in-serviced the entire licensed staff (Attach 12); Updated and Revised Physician Order Form

Section 11-100.1-15 (e) (7) (8) (9) (10) To prevent similar deficiencies from reoccurring, we developed a Physicians Order Policy (Attach 11) and in-serviced the entire licensed staff (Attach 12); Updated and Revised Physician Order Form and All Physician Orders/After Visit Summaries will be counter-signed by two (2) licensed staff.

Section 11-100.1-15 (e) (9) We obtained an Physician's Order through the After Visit Summary dated 3/06/15. To prevent similar deficiency from reoccurring we developed a Physicians Order Policy (Attach 11) and in-serviced the entire licensed staff (Attach 12); Updated and Revised Physician Order Form

Section 11-100.1-15 (m) (3) To prevent similar deficiency from reoccurring we developed a Physicians Order Policy (Attach 11) and in-serviced the entire licensed staff (Attach 12); Updated and Revised Physician Order Form

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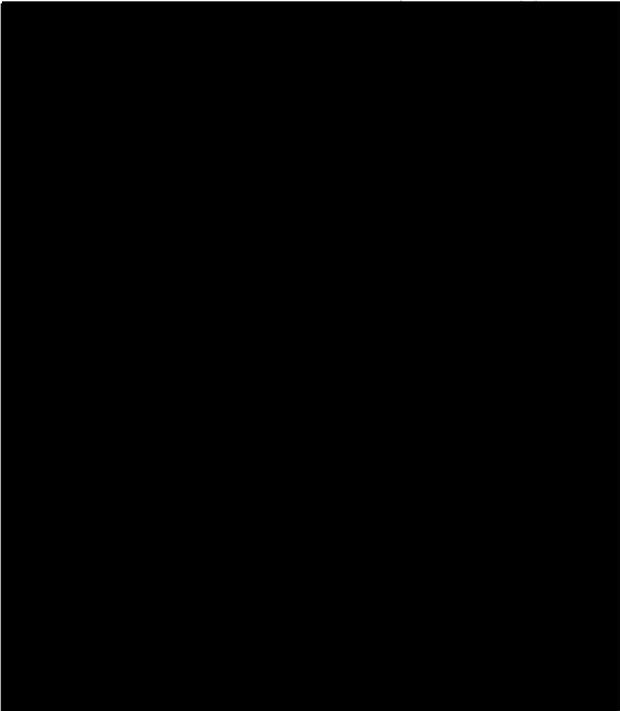
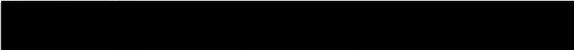
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lunalilo Home	CHAPTER 100.1
Address: 501 Kekauluohi Street, Honolulu, Hawaii 96825	Inspection Date: March 12 & 13, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. For care giver [REDACTED] no physical examination from [REDACTED] 2. For care giver [REDACTED] no current annual physical examination. 	<p>(2)(a) Deficiency was corrected by contacting the employee and informing them of being non-compliant. Employee obtained and submitted a current physical exam to Lunalilo Home.</p>	<p>March 16, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. For care giver [REDACTED] no current annual tuberculosis clearance. 		

	Rules (Criteria)	Plan of Correction	Completion Date
			
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS </p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED]	March 16, 2015
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>(b)(4)(b) To prevent a similar deficiency from occurring, an in-service was provided to the entire licensed staff which included introduction of a newly developed Physician's Order Policy. This policy stipulates that two (2) licensed staff are required when signing off on Physician Orders and After Visit Summaries. The Physician's Order form has been revised/simplified for both Physician and licensed staff use.</p>	March 16, 2015
☒	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS</p> <p>[REDACTED]</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions: FINDINGS 		

Licensee/Administrator's Signature

Print Name

Date: October 22, 2015