

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: April 22 & 23, 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><u>FINDINGS</u> [REDACTED] No physical examination. Submit a copy with the plan of correction (POC.)</p>	<p>PLEASE ACCEPT MY SINCERE APOLOGY. I NEGLECTED TO PULL IT OUT ON DAY 1 OF OUR ANNUAL INSPECTION, AND IT WAS MY OVERSIGHT I DID HAVE IT AVAILABLE ON DAY 2, HOWEVER THAT WAS TOO LATE.</p> <p>IN THE FUTURE, TO ENSURE THIS DOESN'T HAPPEN AGAIN, I SHALL MAKE A LIST OF DOH DOCUMENTATION REQUESTS AND CHECK OFF EACH ITEM AS I PULL IT FOR INSPECTION.</p> <p>COPY OF SELF-HI PHYSICAL EXAMINATION ENCLOSED.</p>	<p>NEXT INSPECTION DATE TBD.</p>
<input checked="" type="checkbox"/>			

Office of Health Care Assurance

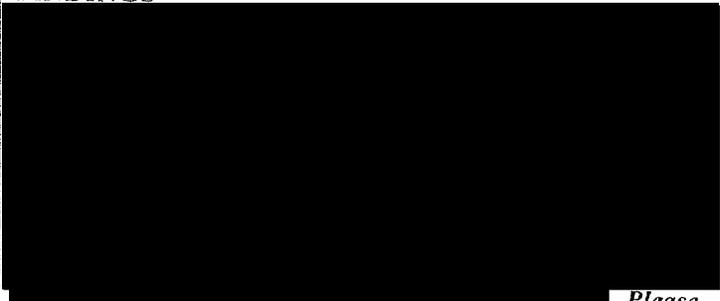
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p>	PLEASE SEE ATTACHED DOCUMENT.	8/14/15

FINDINGS



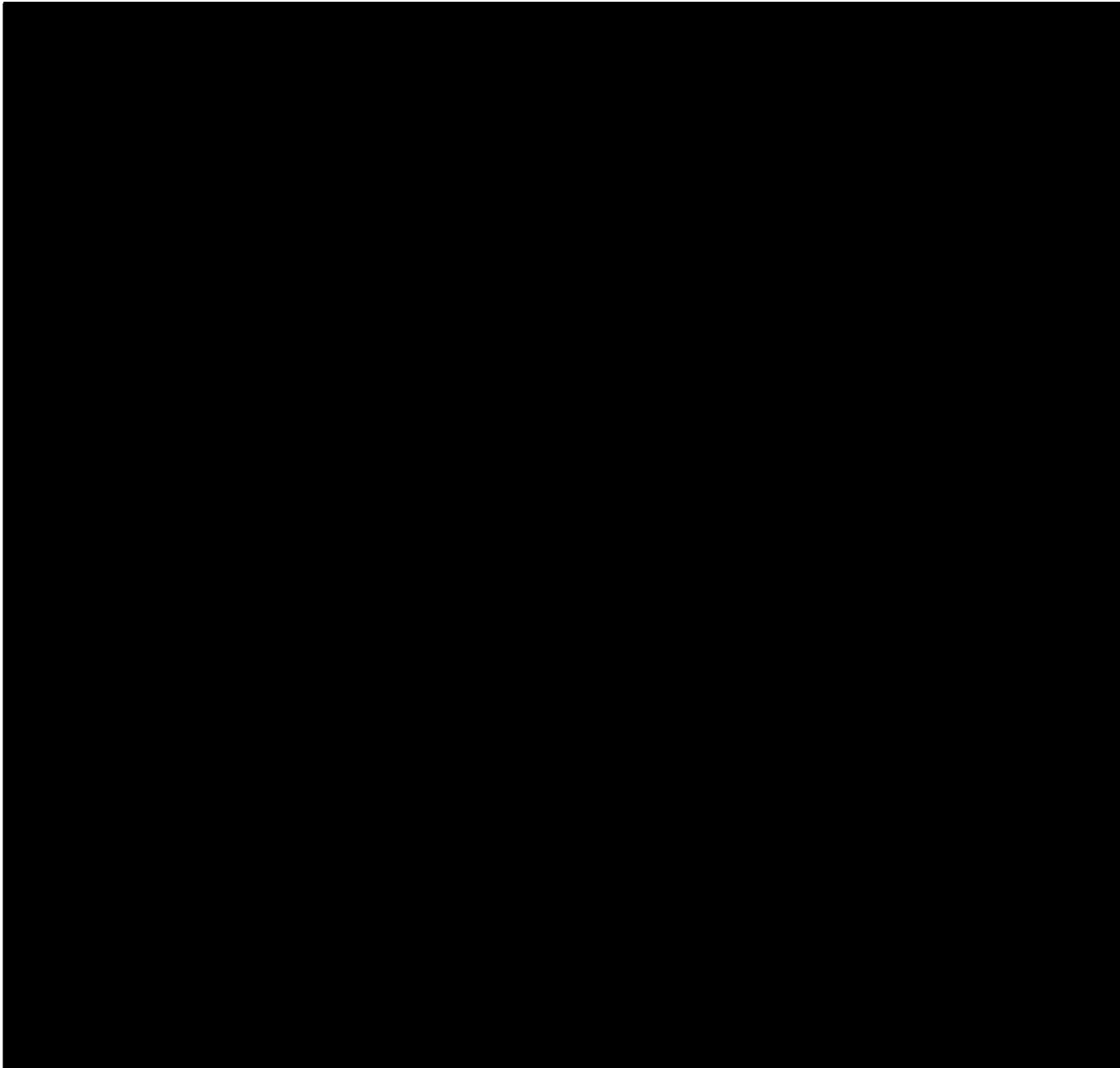
*Please
have resident reassessed by physician and submit a new
level of care certification with the POC.*



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For 11-100.1-10(d). Please explain how you will rectify the inconsistency between the level of care the resident is identified at and the actual condition and needs of this resident.

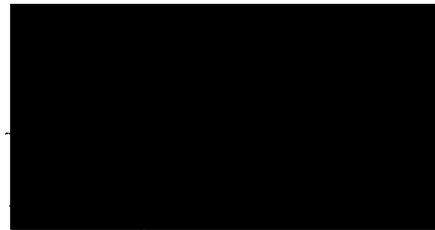


Our plan of correction intends to ensure that this mistake doesn't happen in the future. The LOC will be scrutinized by the primary care giver (PCG) immediately upon receipt, and if it is inconsistent with the PCG's pre-admission assessment, an immediate appointment (either in-person or via telephone) will be made with the PCP/APRN prior to admission. At this appointment, the PCG shall clarify the ARCH level with the PCP/APRN and family (or surrogate). If the potential resident is then assessed at ARCH level, with the PCG in agreement, then the admission process will continue. If it is determined that the potential resident has needs that place him/her above our licensure, the PCG shall inform the potential resident, PCP/APRN, and family (or surrogate) that Wilson Senior Living Kailua is not able to meet their needs at this time, and the admission process will be cancelled.

*I have included a blank copy of our revised LOC form to closely match the Department of Health (DOH) sample form.

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Licensee/Administrator's Signature:



Print Name:

Date: 8/27/15

<input checked="" type="checkbox"/>	<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</p> 	<p>IN ADDITION TO TRAINING, TO ENSURE THAT THE MEDICATION ADMINISTRATOR RECORD (MAR) REFLECTS MEDICATION TAKEN BY THE RESIDENT, THE MED PASSER ON DUTY WILL IMMEDIATELY INITIAL IN THE MAR AFTER ADMINISTERING THE RESIDENT'S MEDICATION, AND BEFORE MOVING ON TO ADMINISTER MEDICATION TO THE NEXT RESIDENT.</p> <p>WHEN MEDICATION IS NOT TAKEN/TAKEN TIMELY, THE MED PASSER ON DUTY WILL IMMEDIATELY INITIAL THE MAR, DRAW A CIRCLE AROUND THEIR INITIAL, THEN WRITE AN EXPLANATION ON THE BACK SIDE OF THE MAR. THE MED PASSER WILL ALSO NOTIFY THE PCS SO THAT IT CAN BE REPORTED TO THE RESIDENT'S PHYSICIAN.</p> <p>TO ENSURE THAT THERE IS A PHYSICIAN'S ORDER FOR MEDICATION TAKEN BY THE RESIDENT, THE PCS WILL ONLY ACCEPT A MEDICATION IF A WRITTEN OR VERBAL ORDER IS ACCOMPANIED WITH THE MEDICATION. IF NO ORDER IS RECEIVED, THE PCS WILL CONTACT THE PHYSICIAN TO OBTAIN A VERBAL MEDICATION ORDER BEFORE ADMINISTERING THE MEDICATION. THIS VERBAL ORDER WILL BE SIGNED BY THE PHYSICIAN WITHIN 4 MONTHS.</p> <p>THERE WILL ALSO BE A CHECK OF THE MAR AND ORDERS AT CHFT ENDORSEMENT. THE OUTGOING MED PASSER AND THE INCOMING MED PASSER WILL REVIEW MAR AND ORDERS, AND CATCH ERRORS IMMEDIATELY AND DOCUMENTATION IS WRITTEN IMMEDIATELY.</p>	<p>7/10/15</p>

<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) 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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, TO ENSURE THAT ON ADMISSION, READMISSION, OR TRANSFER OF A RESIDENT, THE ADMISSION ASSESSMENT ORIGINAL DOCUMENT SHALL BE PLACED IN EACH RESIDENT'S BINDER SO THAT IT IS READILY AVAILABLE FOR DOH REVIEW AND A COPY SHALL BE PLACED IN A SEPARATE BINDER ACCESSIBLE TO ALL CARE GIVERS FOR DAILY REVIEW!!</p>	<p>4/30/15</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u></p> <p>[REDACTED]</p> <p><i>Please submit a second TB skin test with your plan of correction.</i></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>TO ENSURE THAT ALL ADMISSION, READMISSION, OR TRANSFER RECORDS ARE ^{IF &} READILY READILY AVAILABLE, THEY SHALL BE PLACED IN EACH RESIDENT'S INDIVIDUAL BINDER AND A CHECKLIST SHALL BE MAINTAINED ON EACH ADMISSION, READMISSION, AND TRANSFER SO THAT ALL RECORDS ARE ACCOUNTED FOR AND AVAILABLE, AS CONFIRMED BY COMPLETION OF THIS CHECKLIST.</p> <p>[REDACTED]</p>	<p>4/30/15</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u> No response when signaling devices, both from bedside and pendent, were activated.</p>	<p>TO ENSURE THAT STAFF ARE READY/AVAILABLE TO RESPOND TO RESIDENTS' CALL LIGHT/SIGNALS IN A TIMELY MANNER, STAFF ARE NOW DESIGNATED TO BE PRESENT ON EACH FLOOR AT ALL TIMES EXCEPT WHEN 100% OF OUR RESIDENT POPULATION ARE PRESENT ON THE SAME FLOOR (EXAMPLES: DURING MEALS) AND STAFF WILL CONFIRMED THIS BY COUNTING THE RESIDENTS. TWO STAFF SHALL PERFORM THE COUNT SEPARATELY AND CONFIRM COUNT WITH EACH OTHER AND BY COMPARING COUNT TO THE POSTED RESIDENT COUNT.</p> <p>OUR SYSTEM IS MONITORED ELECTRONICALLY. QUALITY ASSURANCE REVIEWS SHALL BE PERFORMED REGULARLY TO CONFIRM THAT STAFF RESPONSE IS TIMELY.</p>	<p>FIRST TRAINING SESSION: 5/20/15</p>
<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><u>FINDINGS</u> Part of the back walkway is wet and building moss due to liquid from air conditioning condensation.</p>	<p>AT LEAST QUARTERLY (OR AS NEEDED), STAFF SHALL BE RETRAINED ON OUR CALL SYSTEM: THE IMPORTANCE OF TIMELY RESPONSE; HOW TO RESET CALL BUTTONS</p> <p>THE AIR CONDITIONING UNIT CONDENSATION DRIP IS NOW CONTAINED IN A PAN TO CATCH THE DRIPS. MAINTENANCE EMPTIES AND CLEANS THE PAN REGULARLY TO PREVENT OVERFLOW AND MOLD/GUANO PROLIFERATION.</p>	<p>4/27/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (f) There shall be a designated and properly trained person to make prescribed medications available and to perform treatments under the general supervision or direction of a licensed nurse or who meets the requirements as set forth in section 11-100.1-8(a).</p> <p><u>FINDINGS</u></p>	<p>TRAINING IS NOW PART OF OUR MEDICATION ADMINISTRATION TRAINING PACKS TO ENSURE THAT STAFF IS PROPERLY TRAINED UNDER THE GENERAL SUPERVISION OF A LICENSED NURSE TO MAKE PRESCRIBED MEDICATIONS AVAILABLE AND TO PERFORM CERTAIN DELEGATED TREATMENTS.</p>	<p>6/5/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (i) All in service training and other educational experiences for employees and primary and substitute care givers shall be</p>	<p>TO ENSURE PROPER DOCUMENTATION OF TRAINING FOR NEW EMPLOYEES, A CARE GIVER TRAINING LOG SHEET IS COMPLETED UPON OF ORIENTATION TRAINING. IN ADDITION, WE HAVE (CONTINUED)</p>	<p>FIRST TRAINING SESSION: 5/26/15</p>

	<p>documented and kept current.</p> <p>FINDINGS  No documentation of training for new employees.</p>	<p>(CONTINUED) PERFORM A QUARTERLY ADL SKILLS, SAFETY, AND CUSTOMER SERVICE TRAINING PROGRAM. THIS IS A MANDATORY, PAID TRAINING UNDER THE GENERAL SUPERVISION OF A LICENSED NURSE.</p>	
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Licensee/Administrator's Signature:



Print Name:

Date:

6/5/15