

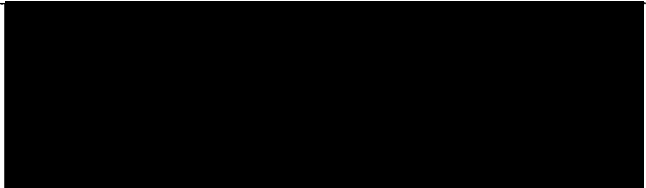


Office of Health Care Assurance


State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaamilo Hale LLC	CHAPTER 100.1
Address: 98-570 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: October 15 & 16, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>	<p>1) To prevent deficiency for D/C'd meds I will review admission orders for [redacted] and request all medications that are D/C'd are included on the list. At time of admission into [redacted] I will get RN to write complete orders for both current orders & D/C orders.</p>	<p>1/26/16</p>

<p>2)</p> <p>3)</p> <p>4)</p> <p>5)</p>	 	<p>2) Upon admission when resident brings all meds with them I will only put the meds in the bin that is supported by orders by Dr.</p> <p>3) Going forward when a medication is completed both times 0700 and 1700 will be yellowed out to show it is completed. So no risk of signing if yellowed out.</p> <p>4) Going forward when levothyroxine is on the med list I will check if calcium or iron are also listed & be sure they are scheduled at least 4 hrs. apart.</p> <p>5) Telephone orders will be faxed at the time of call to get signature.</p>	<p>1/26/16</p> <p>1/26/16</p> <p>1/26/16</p> <p>1/26/16</p>
<p>6)</p>	<p><input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG  Documentation of eleven (11) hours of continuing education. Submit copy of one (1) additional hour with the</p>	<p>6) Going forward all "certificates of completion" will be attached to "in service test" before documenting on the completion record</p>	<p>1/26/16</p>

	<p>plan of correction which will be credited to the 2015 annual inspection.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS</p> <p>7) </p>	<p>7) Going forward diet orders will be checked + clarified + noted in monthly progress notes re effectiveness of order.</p>	

Licensee/Administrator's Signature

Print Name

Date:

1/26/16

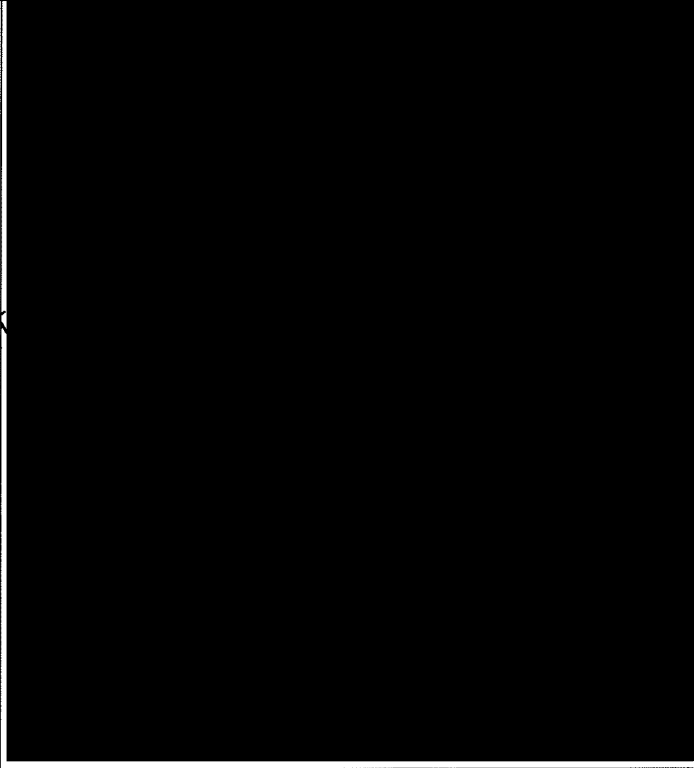
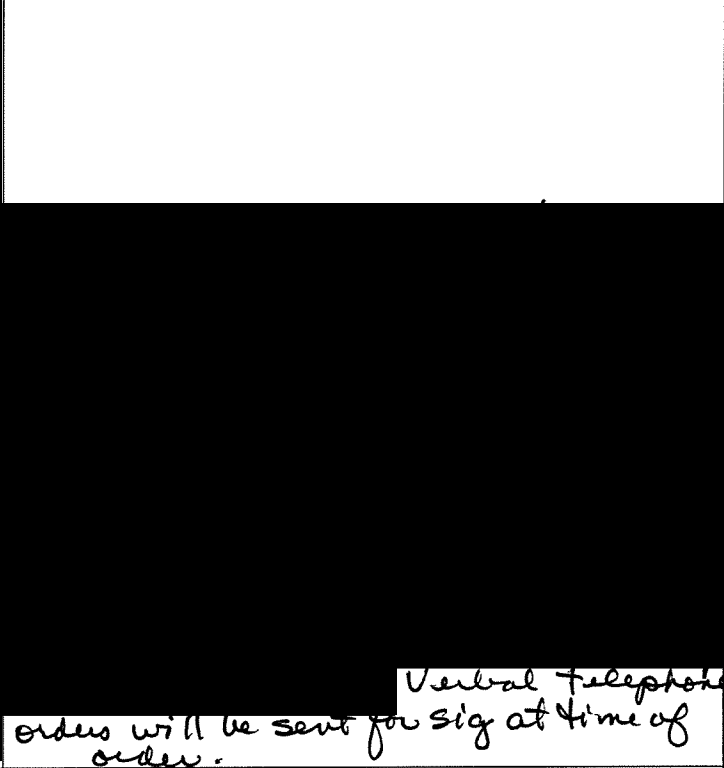


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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p>	<p>Going forward med orders will be supported by Dr signed order.</p>	<p>11/17/15</p>
<p>Exhibit #9</p> <p>#10</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>11/19/15</p>

<p>exhibit #1 #1 #1</p>			<p>10/16/15 10/19/15 10/19/15 10/19/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS </p>	<p>orders will be sent for sig at time of order.</p> <p> was disposed by mixing in coffee grounds. Expired dates will be checked monthly by CNA.</p>	<p>10/16/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented</p>		

#2	<p>evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG [redacted] - Documentation of eleven (11) hours of continuing education. Submit copy of one (1) additional hour with the plan of correction which will be credited to the 2015 annual inspection.</p>	<p>SCG [redacted] completed missing inservice. All SCG's will complete monthly inservices + receive certificate of completion.</p>	<p>10/15/15</p>
#3	<p><input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS [redacted]</p>	<p>[redacted]</p>	<p>10/19/15</p>
#4	<p><input checked="" type="checkbox"/> §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 [redacted]</p>	<p>Going forward MAR sheets should be proof read for errors beginning of each month.</p> <p>[redacted]</p>	<p>10/16/15</p>
	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the</p>	<p>[redacted]</p>	<p>[redacted]</p>

<p>#5</p>	<p>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;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>11/15</p>
<p>#4 #5</p>	<p><input checked="" type="checkbox"/> §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>[REDACTED]</p> <p>[REDACTED]</p> <p>Help prn orders will be added to MAR at time of order with signature + dtd if not using.</p>	<p>10/16/15</p>
<p>#6</p>	<p><input checked="" type="checkbox"/> §11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>RD will be notified at time of significant weight loss of 5 lbs/month.</p>	<p>1/2/15</p>

<input checked="" type="checkbox"/> #6	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p>FINDINGS No documentation that the Consultant RD provided special diet training for staff.</p>	<p>Going forward contract has been renewed with RD to provide special diet training for staff twice per year.</p>	<p>11/2/15</p>
<input checked="" type="checkbox"/> #7	<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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS</p>	<p>[REDACTED]</p> <p>Case manager was contacted and care plan was updated to "Regular as tolerated" by R.N. [REDACTED] + initialed. Going forward changes in diet on med/diet reviews will be discussed + updated in case mgr.</p>	<p>10/16/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) 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>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I</p>		

<p>#8</p>	<p>ARCH and premises;</p> <p>FINDINGS Bedrooms #4, #5, and #6 – Window screens were dusty.</p>	<p>Window screens were removed vacuumed & washed & replaced Screens will be cleaned quarterly instead of twice/yearly.</p>	<p>10/19/15</p>
<p>#8</p>	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Bedrooms #2 and #3 – Bathroom ceiling vents were dusty.</p>	<p>Bedrooms 2 & 3 had bathroom vents vacuumed asap. Going forward it is weekly practice.</p>	<p>10/19/15</p>
<p>#8</p>	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (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.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Patio screen door – Screen was partially detached adjacent to the locking device.</p>	<p>Screen door was repaired All screens will be monitored q month for detachments.</p>	<p>10/26/15</p>

Licensee/Administrator's Signature:

Print Name:

Date: 11/19/15