

Office of Health Care Assurance

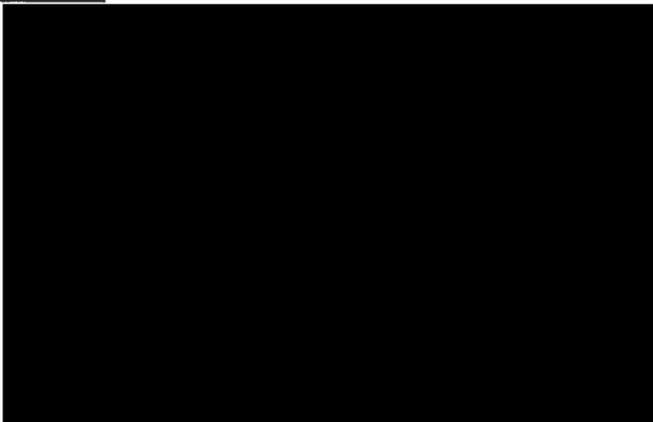
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai Retirement Community Phase I & II	CHAPTER 90
Address: 428 & 446 Kawaihae Street, Honolulu, Hawaii 96825	Inspection Date: January 5 & 6, 2016 Biennial

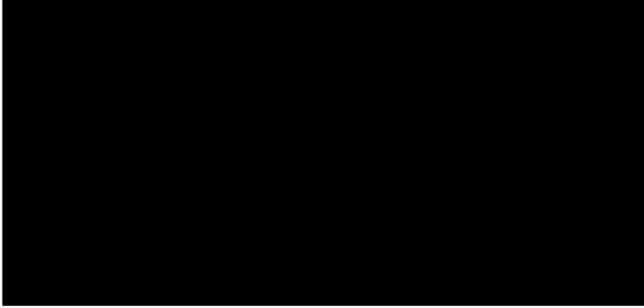
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> December 2015 fire drill report states, "Alarms not functioned properly. Alarms by apartments 108 and 109 not working." No corrective action documented as taken. Birds in Phase I dining area during meal times. 	<p>See Attached</p>	<p>11/6/16 on-going</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	3. Beepers for call system tested were not working during the first series of tries. 4. Food service establishment permits for both Phase I and Phase II are expired.		11/6/16 on-going 7/21/15/9/23/15
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p>FINDINGS No evidence of fire drills conducted during the second quarter of 2015.</p>	<p>See attached</p>	<p>on-going</p>
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> Employee #1 two-step tuberculosis test (TB) completed 6/15/15. Employee date of hire is [REDACTED]. Test completed after employee already working at facility. Employee #2 two-step tuberculosis test (TB) started 12/1/15 and completed 12/10/15. Employee date of hire is [REDACTED]. Test started and completed after employee already working at facility. 	<p>See attached</p>	<p>11/8/16 on-going</p>
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Employee #2 no current first aid certification on file. Submit a copy of a current first aid certification with your plan of correction (POC).</p>		12/24/15
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><u>FINDINGS</u></p> 	<p><i>See attached</i></p>	<p>11/7/14</p> <p>11/8/14</p>
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (1) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <ol style="list-style-type: none"> Employee #1 date of hire is [redacted], orientation was completed on [redacted], almost two (2) months after employee started working. Employees #6 and #7 no evidence that any orientation was ever completed. 	<p><i>see attached</i></p>	<p><i>11/2/14 on-going</i></p>
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p>FINDINGS Employees #3, #4, and #5, no evidence of 6 hours of training completed during 2015. Submit six (6) completed hours of training for each employee. Note: These six (6) hours will not count toward the 2016 requirements and will be used to meet the 2015 requirements.</p>	<p><i>see attached</i></p>	<p><i>2/17/14 on-going</i></p>
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<i>see attached</i>	2/2/14
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(B) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident #4, [REDACTED] diet was not provided by the facility as ordered by the physician. 2. No documentation that menus were evaluated and approved by a dietitian on a semi-annual basis. 	<i>see attached</i>	1/7/14 1/27/14
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> 	<p><i>see attached</i></p>	<p><i>previously on-going</i></p>
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident #1 last TB test completed [REDACTED]. No current TB test in record. Submit a copy of a current TB test with your POC. 2. Resident #2, TB test [REDACTED] was negative. Since then, resident has only had TB attestations each year. No current TB test or proof of a positive TB test on record. Submit a copy of a current TB test or proof of a positive TB test with your POC. 	<p><i>see attached</i></p>	<p><i>11/2/14</i></p> <p><i>2/20/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the</p>		

11-90-3: Licensing (o) (10) (D)

1. Fire alarms by apt. 108 and 109 were serviced on 1/6/16 by SAS Communications, LLC. During quarterly fire drills, all staff will ensure that alarms are functioning properly. Non-working alarms will be documented and repaired in a timely manner. Oahu Fire Protection will provide annual inspections on fire extinguishers and alarms starting in February 2016.
2. The community has implemented an electronic bird control system for repelling birds. These electronic devices have been installed at various locations throughout Phase 1 building and the community will continue to test for effectiveness.
3. All facility staff have been in-serviced to clear their beepers at the end of each shift. Periodic checks will be done to ensure that all beepers are in working order. Facility E-Call system is monitored by Wireless Nurse Call Systems Inc. 24 hours a day.
4. The facility was inspected by the State of Hawaii Department of Health-Food Safety Program on 7/31/15 for Phase 1 and 9/23/15 for Phase 2(see exhibit A). Awaiting food service establishment permits for both Phase 1 and Phase 2 from Department of Health.

11-90-5: Emergency care and disaster planning. (a) (4)

1. The facility shall conduct appropriate and timely training and fire drills for staff on fire safety procedures in accordance with Hawaii State Regulations. The Administrator or designee will conduct quarterly fire drills for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility. To prevent similar deficiencies from recurring, the Administrator will document all fire drills on a log and complete the written report as to the results of the drill. Fire safety and drill records will be maintained in the Administrator's office to be made available to applicable governmental authorities for inspection when needed.

A handwritten signature in cursive script, appearing to read "Melissa", is located in the lower right quadrant of the page.

11-90-6: General policies, practices, and administration (b)

All facility staff shall be in compliance with current department tuberculosis clearance procedures. All staff will have current TB clearance at time of hire and annually thereafter. All required documentation will be appropriately filed in a timely manner in each employee's personnel file. All new hires will have current TB clearance on file prior to new employee orientation and initial work assignment. To prevent similar deficiencies from recurring, the facility has implemented a pre-employment checklist to ensure that all documentation is completed prior to new employee orientation and initial work assignment.

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11-90-6: General policies, practices, and administration (c)

All staff will have current CPR/First Aid Certification at time of hire, prior to new orientation and work assignments. Employee # 2 ██████████

To prevent similar deficiencies from recurring, the facility has implemented a pre-employment checklist to ensure that all documentation is completed prior to new employee orientation and initial work assignment.

11-90-6: General policies, practices, and administration (d)

1. Resident #3, ██████████ was discarded ██████████ Nursing staff to follow current policy and procedure for disposing medication when it is refused, becomes out of date, or is discontinued by the resident Physician. All licensed staff will follow medication administration policy and procedure. All licensed staff will provide weekly MAR audits and cart checks for checking expiration dates of resident medications.
2. Revised food service policies and procedures are attached. Holiday Retirement has hired a Hawaii State Licensed Dietician who will provide annual training for food service staff. RD will conduct annual training to food service staff on topics related to diet ordered by Physician, food safety/sanitation, portion control and other topics related to food and nutrition ██████████

Meli Clary

11-90-7: Inservice education (1)

All newly hired employees of the community will go through orientation and receive necessary training to perform job requirements. The Administrator or designee will ensure all newly hired employees of the community receive orientation and training to acquaint them with the philosophy, organization, practice, and goals of Assisted Living. The facility has implemented a "health services orientation and training checklist" for RA's and LPN's [REDACTED]. The checklist will be completed during the first two weeks of training and filed in a binder to be kept in the Administrator's office.

11-90-7: Inservice education (2)

Employee #3, #4, #5 have received 6 completed hours of training to meet 2015 requirements [REDACTED]. All staff of the community will have ongoing inservice training on a regularly scheduled basis and meet the minimum of 6 hours annually.

A handwritten signature in cursive script, appearing to read "M. Chrey".

11-90-8: Range of services (a) (1) Service Plan

Functional assessment are completed with residents prior to admission, 30 days following admission, and every 6 months thereafter, unless a significant change has occurred. Individual service plans are created from the functional assessment document. Resident #4, service plan revised to reflect [REDACTED] diet as ordered by the Physician [REDACTED]
[REDACTED]

11-90-8: Range of services (b) (1) (B) Services

1. Resident #4: service plan and POS reflective of [REDACTED] diet as ordered by the attending Physician and provided by the facility. [REDACTED]
2. Menus were evaluated and approved by Holiday Registered Dietician on 1/27/16 [REDACTED]

The community has contracted a Hawaii State Licensed Dietician who will provide nutritional assessments on residents who are identified as nutritional risk as ordered by their attending physician. The RD will evaluate and approve menus on a semi-annual basis and provide training to food service staff on an annual basis.

11-90-8: Range of services (b) (3) (B) (i) Services

Resident #3: Nursing staff will follow current Pharmacy policy and procedures for checking discard dates and expiration dates of resident medications. Inservice provided by PharMerica on an as needed basis and for new nurse orientation. All licensed staff will follow medication administration policy and procedure. [REDACTED]

[REDACTED] is a PRN medication and available for the resident as needed. To ensure accuracy, nursing staff will conduct MAR audits and cart checks on a weekly basis.

Mickey

11-90-9 (a) (1)

1. Resident #1, resident was at an SNF for short term rehab during the time that [REDACTED] annual TB test was due. [REDACTED] annual TB test was completed [REDACTED] when [REDACTED] returned to the community.

To prevent similar deficiencies from recurring, Administrator will maintain a monthly tracking of PPD schedules for every resident and distribute the list to the nurses at the beginning of each month to ensure completion. Resident's TB records will be kept in their medical records as well as in the TB logbook at each nurse's station.

2. Resident #2, the community has found that there is no record of a positive TB test. Resident completed [REDACTED] annual TB test [REDACTED]

To prevent similar deficiencies from recurring, Administrator will maintain a monthly tracking of PPD schedules for every resident and distribute the list to the nurses at the beginning of each month to ensure completion. Resident's TB records will be kept in their medical records as well as in the TB logbook at each nurse's station.

*Melissa
4/21/10*

11-90-9 (a) (4)

1. Resident #3, incidents were not documented on an incident report. MD and family members were notified but no incident report generated.

Administrator and DON reviewed "incident report" policy and protocol with all licensed staff. All nursing staff instructed to follow facility protocol when attending to resident related incidents.

To prevent similar deficiencies from recurring, all incident reports will be reviewed during monthly QA meetings and logged and maintained by Administrator to ensure that all incidents have been documented and completed.

2. Resident #3, incident was not documented on an incident report. MD notified but no incident report generated.

Administrator and DON reviewed "incident report" policy and protocol with all licensed staff. All nursing staff instructed to follow facility protocol when attending to resident related incidents.

To prevent similar deficiencies from recurring, DON and charge nurse will do weekly Narcotic Count to ensure that there are no discrepancies and ensure for accurate count of medications. All incident reports will be reviewed during monthly QA meetings and logged and maintained by Administrator to ensure that all incidents have been documented and completed.

*Muriel
adm/16*