

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

RECEIVED

'16 MAY 23 12:15

STATE OF HAWAII
DHCA LICENSING

| | |
|---|---|
| Facility's Name: Huapala Senior Care C, LLC | CHAPTER 100.1 |
| Address: 2649 C Huapala Street, Honolulu, Hawaii 96822 | Inspection Date: May 5 & 6, 2016 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 Resident #2 - [redacted] label noted [redacted]. The medication record reflected the medication is taken at 8 p.m. Dinner is served at 5 p.m.</p> | <p>MSC = Manda Senior (wife)</p> <p>[redacted] was discontinued per physician orders [redacted]. DON reviewed with both nurses in the home to carefully read the full label on the prescription bottle. If a medication will be given at a time that does not match with what is listed on the bottle, a specific order for that administration time should be obtained by the MD. The DON/ADON will do periodic random medication/medication record checks to ensure compliance.</p> | 5/10/16 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1 - Telephone order [redacted]</p> | <p>After receiving the finding, the order was sent and signed by the physician [redacted]. DON reviewed with both nurse in the home that all physician orders need to be signed within 4 months. The MSC monthly summary form contains an area that the nurse signs off indicating [redacted] checked the chart for orders due to be signed. The DON/ADON will do periodic and random chart audits to ensure compliance.</p> | 5/19/16 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|-----------------|
| | <p>[REDACTED] was not signed by the physician.</p> | | |
| <input checked="" type="checkbox"/> | <p>§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 Resident #1 – [REDACTED] diet [REDACTED] provided [REDACTED] without a physician order.</p> | <p>Upon discussion with the nurses, they stated that they thought an order did not need to be obtained for a trial diet. DON reinforced that orders for any diet changes need to be obtained from the physician before it is served to the resident. The DON/ADON make regular rounds in the home and receives updates on the residents. During report, when the Nurse informs the DON/ADON of diet changes, the DON/ADON will check to see that an order was obtained. The DON/ADON will do periodic random chart audits to ensure compliance.</p> | <p>5/9/16</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports</u>. (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #1 – No documentation that [REDACTED] were provided as ordered [REDACTED].</p> | <p>The clarification order for [REDACTED] consistency using [REDACTED] was obtained from the physician [REDACTED] and profiled on the medication record. DON explained to the nurses in the home that any order for [REDACTED] should be documented on the medication record and signed off to reflect that it was provided. The DON/ADON make regular rounds in the home and receives updates on the residents. During report, when the nurse informs the DON/ADON of a resident receiving an order for [REDACTED], the DON/ADON will remind the nurse to transcribe the order to the medication record. The DON/ADON will do periodic random audits to ensure compliance.</p> | <p>5/9/16</p> |

