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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATE OF HAWAII DOH-OHCA LICENSING

Facility's Name: Kahuanani Place	CHAPTER 100.1
Address: 94-284 Kahuanani Place, Waipahu, Hawaii 96797	Inspection Date: January 19, 2016 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><b>FINDINGS</b> Employee #1, no current physical examination on record. Submit copy with your plan of correction.</p>	SEE ATTACHED	2/7/16
<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><b>FINDINGS</b> I. Resident #1 physician order [REDACTED] reads,</p>	SEE ATTACHED	2/5/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>[REDACTED] Medication not on medication administration record (MAR). MAR and orders do not match. <b>Clarify orders with physician.</b></p> <p>2. Resident #1 physician order [REDACTED] [REDACTED] Medication not listed on MAR. MAR and orders do not match. <b>Clarify order with physician.</b></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><b>FINDINGS</b>  Resident #1 progress notes [REDACTED] state that resident had [REDACTED] on [REDACTED] treatment administered for two day until healed, no incident report generated.</p>	<p>SEE ATTACHED</p>	<p>1/21/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)  An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p>	<p>SEE ATTACHED</p>	<p>1/21/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<u>FINDINGS</u> Resident #1 possessions sheet [REDACTED] not current.		

Licensee's/Administrator's Signature: *all*

Print Name: Elaine Sagisi Stone

Date: 5/30/16

Licensee's/Administrator's Signature: *all*

Print Name: ELAINE SAGISI STONE

Date: 4/13/16

# KAHUANANI PLACE

An Adult Residential Care Home  
94-284 Kahuanani Place  
Waipahu, Hawaii 96797

05/30/16

UPOC #1

Annual Inspection Date: January 16, 2016

11-100.1-9 Personnel, staffing and family requirements. (a)

Kahuanani Place ARCH Licensee and the Primary Caregiver carefully reviewed the requirements for individuals who reside or provide care or services for the residents. We have also implemented a set of systems to assist with preventing a deficiency in this area:

1. Kahuanani Place has implemented an electronic calendar and reminder application (ical). All required clearances, physical examinations and other essential documentation for the corresponding substitutes, family members and essential staffing have been entered into the calendar application. An electronic reminder for essential dates have been set for 60 days prior to expiration or annual date. Additional reminder notifications have been implemented as well.
2. Kahuanani Place has implemented a "Very Important Dates" Bulletin Board in the Care Home common area. Kahuanani Place staffing have created a Bulletin Board and utilized a standard calendar that displays all important dates for Residents, Primary Caregiver, Substitute Caregivers, Family Members, and other essential staffing. This 'Visual Aid' is interactive, reviewable and obvious. It will allow the licensee, the primary caregiver, substitute caregivers, family members and other essential staffing, to view all important dates for all required documentation, clearances and examinations. A physical calendar corresponding all important dates has been implemented as well.
3. A monthly audit checklist for required documents has also been implemented. A separate cover has been created to keep all audit checklists, records and corresponding information under one organizer.
4. Kahuanani place has implemented a Pre - Annual Inspection Audit Checklist. This checklist incorporates the audit and review of monthly medication administration records, monthly audit checklists, and a review of past inspections. The Pre - Annual Inspection Checklist audit will be conducted by the primary caregiver/administrator.

In the future, Kahuanani Place will utilize all of these systems to ensure physical exams, clearances and other required documents are organized and in good standing.

A copy of employee #1's physical examination has been submitted [REDACTED]

Licensee's/Administrator's Signature



Print Name

Elaine Sagisi Stone

Date 5/30/16

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## 11-100.1-15 Medications. (m)

1. Primary Caregiver clarified medication orders with Resident #1's PCP [REDACTED]. PCG noted discrepancy to PCP staff, [REDACTED] was discontinued by resident #1's PCP, signed and dated on the Physician/APRN Form, [REDACTED]. The GLIP, medication was not removed from PCP's medication record, however, it was discontinued by PCP.

Kahuanani Place will ensure all new, modified or deleted medication orders are accurate and updated with Primary Care Physician's records.

A doctor visit checklist has been implemented on the back of the PHYS/APRN form that will be completed by the PCG. The checklist assists the PCG and the resident before, during, and after the doctor's visit to ensure medication orders are accurate. A medication review with PHYS. or APRN will be performed during visit to ensure medication orders are up to date, complete and accurate before leaving the doctor's office.

2. The Primary Caregiver clarified medication orders with Resident's #1's PCP [REDACTED]. Licensee and Primary Caregiver and have reviewed the guidelines for recording medication administration.

Kahuanani place has implemented these standard operating procedures for new, modified or deleted medications.

1. All new, modified or deleted medications must be noted immediately on resident's current medication administration records.
2. All new, modified or deleted medications will be highlighted on phys/aprn form, after visit summaries and other medication orders documents before being transferred to resident's medication administration records.
3. A review of the resident's medication by the caregiver and physician will be completed during all doctor visits.
4. All MAR will be audited at the end of each month by the primary caregiver and substitute caregivers.
5. Training for substitute caregivers are being conducted.

Licensee's/Administrator's Signature



Print Name

Elaine Sapiro Stone

Date 5/30/16

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In the future, Kahuanani Place will utilize the systems created to ensure that all resident medication records are complete, accurate and up to date with their physicians. Semi-annual reviews for proper medication administration record keeping has been implemented to ensure complete, thorough process of this system.

Licensee's/Administrator's Signature



Print Name

Elaine Sager Stone

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5/30/16

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11-100.1-17 Records and reports. (c)

The primary caregiver has created a separate cover for all incident reports [REDACTED] Kahuanani Place licensee and primary caregiver have carefully reviewed this area.

In the future, all caregivers have been trained to document all incidents on the incident report form. A copy of the incident report procedures and blank copies of incident report forms are stored in this cover. Training has been implemented and filed in a separate training binder for all substitutes. All incident reports will be reviewed by other caregivers or the Licensee to ensure proper documentation has occurred.

As part of the monthly audit checklist, the incident report binder will be reviewed to ensure all information is properly entered and filed by the primary caregiver.

Licensee's/Administrator's Signature



Print Name

Elaine Sagis Stone

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P11-100.1-19 Resident Accounts. (d)

Resident #1's, Valuables and Belongings sheets [REDACTED] were misfiled. Kahuanani Place primary caregiver filed these Valuables and Belongings sheets in the resident's binder [REDACTED]

In the future, PCG will ensure all resident's possessions are updated quarterly and filed in the resident's binder. This standard operating procedure has been added to the monthly audit checklists to ensure that all required filings and documents are complete, accurate and up to date. All caregivers have been trained to ensure that all resident possession audits will be performed on a quarterly basis; refer to date reminders.

Monthly binder checks are part of Kahuanani Place's standard operating procedures.

Licensee's/Administrator's Signature



Print Name

Elaine Sagi

Date

5/30/16