

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kailua Gardens	CHAPTER 100.1
Address: 120 Mookua Street, Kailua, Hawaii 96734	Inspection Date: September 22, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 No diet order obtained on or prior to admission.</p>		7/30/16
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No stem thermometer available to measure hot and cold.</p>	<p><u>THERMOMETER</u> I obtained a new hot + cold thermometer as my old one possibly was not the right one.</p> <p><u>PLAN OF CORRECTION</u> I will make sure to get handy all my thermometers rather than being hidden by all the utensils I am keeping a special container where my</p>	9/30/15

Please see my POC on separate sheet →

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§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>FINDINGS Resident #1 No initial physical exam.</p>	<p><u>Physical Examinations</u> I obtained a new Physical Exam since this resident was on and physical was done prior 3 months before admitted to us. <u>PLAN of CORRECTION</u> I learn that even the Doctor Physical exam was done recently prior to admission I won't take it as if it was done.</p>	3/14/16
☒	<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 monthly weights since 6/15 to 9/15. No physician order to substitute arm circumference measurements for monthly weights.</p>	<p>Please see my POC on the separate sheet →</p>	7/30/16
☒	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent general register not maintained, oldest entry</p>	<p><u>PLAN of CORRECTION:</u></p>	Oct 2016

As I indicated before I learn my lesson and I got the idea now for future similar residents I will follow your advice of Requesting order of weight, how often and if needed to be maintained.

	Rules (Criteria)	Plan of Correction	Completion Date
	8/1/10, care home established 1/8/98.		
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (b)(2)(B) Primary care givers' rights and responsibilities:</p> <p>The primary care giver has the right to:</p> <p>Terminate a resident's agreement for just cause after a written 30 day notice;</p> <p>FINDINGS Resident #1 signed agreement reflects licensee needs to provide 14 day notice of discharge.</p>	<p><u>Termination of Residents agreement:</u> I have always know that is 30 days time frame. why did I wrote in my Policies 14 days? I do not know Perhaps if a person wants to live early my care home, I thought why to prolong their waiting, which has never been the case in my care home. or perhaps was a typo. error.</p>	<p>POC - See other side →</p> <p>Sept 2015</p>

Agreement Termination

For my POC I will review all the Information in my Policies before I give it to my Prospective Clients.

At the Present I did corrected the error ^{crossed the error out and replaced with 30 days.} and signed and gave a new copy to each of my 4 Clients or Residents at the present

Theresa [Signature]

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 No physician certification of self-preservation obtained prior to or on admission.</p>		<p>7/30/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility</p>	<p><i>Please see my plan of correction on separate sheet</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>level residents as determined and certified by the resident's physician or APRN.</p> <p>FINDINGS Resident #1 No level of care assessment obtained on or prior to admission for resident identified as expanded level of care.</p>	<p><i>Please see my POC on the separate sheet.</i></p>	<p><i>7/30/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p>FINDINGS Resident #1 admitted without case manager. Licensee claims she didn't know that residents require a nurse case manager until a waiver is granted.</p>	<p><i>Please see my POC on separate sheet</i></p>	<p><i>7/30/16</i></p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

*Kailua Gardens Expanded Adult Residential Care Home
120 Mookua Street, Kailua HI 96734*

KAILUA Gardens Adult residential Care home September 30, 2016
To: Tae Kim RN Nurse Surveyor
Answers to The Department of Health for the plan of corrections for 2015

I. Nutrition (1) 11-100. 1-13 (1)

Findings:

Resident #1 no diet order obtained on or prior to admission

Correction: Diet obtained 3/14/16 By Dr. BF/JM APRN

Resident #1 was admitted from own home under Services. One month prior to the admission to KG the diet order was in the initial start of care orders as regular diet as tolerated but not other indications since the resident was at the under and I did not clarify further for diet instructions at that time. Since then the resident has improved in health and out of services, has a new Physician and since 3/1/16 all records were updated.

Future plan of correction:

a) I have a list of all the requisites needed for admission including diets in order to admit a new resident and I will use that list in all my admissions, this list is placed in my admission package now.

If a new Resident is admitted I will have all the documentation on hand prior to the admission with specific orders in regards of the diet in case the resident is on a special diet especially for residents if the diet is liquid, or need any thickeners etc. I won't take for granted that these types of residents also need specific orders on their diet. All will be in writing and sign by the Doctor.

B. If a Resident is admitted specially from , or from home or other facilities and no diet order is submitted, I will contact the Physician for a diet order and if any special instructions are needed I will have it sign on the next resident visit to his office,

d. If everything fails I will postpone the admission until all the requisites are completed

2. Records and Reports 11-100. 1-17 (b) (7)

Findings:

No monthly weights since 6/11-9/15. No physician orders to substitute arm circumference measurements for monthly weights.

Initially and subsequent times the arm circumference measurements was done on this resident by the case manager as per their protocol, and done every 3 months due to the stage and condition of this resident; After my 2015 inspection and reviewing the records from the Case Manager I found the missing measurements of the 6/11-9/15 and I documented those in the registry height and weights records as my correction.

Future Plan of Correction:

To make sure to prevent this problem for happening again specifically on or residents I will clarify with the Doctor or APRN from the beginning how the weight will be determine, by MAC or other means and obtain the orders in writing and what is their goal for the weight..

Kailua Gardens Expanded Adult Residential Care Home
120 Mookua Street, Kailua HI 96734

In other stable residents I will continue to follow the routine monthly weight using the formula for weight assessment as follow; For residents weighting > 100 lbs I will notify the Doctor if the resident gain or loses 5 Lb. in a month, Same if a resident weights < than 100 lb. 3 lbs gain or loss will be reported and ask the doctor to write what is the goal for the weight.

3. Physical Environment Fire prevention protection 11-100. 1-23 (g) (3) (1)

Findings:

Resident #1 no physician certification of self preservation prior to or on admission.

Resident #1 was admitted to KG on 5/15/15. In the initial History and Physical done and signed on 5/21/15 by the APRN in the second page were the self preservation statement is the word "no" was crossed, as not self preserve.

Plan of correction:

After my inspection I contacted the management to send me a copy of the self preservation statement of 5/21/15 found in the physical examination second page that indicates resident no self preservation and a second self preservation statement on 10/15/2015 was done; both copies were sent to your department with my plan of correction on January 2016.

In the future in order to prevent any omissions I will review and gather all the records needed in one place prior to my yearly inspection and easily accessible as proof of documentation, so nothing is missing.

Also I have learned that if a Resident is type 1 Care Home and is not able to walk on his/her own without any assistance is also consider a non self preserve resident. At the present I have one non self preserve resident and if my second resident is determine by the Doctor on next visit to be a non self preserve I will have two residents non self preserve and to maintain the correct number of non self preserve residents I will not admit a new resident unless is walking on own and understand directions for self preservation.

4. Admission requiremnts11-100. 1-84 (a)

Findings:

Resident #1 no level of care assessment obtained on or prior to admission for resident identified as expanded level of care.

Correction:

Resident #1 was admitted from home where was under . Due to condition and in need of Expanded Care doctor assigned as SNF level on initial H & P assessment.

Initial Admission assessment was done by me, and taking in consideration all the areas covered by this forms I overlook the level of care form.

On September 5, 2015 I requested to the Doctor from Hospice to sign my Level of care form for this admission as my initial plan of correction this form for level of care was submitted to the DOH in my January plan of correction

Since then the resident #1 has changed status and due to condition was improved under our care since admission (5/15/15) the resident was discharge from on 3/1/2016. The resident has now a new level of care done and the form has been signed by the new APRN on 3/14/2016

Kailua Gardens Expanded Adult Residential Care Home
120 Mookua Street, Kailua HI 96734

As this resident #1 is consider a non self preserve I have prepared a Plan of safety and care for this specific Resident and includes how the Resident will be transferred to safety in case of an emergency; where will live temporarily, who will be assigned from our team to take care during a temporary emergency while the rest of us more able residents and staff will move temporarily to a Hotel until we will be able to return, unless my care home becomes inhabitable or family as well as all my other residents will be given a month notice to find a new placement or to return to their own home or place of choice by the family.

Future Plan regarding level of care:

From now on I will complete all of the required forms prior or on admission even if the Resident is already consider as SNF level of care.

a) I will initiate prior to all admission and with input of families the Level of care form, I will include this form and Self preservation together with H an P for the Doctor to assign the level of care for the resident and to sign all the forms.

b) If forms are not completed prior the admission I will postpone the admission of the resident until documentation is completed.

c) I will keep all the forms in the designated category in the resident's chart to be easily accessible.

5. Case management qualification and services 11-100.1-88 (a)

Findings:

Resident #1 admitted without Case Manager. Licensee claims she did not know that residents require a nurse case manager until a waiver is granted.

Correction: My believe was that a Case Manager from the team was sufficient since is a Register Nurse and has not conflict of interest with the resident. In other words is not a family member or acquaintance. Also I did not have any interest in obtaining a waiver since I thought was a credited RNCM under the Hospice team. The waiver became an issue when I inform the family of a second case manager needed and they question the regulation. I could not find a clear statement in the Chapter 100 that indicate that a second case manager was needed for a patient on

The family did not like the idea of having to pay extra for another nurse since they already have a case manager by and much thought and investigation was done by the family member and is when I told them this was mandatory by the DOH and to check if could obtain a waiver, in the process of this investigation by the family the resident changed status for the better and was discharged from Hospice and then was re admitted as expanded care and we were able to obtain a case manager.

*Kailua Gardens Expanded Adult Residential Care Home
120 Mookua Street, Kailua HI 96734*

My future plan of correction Now since I have received a memo and all this was clarified by my nurse surveyor the Case Manager always is included in my Policies and the family will be notified at the moment of

Requesting admission specially the residents that they believe the Case Manager from is the same as an in dependant RN Case manager.

I will give them a list of all the Case Managers in the area for them to choose from and call. If still they are questioning the reason why to have a different person assigned to the Case I will give them a copy of your memorandum so they will understand that this are rules from the Dept of health. This memorandum also will be included in my policies.

Note: All forms memos and addendums are placed now in my Policies + Procedures book and all staff has been informed

Zafira Anhalt cho



Licensee's/Administrator's Signature: ZB Culbertson

Print Name: ZAFIRA ANHART

Date: 1/30/16

4

Licensee's/Administrator's Signature: ZB Culbertson

Print Name: ZAFIRA ANHART CPN/CMO

Date: 4/20/16

Licensee's/Administrator's Signature: ZB Culbertson

Print Name: ZAFIRA ANHART

Date: 7/30/16