

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C.	CHAPTER 100.1
Address: 918 12th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 1 & 2, 2016 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

16 DEC 29 AM 11:53

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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><u>FINDINGS</u> Resident #1 - "May crush meds and mix with applesauce" ordered 11/29/16. Care giver reported medication are crushed or opened and given with applesauce; however, the medication record did not specify how medication was taken.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 transitioned to hospice at the end of the day 12/1/16. At that time, all po meds were discontinued and resident passed away on 12/8/16.</p> <p>DON reviewed with both nurses in the home that upon receiving "crushed med orders", each medication entry in the medication administration record should note whether the medication can be crushed or not. If a medication cannot be crushed (i.e. gel cap, time or extended release), and the resident cannot swallow whole pills safely and is risk for aspiration, then the MD should be notified to see if the particular medication can be changed to liquid form or an equivalent medication that is able to crushed could be ordered.</p>	<p style="text-align: center;">12/9/16</p> <p style="text-align: right;">16 DEC 29 AM 11:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(4)</p> <p><u>FINDINGS</u> Resident #1 - "May crush meds and mix with applesauce" ordered 11/29/16. Care giver reported medication are crushed or opened and given with applesauce; however, the medication record did not specify how medication was taken.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The DON/ADON will do periodic audits of the medication administration records in the home to ensure compliance.</p>	<p><i>ongoing</i></p> <p>16 DEC 29 AM 1:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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><u>FINDINGS</u> Resident #2 - "Crush meds and mix with applesauce or pudding" ordered 5/12/16. Care giver reported that medication are crushed; however, the time released capsule is swallowed whole with applesauce. The medication record did not specify how medication is taken.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>For Resident #2 the Nurse in the home noted which medications are to be crushed and which medication are not be crushed for each individual po medication listed in the medication administration record. An order from the MD was obtained for the authorization to give meds whole for those that could not be crushed.</p>	<p style="text-align: center;">12/16/16</p> <p style="text-align: right;">16 DEC 29 AM 1:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(4)</p> <p><u>FINDINGS</u> Resident #2 - "Crush meds and mix with applesauce or pudding" ordered 5/12/16. Care giver reported that medication are crushed; however, the time released capsule is swallowed whole with applesauce. The medication record did not specify how medication is taken.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The DON/ADON will do periodic audits of the medication administration records in the home to ensure compliance.</p>	<p><i>Ongoing</i></p> <p>16 DEC 29 AM 11:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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 Resident #1 - No documentation that the Consultant Registered Dietitian (RD) was utilized to provide nutritional assessment for bed bound resident with decreased appetite, poor fluid intake, significant weight loss, anorexia, dysphagia and dysphagia pureed diet with nectar thick liquids.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 transitioned to hospice at the end of the day 12/1/16, and resident passed away on 12/8/16. DON reviewed with the nurses in the home that the consultant dietician should be notified to do a nutritional assessment when there is a pattern of decreased appetite/fluid intake, significant weight loss, resident goes on modified consistency diet or starts supplemental drinks. All staff are trained on modified food and liquid consistency diets during orientation upon hire.</p>	<p style="text-align: center;">12/9/16</p> <p style="text-align: right;">16 DEC 29 AM 53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-55(1)</p> <p><u>FINDINGS</u> Resident #1 - No documentation that the Consultant Registered Dietitian (RD) was utilized to provide nutritional assessment for bed bound resident with decreased appetite, poor fluid intake, significant weight loss, anorexia, dysphagia and dysphagia pureed diet with nectar thick liquids.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>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 or appetite changes, or weight loss the DON/ADON will evaluate the situation and help the nurse in the home determine if a nutritional assessment is warranted. The DON/ADON will also do periodic random chart audits to identify need for nutritional assessments.</p>	<p align="center"><i>Origny</i></p> <p align="right">16 DEC 29 AM 11:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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><u>FINDINGS</u> Resident #2 - No documentation that the Consultant RD was utilized to provide nutritional assessment for resident with decreased appetite, poor fluid intake, dysphagia and dysphagia pureed diet with nectar thick liquids and Two Cal nutritional supplement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A nutritional assessment was done for Resident #2 on 12/11/16. DON reviewed with the nurses in the home that the consultant dietician should be notified to do a nutritional assessment when there is a pattern of decreased appetite/fluid intake, significant weight loss, resident goes on modified consistency diet or starts supplemental drinks. All staff are trained on modified food and liquid consistency diets during orientation upon hire.</p>	<p style="text-align: center;">12/11/16</p> <p style="text-align: right;">16 DEC 29 11:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-55(1)</p> <p><u>FINDINGS</u> Resident #2 - No documentation that the Consultant RD was utilized to provide nutritional assessment for resident with decreased appetite, poor fluid intake, dysphagia and dysphagia pureed diet with nectar thick liquids and Two Cal nutritional supplement.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>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 or appetite changes, or weight loss the DON/ADON will evaluate the situation and help the nurse in the home determine if a nutritional assessment is warranted. The DON/ADON will also do periodic random chart audits to identify need for nutritional assessments.</p>	<p><i>origony</i></p> <p>16 DEC 29 AM 5:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documentation of fire drill conducted July 2016.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>DON reviewed with both Nurses in the home that a fire drill must be conducted monthly alternating day and night. Manoa Senior Care has a reference sheet listing all the monthly deadlines. The Nurses in the home were reminded to transfer all the deadlines to their house calendar every month so deadlines are met.</p>	<p style="text-align: center;">12/19/16</p> <p style="text-align: right;">16 DEC 29 AM 11:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-86(a)(3)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p>The DON/ADON will do periodic audits and review the house calendars and fire drill log to ensure compliance.</p>	<p style="text-align: right;"><i>original</i></p> <p style="text-align: right; vertical-align: bottom;"> 16 DEC 29 AM 11:53 <i>LEJ</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - "Alteration in Nutrition" care plan did not include measurable goals and outcomes for determining nutritional status by arm measurement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 transitioned to hospice at the end of the day 12/1/16, and resident passed away on 12/8/16. The Case manager was notified on 12/4/16 regarding the missing goal and outcome. Going forward, the weight goal will be obtained on initial orders when the resident transitions to expanded care.</p>	<p style="text-align: center;">12/8/16</p> <p style="text-align: right; vertical-align: bottom;">16 DEC 29 AM 5:3</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-88(c)(2)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The DON/ADON will ensure that an order for a weight goal is obtained when the resident initially transitions to expanded care. The DON/ADON will also do periodic audits of the expanded resident's initial and monthly care plan to ensure compliance.</p>	<p style="text-align: center;"><i>ongoing</i></p> <p style="text-align: right;">16 DEC 29 11:54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (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 Resident #1:</p> <ul style="list-style-type: none"> Care plan did not reflect that oral medications are crushed and capsules are opened and contents mixed with applesauce. The "Alteration in Skin Integrity Related to Immobility" care plan was not updated to reflect "Clobetasol propionate 0.05% scalp/soles AAA BID x 2 weeks on and 2 weeks off then repeat" ordered 11/7/16. The care pan was updated 11/19/16. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 transitioned to hospice at the end of the day 12/1/16, and resident passed away on 12/8/16. The Case manager was notified on 12/4/16 regarding the missing changes. The case manager and both nurses in the home were reminded that:</p> <ol style="list-style-type: none"> All care plans needs to be reviewed/updated during every monthly visit The Case Manager should sit down with the Manoa Senior care Nurse during her visit and review the care plan together and go over any resident changes and new orders since the last visit. The Manoa Senior Care Nurses should call the Case Manager whenever there is a resident status change, new need, or change in physician order for medications and treatments. The Case Manager should then instruct the Nurse to make any necessary care plan changes and fax the corrected plan to her/him. The Case Manager would then bring the revised typed care plan on the next monthly visit. 	<p style="text-align: center;">12/18/16</p> <p style="text-align: right;">16 DEC 29 AM 54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-88(c)(4)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p style="text-align: center;"> The DON/ADON will do periodic audit of the care plans to ensure compliance. </p>	<p style="text-align: center;"><i>ongoing</i></p> <p style="text-align: right;"> 16 DEC 29 AM 5:4 </p>

Licensee's/Administrator's Signature: RA [Signature]

Print Name: Robert Nazemi

Date: 12/27/16

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DUPONTON LICENSE