

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: 930 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 54

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - The progress notes did not reflect:</p> <ol style="list-style-type: none"> 1. The condition of the left eye prior to the 8/2/16 order for "warm water & mild soap compress left eye to remove (gently) any drainage BID." 2. Resident's condition for which there was an order 9/29/16: "Apply ACE bandage at night for 7 days due to olecranon bursitis." 3. Changes in the resident's level of care from ARCH to "intermediate level of care." Level of care change dated 10/25/16. 	<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>Manoa Senior Care utilizes the style of exception charting. The DON reviewed and reinforced with both Nurses in the home that the following items need to be charted in the progress notes daily: 1) Any significant resident event (i.e. wounds, change in status, fall, etc.); 2) Any calls made to the physician; 3) Any appointments; 4) Any new orders; 5) Resident responses to any ordered treatments, prn medications; 6) Outings; 7) Any follow-ups or carryover from the previous shift.</p>	<p style="text-align: center;">12/8/16</p> <p style="text-align: right;">16 DEC 29 AM 5:4</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(3)	<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 makes regular rounds in the homes at MSC and receives updates on the residents. During report, when the Nurse informs the DON/ADON of a resident change in status, condition change, or significant event, the DON/ADON will remind the nurse to chart in the progress notes. The DON/ADON will do periodic informal random audits to ensure compliance.</p>	<p style="text-align: center;"><i>Ongoing</i></p> <p style="text-align: right;">16 DEC 29 AM 1:54</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 unless otherwise indicated" ordered 8/2/16; however, medication record did not indicate which medication is crushed. Care giver stated it depends on the ones the resident wanted crushed.</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 stated that the resident has been taking her medications whole for a significant period of time, and obtained an order on 12/13/16 from the MD that resident may take medications whole.</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; vertical-align: top;">12/13/16</p> <p style="text-align: right; vertical-align: bottom;">16 DEC 29 M 54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(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 audits of the medication administration records in the home to ensure compliance. </p>	<p style="text-align: center;"><i>Ongoing</i></p> <p style="text-align: right;"> 16 DEC 29 AM 54 1/6/17 </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 #1 - No documentation that the Consultant Registered Dietitian was utilized to provide nutritional assessment for 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>A nutritional assessment was done for Resident #1 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: center;">16 DEC 29 AM 11:54</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-55(1)	<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 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.</p> <hr/> <p>The DON/ADON will also do periodic random chart audits to identify need for nutritional assessments.</p>	<p style="text-align: center;"><i>anyone</i></p> <p style="text-align: right;">16 DEC 29 AM 11:54</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)(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><u>FINDINGS</u> Resident #1 - "Nutritional Needs" care plan was not updated to include the "Safe Eating and Swallowing Home Program" strategies from the Speech Language Therapist.</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>The Case manager was notified on 12/4/16 regarding the missing Information and the Case Manager added the missing information during her monthly visit on 12/19/16. The case manager and both nurses in the home were reminded that:</p> <ol style="list-style-type: none"> 1) All care plans needs to be reviewed/updated during every monthly visit 2) 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. 3) 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;">12/19/16</p> <p style="text-align: right;">16 DEC 29 AM 11:54</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</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 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: center;">16 DEC 29 AM 5:54</p>

Licensee's/Administrator's Signature: M 24-

Print Name: Robur Nayamri

Date: 12/27/16

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DARI SUKSES LINDAH