

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Korean Care Home	CHAPTER 100.1
Address: 525 Kiapu Place, Honolulu, Hawaii 96817	Inspection Date: September 15 & 16, 2016

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

	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><u>FINDINGS</u> Resident #1 - "Nitrofurantoin (Macrobid) 100 mg 1 cap po BID x 7d #14" ordered 5/9/16; however, the medication was not recorded on the medication record and there was no order to discontinue.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, deficiency was corrected.</p> <p>How we corrected: Contacted physician and verified the previous telephone order. Written telephone order was then hand carried to the physicians office for his signature. The signed telephone order was then placed into the residents chart as part of his record.</p>	<p>09/27/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<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> <ol style="list-style-type: none"> 1. When a resident goes to the ER and receives a medication order, we will promptly make sure that the prescription and medication is made available to the resident. 2. When we receive a telephone order from a physician, we will promptly write the telephone order and obtain the physician signature by either mail or go to the physicians office for his/her signature. 	

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<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><u>FINDINGS:</u> Resident #1 - "Mirabegron ER 25 mg i po daily" noted on the physician office visit notes as "Current Outpatient Prescriptions" for 8/5/16, 7/28/16 and 7/21/16; however, the medication has not been made available. The medication was not clarified with the physician.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, corrected. Clarified the medication "Mirabegron ER 25 mg † po daily" with the residents physician, and discontinued on 03/17/16. Deleted Mirabegron ER 25 mg † po qd from the current medication list on 08/15/16, 07/28/16, and 07/21/16.</p>	<p>09/27/16</p>

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<input checked="" type="checkbox"/>	11-100.1-15(e)	<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>We will implement the following plan to ensure it doesn't happen again,</p> <p>Whenever the resident visits physician's office, the staff who accompanies the resident will make sure the physicians current med list is the same as the MAR in resident's record. If physicians med list is not updated with our current MAR, staff will ask physician to update their list.</p> <p>Staff will double check current med list upon returning from doctor's office. If current med list is not updated, we will call physicians office to clarify and generate a telephone order reflecting verification.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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 - Progress notes did not reflect that resident has a colostomy which he cares for himself.</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>Yes, we corrected the deficiency.</p> <ol style="list-style-type: none"> 1. Initially Resident # 1 cared for colostomy by himself. However, as he required assistance for colostomy care, monthly progress notes did reflect that colostomy care was rendered. 2. Obtained physicians order to provide colostomy care as needed which is reflected in the MAR, and staff will document and sign when colostomy care is rendered. 3. Developed policy and procedure on Colostomy Care. Provided In-Service to all direct care giving staff including night duty staff. <p>Attachment:</p> <ol style="list-style-type: none"> 1. Monthly progress notes 2. Telephone order & MAR 3. P & P Colostomy Care 	<p>09/09/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(3)	<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>We will do the following to ensure that it doesn't happen again.</p> <p>If a resident has a colostomy:</p> <ol style="list-style-type: none"> 1. Assess whether resident requires assistance. 2. Obtain physicians order. 3. Generate MAR and document. 4. Document on progress note monthly, and when there is a significant change or incident. 5. Develop P & P on colostomy care. 6. Provide In-Service to all direct caregiving staff and making sure they understand and know how to provide colostomy care. 7. Document the training rendered. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>FINDINGS: Resident #1 - The <u>Adult Clinical Swallowing Text</u> report dated 4/30/16 noted: Medication - crushed with food. Precautions - Multiple swallowing, remain upright after meals 30 minutes. Small bites of food, small sips of liquid. However, there were no progress notes that the recommendations were clarified with the physician and that the resident refused to have his medications crushed so medications are not crushed.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, deficiency corrected.</p> <ol style="list-style-type: none"> 1. Late entry for Precautions documented. 2. Clarified with the physician and telephone order obtained "medications may not be crushed". <p>Attachment: 1. Late Entry 2. Telephone Order</p>	<p>09/16/16</p>

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<input checked="" type="checkbox"/>	11-100-1-17(b)(3)	<p style="text-align: center;"><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>To ensure that this doesn't happen again, we will do the following:</p> <p>When swallowing evaluation recommendations are given, staff will clarify with the physician and document physicians reply. Will also document residents response to the recommendations given.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menu was not posted in the dining area.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, Corrected.</p> <ol style="list-style-type: none"> 1. Current weekly menu is now posted in the dining room for residents perusal. 2. Highlights of the menu are also posted on the white board for all to see. 	<p>09/19/16</p>

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☒	11-100.1-13(d)	<p style="text-align: center;"><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>To ensure that it doesn't happen again, we will do the following:</p> <ol style="list-style-type: none"> 1. A designated area will be made available to display the current weekly menu for all residents to see. 2. The white board will also highlight "daily menu" in big letters. 	

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<input checked="" type="checkbox"/>	<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 - No progress notes that the recommendations made by the Consultant Registered Dietitian on 7/23/16 "discontinuing cardiac restriction to help encourage PO intake..." was followed up and discussed with the physician.</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>Deficiency corrected.</p> <p>Late entry for 09/09/16 was documented in progress note on 10/03/16 that resident was seen and examined by Dr. Azuma, and we relayed the recommendation of consultant dietitian to discontinue cardiac restriction diet to improve p.o. intake.</p> <p>However, Dr. Azuma wanted to continue cardiac diet due to resident's heart condition (CHF).</p>	10/03/16

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<input checked="" type="checkbox"/>	11-1001.1-17(b)(3)	<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>We will do the following to ensure that it doesn't happen again:</p> <p>When the consultant dietitian evaluates and recommends any changes on diet, we will communicate with the residents physician and will document the physicians comment or order including rationale.</p>	

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<input checked="" type="checkbox"/>	<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 Adult Clinical Swallowing test on 4/30/16 noted: Recommend dysphagia (sic) pureed with honey-thick liquids." However, there were no progress notes that the recommendations were clarified with the physician and that the resident refused the recommended diet and liquid texture.</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>Deficiency corrected.</p> <p>Late entry for 04/30/16 documented on 09/15/16 that clinical swallowing test on 04/30/16 recommend pureed with honey thick liquids. However, the resident refused to take pureed food and honey thick liquids. M.D. was notified and order obtained to modified food as tolerated and Nectar thick liquids. Observe for any sign/symptoms of cough, choking, and tolerance of the given consistency of food and liquid.</p>	<p>09/15/16</p>

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<input checked="" type="checkbox"/>	11-100.1-17(b)(3)	<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>What we will do to ensure that it does not happen again.</p> <p>When resident receives recommendation after swallowing test, we will communicate the recommendation with physician including resident's response to the recommended consistency of food and liquid. We will make sure to document clarified physicians order and residents response. In-Service on documentation done and signature obtained from the staff.</p> <p>* Attach: copy of In-Service "Important things to document in Progress Notes"</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 - No documentation that the facility reported significant weight gain from July 2016 (117 lbs) to August 2016 (125 lbs) to the physician.</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>Deficiency corrected.</p> <p>Late entry for 08/26/16 and 09/09/16 documented on 10/03/16 that significant weight gain for July 2016 (117 lbs) to August 2016 (125 lbs) to Dr. Nobuyuki Miki and Dr. Steven Azuma.</p> <p>Copy of progress note attached.</p>	10/03/16

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☒	11-100.1-20(c)	<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>We will do the following to ensure that it doesn't happen again:</p> <p>We will report to physician and document in the progress note if there is a significant weight gain or weight loss.</p> <p>Will do In-service training on documentation and will document the In-service with the staff signature.</p> <p>Attachment: In-service on documentation.</p> <p style="padding-left: 40px;">See: Important Things To Document in Progress Notes.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS Laundry area had a box of bottles of bleach unsecured.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency corrected.</p> <ol style="list-style-type: none"> 1. Unsecured bleach bottles were stored in locked closet next to kitchen area. 2. A new lockable cabinet was purchased and placed in the laundry area. Cleaning materials including bleach were placed in the new lockable cabinet and secured. <p>* Photo copy attached.</p>	<p>09/16/16</p> <p>10/05/16</p>

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<input checked="" type="checkbox"/>	11-100.1-23(h)	<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 following will be done to ensure that it doesn't happen again:</p> <ol style="list-style-type: none"> 1. Post directions in the laundry area how to safely store cleaning chemicals. 2. Instruct all staff including house-keeping staff on handling and storage of cleaning chemicals by doing In-service every three months. <p>Attachment: In-service on proper handling & storage of cleaning materials.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Main building Bedroom #3 - Stand fan back grill was dusty.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency corrected.</p> <p>Standing fan in Main Bldg., Bedroom #3 was cleaned and all dust removed.</p>	<p>09/17/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)(1)(A)	<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>This what we will do to ensure that it doesn't happen again:</p> <p>We will reinforce the assigned cleaning schedule which is Main Bldg. on Monday. Cleaning focus will include floors, walls, bedside tables, closets, furniture, and fans. Housekeeping will sign off after they cleaned the assigned area(s) and the items that need to be cleaned on a daily basis.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h)(1)(D) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><u>FINDINGS</u> Cottage C bathroom on left side - Upper part of the wall by the door had insect droppings.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency corrected.</p> <p>Insect droppings on Cottage C upper left side bathroom wall near door was thoroughly cleaned by housekeeping staff.</p>	<p>09/17/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)(1)(D)	<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>We will do the following to ensure that it doesn't happen again:</p> <ol style="list-style-type: none"> 1. Every Monday Administrator, Office Manager, and In Charge Staff will make rounds to check cleanliness of all bedrooms, bathrooms, walls, floors, fans, furniture, windows, and blinds. 2. Record findings if there is a problem area & make sure Housekeeping staff will clean. 3. Reinforce routine focus cleaning schedule. Main Bldg. on Sunday, Patio on Monday, Bldg. B on Wednesday, Bldg. C on Thursday, & Bldg. D on Friday. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Main building & Cottage C - Hot water temperature was 128 degrees Fahrenheit.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency corrected.</p> <p>Hot water temperature in Main Bldg. and Cottage C were adjusted on 09/17/16. Cottages A, B, and D were also checked. Main Bldg. hot water temp is now set at 107°. Cottage C hot water temp is now set at 107°.</p>	<p>09/17/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)(4)	<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>We will do the following to ensure it doesn't happen again:</p> <p>Office Manager will check all bathrooms hot water on the 1st Tuesday of each month and document in the daily report.</p> <p>If hot water temperature is not in the acceptable range of 100°-120°F we will notify the maintenace man to come and adjust the water heaters.</p>	

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STATE OF HAWAII
HIGHWAY LICENSING

Licensee's/Administrator's Signature: Sam Sil Yun Cannon
Print Name: SAM SIL YUN CANNON
Date: 10/10/2016