

Office of Health Care Assurance

State Licensing Section

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## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Hale Kuike	CHAPTER 100.1
<b>Address:</b> 95 Kawanakoa Place, Honolulu, Hawaii 96817	<b>Inspection Date:</b> September 22 & 23, 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.**

	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><b><u>FINDINGS</u></b> Resident #1 - "Atropine 1% eye drops 2 drops SL every 4 hours prn excessive secretions" ordered 8/18/16; the label reflected "1 drop." The medication record reflected "2 drops."</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>RN placed change of direction sticker on medications that were in question to instruct the medication assistant to refer to medication administration record for current orders.</p>	<p style="text-align: center;">9/24/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Medication Aides will compare the medication label to the order and when an discrepancy is found the RN will be immediately notified to place a change of directions sticker on the medication label to refer to the medication administration record for current order.</p> <p>Director of Nursing will inservice all RN staff and Medication Aides on change of directions protocol. The Director of Nursing will monitor for ongoing compliance.</p>	<p style="text-align: center;">11/2/16</p> <p style="text-align: center;">11/2/16</p>

	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><b><u>FINDINGS</u></b> Resident #3 - "Trazodone 50 mg 2 tabs orally at bedtime" ordered 1/27/16 and "Trazodone 50 mg 1/2 tab orally daily as needed agitation" was ordered 1/22/16; however, "Trazodone 50 mg 2 tabs orally at bedtime and 1/2 tab orally daily as needed agitation" noted on the bubble pack label. Each bubble contained 1/2 tablet of 50 mg tablet.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>RN placed change of direction sticker on medications that were in question to instruct medication aide to refer to medication administration record for current orders.</p>	<p style="text-align: center;">9/24/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Medication Aides will compare the medication label to the order and when a discrepancy is found the RN will be immediately notified to place a change of directions sticker on the medication label to refer to the medication administration record for current order.</p> <p>Director of Nursing will inservice all RN staff and Medication aides on change of directions protocol. The Director of Nursing will monitor for ongoing compliance.</p>	<p style="text-align: center;">11/2/16</p> <p style="text-align: center;">11/2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Resident #2 - "Trazodone, divalproex sodium and quetiapine" were not initialed as taken by the resident on 9/20/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>RN counseled the staff member on the importance of proper documentation of the medication administration record. Staff member verbalized understanding and signed a late entry to correct the deficiency.</p>	<p style="text-align: center;">9/24/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-15(m)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The medication aides will be retrained to monitor medication record daily and flag the omission with the missing date. In addition the RN will be notified to perform an inquiry to assure the medication was given as ordered. If the medication was provided as ordered then the staff member will complete the documentation on his/her next shift. If the medication was not provided as ordered then the facility will follow the incident reporting procedure. Director of Nursing will inservice all RN staff and Medication aides on the above process. The Director of Nursing will monitor for ongoing compliance.</p>	11/2/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b> Resident #1 - There was no documentation of a current tuberculin (TB) skin test. The immunization Record Sheet noted "11/17/15 lot # 772983 exp 03/17." There was no documentation that the TB skin test was placed. In addition, there was no documentation of the date the TB skin test was read.</p>	<p>Part 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>RN completed documentation on immunization record sheet as a late entry.</p>	<p>9/24/16</p>

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 [Handwritten notes in margin]

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The process has been clarified with the RNs that once PPD is placed then RN will note on the immunization record and interdisciplinary notes. The RN will also document on the nursing calendar to alert following shifts to read PPD. Director of Nursing will inservice all RN staff on the above process. The Director of Nursing will monitor for ongoing compliance.</p>	11/2/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2)  The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><b><u>FINDINGS</u></b>  Resident #2 - No documentation of influenza vaccination.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>An influenza consent form was provided to the family on 9/26/16 and was signed by the family on 9/30/16. The resident will receive the influenza vaccine upon the next schedule physician office visit on 10/27/16.</p>	<p style="text-align: center;">10/27/16</p>

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No documentation



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b>  Resident #1 - No documentation that "pureed diet" ordered 8/18/16 was clarified with the physician to include the type of diet.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The RN clarified diet type and updated the record.</p>	<p style="text-align: center;">10/20/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-13(I)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The registered dietitian will provide facility with a list of standard diet orders.  The RN will ensure that all resident diet orders comply with the list of standard diet orders.  Director of Nursing will inservice all RN and medication aide staff on the above changes.  The Director of Nursing will monitor for ongoing compliance.</p>	<p style="text-align: center;">10/21/16</p> <p style="text-align: center;">11/2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u>  Resident #2 - No documentation that "chopped, low cholesterol diet" ordered on 8/25/16 was clarified with the physician. "Low cholesterol diet" is a nonstandard diet order.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>RN clarified diet type with physician and the order was changed from low cholesterol to heart healthy diet.</p>	<p style="text-align: center;">10/20/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-13(l)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The registered dietitian will provide facility with a list of standard diet orders.  The RN will ensure that all resident diet orders comply with the list of standard diet orders.  Director of Nursing will inservice all RN staff on the above changes.  The Director of Nursing will monitor for ongoing compliance.</p>	<p style="text-align: center;">10/21/16</p> <p style="text-align: center;">11/2/16</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><b><u>FINDINGS</u></b> Resident #1 - No documentation that the "nectar thick liquids" treatment for dysphagia ordered on 8/18/16 was provided.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Medication Administration Record will be updated to include that modified diets are provided as ordered.</p>	<p style="text-align: center;">11/1/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(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>The Medication Administration Record will be updated to include that modified diets are provided as ordered.</p> <p>RN and medication aide staff will be instructed to document on the revised Medication Administration Record that modified diets are provided as ordered.</p> <p>Director of Nursing will inservice all RN and medication aide staff on the above changes.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	<p style="text-align: center;">11/1/16</p> <p style="text-align: center;">11/2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>  *16 OCT 24 PT 36	<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:            All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><b>FINDINGS</b>            Bedroom #16 - Bath ceiling vent dusty.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A housekeeper was scheduled specifically to clean all bath ceiling vents. In addition, all resident room ceiling vents were cleaned along with all common area ceiling vents.</p>	<p style="text-align: center;">10/11/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)(1)(D)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The quarterly housekeeping check list was updated to include quarterly cleaning of all ceiling vents. The administrator will schedule the housekeeping staff for quarterly cleaning of the vents. In addition the administrator will place an automatic reminder for this cleaning in the computer.</p>	<p style="text-align: center;">10/20/16</p>

10/24/16

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><b><u>FINDINGS</u></b> Bedroom #4 - One ceiling light not working.</p>	<p>Part 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The burned out ceiling light was replaced with a working light bulb.</p>	<p>9/23/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(i)(4)(A)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The housekeeping staff will be trained and instructed to replace any burned out light bulbs within the facility. If the housekeeping staff are unable to replace the light bulb or resolve the issue then they will notify the administrator. The administrator will then notify the maintenance director to replace the light bulb.</p> <p>This protocol will be relayed to any new housekeeping staff by the Administrator. In addition the Administrator and Director of Nursing will look for burned out light bulbs on their daily rounds.</p>	10/21/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (i)(4)(A)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><b>FINDINGS</b>  Bedroom #18 - One ceiling light not working.</p>	<p>Part 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The burned out ceiling light was replaced with a working light bulb.</p>	<p>9/23/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(i)(4)(A)	<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 housekeeping staff will be trained and instructed to replace any burned out light bulbs within the facility. If the housekeeping staff are unable to replace the light bulb or resolve the issue then they will notify the administrator. The administrator will then notify the maintenance director to replace the light bulb.</p> <p>This protocol will be relayed to any new housekeeping staff by the Administrator. In addition the Administrator and Director of Nursing will look for burned out light bulbs on their daily rounds.</p>	<p style="text-align: center;">10/21/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedroom #9 - No signaling device.</p>	<p>Part 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The missing signaling device was located and returned to bedroom #9.</p>	<p>9/23/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(p)(5)	<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 nursing staff will be instructed to immediately report any missing signaling devices to the RN. A search will begin and if the signaling device is not located by the end of the shift then the administrator will be notified so a replacement can be ordered. In addition the Administrator and Director of Nursing will assure that signaling devices are in place during their daily rounds.</p>	11/2/16

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Licensee's/Administrator's Signature: David Fitzgerald

Print Name: David Fitzgerald

Date: 10/21/16