

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Kuike	CHAPTER 100.1
Address: 95 Kawananakoia Place, Honolulu, Hawaii 96817	Inspection Date: September 6 & 7, 2017 Biennial

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

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 progress note dated 8/7/17 stated resident had a choking episode during a meal. No incident report generated for this incident.</p>	<p style="text-align: center;">PART 1 <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 physician and the family were notified of the occurrence and the staff monitored the residents condition as instructed. The residents diet was modified to prevent further episodes of aspiration.</p>	<p>8/7/17</p> <p>8/7/17</p> <p style="text-align: right; font-size: small;">77 8/7/17 11:02</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Correction tape/ whiteout used on the June 2017 weight record in three places to correct names.</p>	<p style="text-align: center;">PART 1 <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 resident's weights on the June 2017 weight log were cross checked with the care giver shift reports and found to be accurate. A clean copy of the June 2017 weights was printed and filed. All resident records were audited by the DON and weekend RN to assure that no correction tape was used in the resident medical records. There was no evidence of correction tape being used on any other documents.</p>	<p>9/7/17</p> <p>9/29/17</p>

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<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Register has twenty (20) resident currently residing in the care home. Actual number of resident currently in the home is twenty-five (25). Five (5) residents not listed on the register.</p>	<p style="text-align: center;">PART 1 <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>It was discovered that we had previously used copies of the resident register, which have outdated records. These previously used copies of the resident register, have been deleted to ensure there is no confusion over which resident register is current.</p>	<p>12/8/17</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> (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> Bedroom #13 urine odor from bathroom.</p>	<p style="text-align: center;">PART 1 <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>Bedroom #13 was treated with Tropical Breeze deodorizer and eliminated urine odor.</p>	<p style="text-align: center;">9/22/17</p>

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<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> No documentation that the Consultant RD provided special diet training on cardiac and consistent carbohydrate diets.</p>	<p style="text-align: center;">PART 1 <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>Consultant RD is scheduled to provide special diet training on cardiac and consistent carbohydrate diets.</p>	<p>12/17/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>, (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Employee #1 date of hire was 9/2016. Since that time resident has only completed four (4) hours of continuing education hours. The orientation sheet showed that this employee completed eight and a half (8.5) hours orientation dated 10/2/17 (next month). Employee short eight hours of CEU's for this year.</p>	<p style="text-align: center;">PART 1 <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>After reviewing the continuing education hours for Employee #1 it was found that the 8.5 hours completed during his orientation, and dated 10/2/17, were actually completed on 10/2/16. Dating the hours on 10/2/17 was a transcription error by our Nursing Coordinator. The incorrect date of 10/2/17 has been corrected in our records to read 10/2/16.</p>	<p>9/22/17</p> <p style="font-size: small; text-align: right;">17 DEC -9 PM 102</p>

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Licensee's/Administrator's Signature: 

Print Name: David Fitzgerald

Date: 12/6/17