

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Island Recovery	CHAPTER 98
Address: 73-4697 Hina Lani Street, Kailua-Kona, Hawaii 96740	Inspection Date: January 12, 2018

**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
☒	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><b>FINDINGS</b> No documentation that the menus meet the nutritional needs of the residents, as serving sizes for most menu items are not listed.</p>	<p style="text-align: center;"><b>PART I</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>The following steps took place:</p> <ol style="list-style-type: none"> <li>1. The Quality Assurance Specialist (QAS) had a conversation with the State's Nutritionist in which the State Nutritionist explained that she could not see if the menus and food service met the nutritional needs of the residents based on the forms we had been using. She emailed a new form to the QAS with serving sizes that she wanted to see used in the future. <span style="float: right;">2/16/2018</span></li> <li>2. The QAS forwarded the document to Hawaii Island Recovery's (HIR's) Nutritionist. <span style="float: right;">2/16/2018</span></li> <li>3. The QAS had a meeting with HIR's Nutritionist regarding the new form after she returned from vacation. <span style="float: right;">3/1/2018</span></li> <li>4. HIR's Nutritionist had some questions regarding the form and called the State Nutritionist. <span style="float: right;">3/1/2018</span></li> <li>5. After the call, HIR's Nutritionist got back to the QAS saying that she now understood how to use the form and would start to use it immediately. <span style="float: right;">3/1/2018</span></li> <li>6. HIR's Nutritionist had a meeting with the Chef/Food Services Manager (Chef) to discuss the use of the new form. <span style="float: right;">3/5/2018</span></li> </ol> <p>If you would like to see a copy of the new form, please let the QAS know and she will forward it to you.</p>	

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<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><b><u>FINDINGS</u></b> No documentation that the menus meet the nutritional needs of the residents, as serving sizes for most menu items are not listed.</p>	<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>1. HIR's Nutritionist met with the Chef to begin using the form. The form is being used and the Nutritionist is reviewing and signing off on these forms, offering suggestions as needed.</p> <p>2. The Chef repeats a six week menu with substitutions as needed. The form will therefore cover the six weeks. Another form will be used if anything on the menu changes or the Chef uses new substitutions.</p> <p>2. We know that after using this form, it would become clear that HIR's menus are meeting the nutritional needs of the residents. We have been using the same menu and substitutions since the year before and at that time, the menu did meet the State of Hawaii's nutritional needs of the residents. HIR's Nutritionist and Chef will continue to use this form for the six week menu that the Chef has been using consistently and for any meal substitutions.</p>	<p>3/5/2018</p>

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<input checked="" type="checkbox"/>	<p><u>§11-98-10 Minimum standards for licensure, administrative and organizational plan. (e)</u>  Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><b>FINDINGS</b>  No policy and procedures governing nurse delegation.</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>1. Nurse Delegation was covered under Hawaii Island Recovery's (HIR's) Policy &amp; Procedure (P&amp;P) No. 23, Medication Management. The Inspector is requesting a separate P&amp;P governing Nurse Delegation. The Inspector requested that Hawaii Island Recovery (HIR) cover the materials that the Nurse uses to get delegates trained. The Inspector also wanted to know if injectables were included, nebulizers, etc.</p> <p>2. The Quality Assurance Specialist (QAS) had a meeting with the Nurse to create a more detailed P&amp;P.</p> <p>3. The new P&amp;P includes all of the areas requested by the Inspector. HIR does not use injectables or nebulizers. All of HIR's clients with any such needs see HIR's Medical Director in his private office downstairs from HIR's Administrative Office.</p>	<p>1/31/2018</p> <p>1/31/2018</p>

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure, administrative and organizational plan. (c)</u>            Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u>            No policy and procedures governing nurse delegation.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></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>1. P&amp;P No. 56, Nurse Delegation Training covers Nurse Delegation. A copy can be forwarded to this office, if requested.</p> <p>2. The Nurse will be training Resident Managers to be Nurse Delegates as per the P&amp;P.</p> <p>3. The Resident Managers have been made aware by the Nurse what their training is covering and what it does not cover.</p>	<p>1/31/2018</p> <p>1/31/2018</p> <p>2/2/2018</p>

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<input checked="" type="checkbox"/>	<p><u>§11-98-10 Minimum standards for licensure, administrative and organizational plan. (c)</u>  Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u>  Hawaii Island Recovery Policy and Procedures entitled "Medication Management" read –  2. "The only staff members who may provide the medication to clients are Registered Nurses, Medical Doctors (MD), Doctors of Osteopathy (DO), prescribing APRN's or designated individuals known as Nurse Delegates (NDs) trained by the Program Registered Nurse (Nurse)."</p> <p>Resident Manager (RM) #1 – no documentation of nurse delegation training to administer medications.</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>The following steps took place.</p> <ol style="list-style-type: none"> <li>1. The Quality Assurance Specialist (QAS) had a conversation with the Nurse who confirmed that RM #1 received nurse delegation training to administer medications. The certificate was missing in RM #1 employee file.</li> <li>2. The Nurse wrote up and signed another Nurse Training Delegation certificate and signed it.</li> <li>3. This was turned into the Office Manager who put it in RM #1's employee chart.</li> </ol>	<p>1/15/2018</p> <p>1/15/2018</p> <p>1/16/2018</p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility. (c)</u>  Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b><u>FINDINGS</u></b>  No pillow protectors on resident pillows.</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>Yes. New Pillow Protectors were bought by the LRM. They were used on the same day.</p>	1/15/2018

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c)  Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b><u>FINDINGS</u></b>  One (1) light bulb not working in resident room.</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>The light bulb was immediately replaced on the Saturday following the inspection.</p>	1/13/2018

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Licensee's/Administrator's Signature: Deborah Roberts

Print Name: Deborah Roberts, Quality Assurance Specialist

Date: March 8, 2018