

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaamilo Hale LLC	CHAPTER 100.1
Address: 98-570 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: October 11, 2017 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><u>FINDINGS</u> Resident #1 APRN order dated 10/4/17 reads, "Haloperidol 2 mg/ml Conc, take 0.5 ml by mouth 2 times a day as needed for agitation (end of life delirium)." Medication available is "Haloperidol 0.5 mg tablets." Medication not available as ordered.</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>DOH visited 10/11/17 Res #1 passed 10/12/17</p>	<p style="text-align: center;">10/12/17</p>

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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 APRN order dated 10/4/17 reads, "Haloperidol 2 mg/ml Conc, take 0.5 ml by mouth 2 times a day as needed for agitation (end of life delirium)." Medication available is "Haloperidol 0.5 mg tablets." Medication not available as ordered.</p>	<p style="text-align: center;">PART 2 <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>Upon delivery of Hospice medications we will check that labels equal orders. If orders are different from delivery we will ask Hospice to reorder correct medication or change the order to equal what they delivered.</p>	<p style="text-align: center;">10/12/17</p>

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<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><u>FINDINGS</u> Resident #1 APRN orders dated 10/4/17 read, "Prochlorperazine 25 mg sup." Medication not listed on the medication administration record (MAR). Medication is available but not being used.</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 style="text-align: center;">DOH visited 10/11/17 Res#1 passed 10/12/17</p>	<p style="text-align: center;">10/12/17</p>

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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> (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><u>FINDINGS</u> Resident #1 tuberculosis skin test read 7/19/17 has no results of test listed. No current TB test results in record.</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 style="text-align: center;">DOH visited 10/11/17 Res# 1 passed 10/12/17</p>	<p style="text-align: center;">10/12/17</p>

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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> (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 #2 progress notes did not include observations of the resident's response to nectar thickened liquids.</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>CHO included thickened liquids tolerated 100% as late entry 10/17</p>	<p style="text-align: center;">10/12/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1 financial agreement between care home and resident not signed by resident or POA. Care home operator signed the form on 4/1/15.</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>DOH visited 10/11/17 Resident passed 10/12/17 Upon notification of family we faxed the financial statement for signature. It was signed 10/15/17 & returned.</p>	<p style="text-align: center;">10/15/17</p> <p>exhibit # 1</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)(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> Bedroom #2 ceiling vent dusty.</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 style="text-align: center;"><i>Bedroom #2 ceiling vent was vacuumed clean 10/12/17</i></p>	<p style="text-align: center;"><i>10/12/17</i></p>

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	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 #2 no documentation that the consultant RD was utilized to provide nutritional assessment for the resident with significant weight loss.</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 style="text-align: center;"><i>Consultant RD was notified of 4.6 lb wt loss over 5 months.</i></p>	<p style="text-align: center;"><i>10/12/17</i></p>

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<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 care plan "Alteration in Mental Status" list medication "Mirtazapine" in the care plan. Medication was discontinued on 7/18/17.</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>DOH visited 10/11/17</p> <p>Res #1 passed 10/12/17</p> <p>Case mngr was notified of resident passing and come over to correct care plan 10/13/17</p>	<p style="text-align: right;">10/12/17</p> <p style="text-align: right;">exhibit #2</p>

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Licensee's/Administrator's Signature: Carol L Fardab

Print Name: Carol L Fardab

Date: 12/26/17