

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kailua Ohana	CHAPTER 100.1
Address: 1346 Akamai Street, Kailua, Hawaii 96734	Inspection Date: July 6, 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.

10/10/17 11:46

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No special diet menu for "Regular mechanical soft 1/2 inch, honey consistency fluid."</p>	<p style="text-align: center;"><u>CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called the DOH dietician to assist me to convert Regular Diet to Special Diet: Regular mechanical soft ½ inch, honey consistency fluid. She instructed me to submit a 1week Regular menu. She gave me a verbal and written example, and explanation on how to convert it correctly. I corrected the 4 week menus as I was instructed by the dietician.</p>	<p style="text-align: center; font-size: 1.5em;">11/28/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No special diet menu for "Regular mechanical soft 1/2 inch, honey consistency fluid."</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>To prevent this from happening again:</p> <ol style="list-style-type: none"> 1. I will make sure I have 4 weeks of special diet menus (for every special diet) written in advance. Currently, I have 4 weeks of menus for Regular Mechanical Soft ½ inch with Honey consistency. I will be working on Regular Mechanical Soft ¼ inch (minced) with Honey consistency and Regular Pureed with Pudding consistency. Other special diet, I will work on them when MD order it. 2. To make it easier for me, I decided to put all the menus in my computer. This way I can be more organize, it's convenient, and much easier to find (I misplaced my previous special diet menus and other information on the special diets). This way, I can easily change the menus based on the resident's food preferences. I can also, change the menus based on the food restrictions. For example: food allergies, food to avoid due to diagnosis, food restriction due to religion, and more. 3. Whenever I'm busy specially on admission day, doctor's orders that I can do later, I have to remind myself so I won't forget. I will mark the order with sticky note. Then, I will use my iphone to set the alarm clock for about 2-4 hours to go back to review and follow the orders. 4. When I'm super busy and I don't have much time to focus on paper works, I will ask my caregivers for extra helps to attend to residents' needs. 5. As an additional reminder, I will add special diet on my admission checklist and on resident's monthly checklist. 	<p>3/21/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Almond milk is used as a substitute for cow's milk. Almond milk is not considered a dairy substitute.</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I switch the almond milk back to cow's milk.</p>	<p>11/28/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b). Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Almond milk is used as a substitute for cow's milk. Almond milk is not considered a dairy substitute.</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>To prevent this from happening again:</p> <ol style="list-style-type: none"> 1. I will follow what's written on the menu. If resident refused cow's milk, I can substitute it with soymilk. 2. This is a lesson for us caregivers to remember that almond milk does not contain protein like soymilk and cow's milk. Protein is required as part of the balance diet. 	<p style="text-align: right;">4/20/17</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><u>FINDINGS</u> Resident #1 - "Trazodone HCl 50 mg 2 tabs po bedtime" ordered 6/28/17; however, the label reflected "as needed."</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I took the resident's medication bottle to the pharmacy and the pharmacist putted the new correct label on the bottle. It says, Trazadone HCL 50mg 2 tabs po bedtime".</p>	<p>11/28/17</p> <p>47 11/28/17</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 - "Trazodone HCl 50 mg 2 tabs po bedtime" ordered 6/28/17; however, the label reflected "as needed."</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>To prevent this from happening again:</p> <ol style="list-style-type: none"> 1. Anytime there's a new order or new changes on resident's medication order, I will make sure the written order and the medication label are exactly the same. 2. As soon I got the new order, I will call either the doctor's office or the pharmacy to put the correct label on the medication bottle. 3. If I'm busy and I can't do it right away, I will set my iphone alarm (about 1-2 hours) to remind me. 4. If I can't leave the care home, I will send someone to do it for me. 	<p style="text-align: center;">3/20/18</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><u>FINDINGS</u> Resident #1 - "May crush medications and mix it in pudding" ordered 6/28/17; however, the medication record did not indicate if medications are crushed.</p>	<p style="text-align: center;"><u>CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected and documented on the medication record that medications are crushed.</p> <p>-----</p>	<p style="text-align: right; font-size: 1.2em;">11/28/17</p> <p style="text-align: right; font-size: 0.8em; margin-top: 100px;">17 100.1-15.102</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> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - Two step tuberculosis documentation did not include the dates when the first and second skin tests were placed. Documentation incomplete.</p>	<p style="text-align: center;"><u>CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I notified the Nursing Home were this resident's came from to provide me the dates when the first and second skin tests were placed. The information was provided and documented on resident's record.</p>	<p style="text-align: right; font-size: 1.2em;">11/28/17</p> <p style="text-align: right; font-size: 0.8em; margin-top: 100px;">47 11/28/17 14:02</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> (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 #2 - No incident report for a fall on or before 7/4/17 (the date of discharge).</p>	<p align="center"><u>CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I made a late entry. I completed the incident report for fall on 7-4-17 for this resident.</p>	<p align="right">11/28/17</p> <p align="right">97</p> <p align="right">11/10/17</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> (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: Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><u>FINDINGS</u> In one occupied resident bedroom, one (1) bulb was missing and one (1) bulb did not light up in the four (4) light bulb fixture.</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>My husband replaced the missing bulb with a new bulb and the bulb did not light also replaced with a new bulb.</p>	<p>4/28/17</p> <p>47 19 01 02</p>

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<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><u>FINDINGS</u> In one occupied resident bedroom, one (1) bulb was missing and one (1) bulb did not light up in the four (4) light bulb fixture.</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>To prevent this from happening:</p> <ol style="list-style-type: none"> 1. I will check monthly and as needed that all light bulb fixtures are working well. <i>I marked it on the calendar when to check into /m</i> 2. I will make sure appropriate lighting fixtures are provided for the comfort of residents and caregivers. 	<p style="text-align: right;"><i>11/28/17</i></p> <p style="text-align: right;">47 19 1 21 02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> One occupied resident bed did not have pliable plastic pillow protectors for three (3) pillows.</p>	<p style="text-align: center;"><u>CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I replaced the 3 regular pillow protectors with pliable plastic pillow Protectors.</p>	<p style="text-align: right; vertical-align: top;">11/28/17</p> <p style="text-align: right; vertical-align: bottom;">47 11-1-17 10:02</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> One occupied resident bed did not have pliable plastic pillow protectors for three (3) pillows.</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>To prevent this from happening again:</p> <ol style="list-style-type: none"> 1. The SCG or I will do a routine check on all the resident's pillows at least once a month. I will mark it on the calendar where everyone can see. 2. Next time, I will buy pliable plastic pillow protector from Sears. Not online. 3. I will have at least 2-4 extra pliable plastic pillow protector available at all times. 4. Anytime a resident bring their own pillow from home, pliable plastic pillow protector is not required. The resident's own pillow must have their name on it. 	<p style="text-align: right;">3/20/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 - The registered nurse (case manager) did not train substitute care givers in providing daily personal and specialized care.</p>	<p style="text-align: center;"><u>CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Case Manager came to train the SCGs in providing personal and specialized care for this resident. It's documented and in placed in resident's folder.</p>	<p>4/20/17</p>

47 OCT 11 AM 2012

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 - The registered nurse (case manager) did not train substitute care givers in providing daily personal and specialized care.</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>To prevent this from happening:</p> <ol style="list-style-type: none"> 1. I created a checklist for the Case Manager as a reminder that all requirements for this resident and the future residents are met. 2. I provided the CM the form that's already created to train the caregivers on personal and specialized care. I showed her how to complete the form as written on the instruction. 	<p style="text-align: right; vertical-align: middle;">11/28/17</p> <p style="text-align: right; vertical-align: bottom;">11:02</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - "Alteration in Skin Integrity" care plan intervention did not include 6/28/17 wound care orders to the left lower leg.</p>	<p><u>CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Case Manager included 6-28-17 wound care leg orders to the left under "Alteration in Skin Integrity" care plan intervention.</p>	<p>11/20/17</p> <p style="text-align: right;">97 00 1 41 02</p>

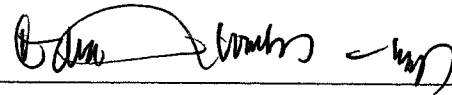
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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - "Alteration in Mobility" care plan did not reflect that the resident is dependent on the wheelchair for mobility.</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>To prevent this from happening:</p> <ol style="list-style-type: none"> 1. I encourage the Case Manager to repeatedly reviewing or assessing resident's condition and document the findings adequately to the resident's care plan within a week. 2. As a team, I also need to review the care plan to make sure all pertinent information about the resident is documented properly by the Case Manager. 3. I will communicate with the Case Manager to promote continuing care between problems, preventions, treatments, planning, and delivery of care to the resident. 	<p style="text-align: right;">11/28/17</p> <p style="text-align: right;">47 4102</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - "Alteration in Nutrition and Hydration" care plan did not reflect that the resident needs to be fed by care givers.</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>To prevent this from happening:</p> <ol style="list-style-type: none"> 1. As a PCG, I will review the following at least once a month and as needed: <ul style="list-style-type: none"> - New changes with resident's condition: Ex. eating independent to dependent - Resident's care plan - CM responsibilities - Documents are being completed 2. I will report right away to CM all new changes about the resident's condition and make sure those pertinent information are documented properly in the care plan within a week. 3. <i>I marked on the calendar when to check all residents documents. /myr</i> 	<p style="text-align: right; vertical-align: middle;"><i>11/20/17</i></p> <p style="text-align: right; vertical-align: bottom;">77 11 1 11 02</p>

Licensee's/Administrator's Signature:



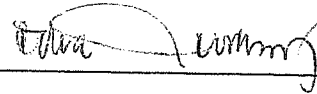
Print Name:

EDNA LOMBOSY

Date:

4/28/17

Licensee's/Administrator's Signature:



Print Name:

EDNA LOMBOSY

Date:

3/20/18

7 APR 1 9 10 02