

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalaupapa Care Home	CHAPTER 100.1
Address: 814 Damien Road, Kalaupapa, Hawaii 96742	Inspection Date: December 6, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> No current physical examination (P.E.) for the following:</p> <ol style="list-style-type: none"> 1. Homemaker #1 2. Housekeeper #1 3. Housekeeper #2 4. Cook #1 5. Cook #3 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>See attached.</i></p>	<p style="text-align: center;"><i>12-19-17</i></p> <p style="text-align: center;"><i>12-19-17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Cook #1, no tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>See attached</i></p>	<p style="text-align: center;"><i>12-19-17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute care givers #1, #2, #3, #4, #5, #6, #7. No documentation of training by primary care giver to make medication available and document such action.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>See attached.</i></p>	<p style="text-align: center;">12-19-17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menus posted in a conspicuous place to review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached.</i></p>	<p>12-19-17</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> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1, no inventory. "Kalaupapa Care Home Inventory Waiver Arch Form, Inventory Waiver 4/11" circumvents the adult residential care home rules.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>See attached.</i></p>	<p style="text-align: center;"><i>12-19-17</i></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. (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> "White out" used on incident report dated, 05/12/16. Repeat citation (2015).</p>	<p>PART 1</p> <p><i>See attached.</i></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>12-19-17</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)(B) 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>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p><u>FINDINGS</u> Bedroom #107, discharged resident's possessions remain in bedroom dresser and closet, after discharge.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached.</i></p>	<p><i>12-19-17</i></p>

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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, no documentation of training identified as specific to the expanded ARCH level of care resident by the case manager.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>See attached</i></p>	<p style="text-align: center;"><i>12-19-17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documentation for monthly fire drills conducted during January 2016 thru May 2016 and for November 2016.</p>	<p>PART 1</p> <p><i>See attached</i></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>12-19-17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1, no evidence of monthly face-to-face visits by the case manager.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;"><i>12-19-17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, no evidence of a six (6) month evaluation by the case manager.</p>	<p>PART 1</p> <p><i>See attached</i></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>12-19-17</p>

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Licensee's/Administrator's Signature: John Callaway

Print Name: JOHN CALLAWAY

Date: 12-19-17

2016 PLAN OF CORRECTONS – KALAUPAPA CARE HOME

PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-9 Personal staffing and family requirements (a)

FINDINGS: No current physical examination (P.E.) for the following:

1. Homemaker #1 – her P.E. was completed on 9/16/16 and signed by Dr. Peter Donnelly. The form was in the 2016 staff binder for TSTs and PE's
2. Housekeeper #1 –his P.E. was completed on 12/14/16 and signed by Dr. Brady. The P.E. fell within the year 2016 but was completed one week after the OHCA survey. Housekeeper #2 -her P.E. was scheduled for 12/14/17, but due to a hand injury and surgery for the hand, she went topside Molokai for treatment and was on leave the remainder of 2016.
3. Cook #1 -his P.E. was not completed for 2016 due to the fact that he was on leave from work the second half of 2016 for personal reasons. Correction not possible. When he returned in Jan. 2017 he had the P.E. completed by Dr. Brady.
4. Cook #3 -his P.E. was completed on 12/9/16 and signed by Dr. P. Donnelly. The P.E. fell within the year 2016 but was completed 4 days after the OHCA survey.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

11-100.1-9 Personal staffing and family requirements (a)

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

I will provide written and verbal reminder announcements to all staff in order to inform the staff of what is due and when it is due. I will recommend to staff of writing these important items on their personal calendars. I will provide each care home staff member with a blank copy of the MEDICAL REPORT FOR ADULT RESIDENTIAL CARE HOME PRIMARY OR SUBSTITUTE CARE GIVER form. I will provide the kitchen cooks and housekeepers with a blank copy of the EXAMINATION OF INFECTIOUS DISEASE FOR HOUSEHOLD MEMBER AND NON-DIRECT CARE STAFF. He or she can then take the form to their primary care physician or to one of our care home MDs and have the physician fill out the form.

Licensee's/Administrator's Signature: _____

John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-9 Personal staffing and family requirements (b)

FINDINGS: Cook #1, no tuberculosis clearance.

Cook #1 -his 2-step TST was not completed for 2016 due to the fact that he was not at work the second half of 2016 for personal reasons. When he returned in January 2017 he had the 2-step TST completed.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-9 Personal staffing and family requirements (b)

Plan of Correction-Future Plan- Provide written and verbal reminder announcements to all staff in order to inform the staff of what is due and when it is due. Suggest to staff of writing these important reminders on their personal calendars.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

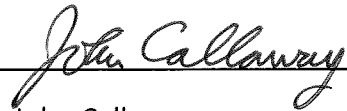
PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-9 Personal staffing and family requirements (e)(4)

FINDINGS: Substitute care givers #1, #2, #3, #4, #5, #6, #7. No documentation of training by primary care giver to make medication available and document such action.

I have completed the ARCH Training for RNs and LPNs spring semester 2017 at KCC. I am now aware of ARCH I R 40 form: "Primary Caregiver and Substitute Caregiver Training". Training was conducted and a score of "P" was noted to indicate the staff has passed the performance of making medications available and to provide care to residents.

Licensee's/Administrator's Signature: _____



Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-9 Personal staffing and family requirements (e)(4)

As the Primary Caregiver, I will provide training for Substitute Caregivers in making prescribed medications available to residents and properly record such action through documenting pass or fail scores on the "Primary Caregiver and Substitute Caregiver Training" sheet. I will provide remediation of the training as needed for those who failed the skills training.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-13 Nutrition (d)

FINDINGS: No menus posted in a conspicuous place to review.

I posted the current menu in a conspicuous location in the resident dining area in the kitchen and made sure it is visible to all residents and cooks.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-13 Nutrition (d)

Plan of Correction-Future Plan- I will designate the kitchen supervisor/head cook to be in charge of planning all meals for our residents and ensuring that the current menu is posted in a prominent area within the kitchen so that it can be viewed by all cooks who plan meals for our residents and viewable by all residents as well. The menu will be a one week cycle menu to be rotated weekly.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

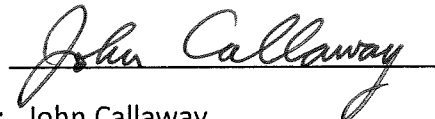
PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-17 Records and reports (a)(8)

FINDINGS: Resident #1, no inventory. "Kalaupapa Care Home Inventory Waiver Arch Form, Inventory Waiver 4/11" circumvents the adult residential care home rules.

I want to honor the request of our residents not to have inventory being tracked as our residents have frequent readmissions to our care home after returning from Hale Mohalu or bringing in items from their homes in the Kalaupapa Settlement. When they return to the care home, they often bring back many items and ask that the items not be tracked due to the frequency of their personal items being removed and/or brought in by the resident.

Licensee's/Administrator's Signature:

A handwritten signature in cursive script that reads "John Callaway". The signature is written over a horizontal line.

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-17 Records and reports (a)(8)

I will request a waiver due to the uniqueness of residents residing at the Kalaupapa Care Home. I will state in the waiver request that our residents are readmitted on a regular basis and bring items that they purchased while staying at Hale Mohalu. The residents also bring items from their residential homes in the Kalaupapa Settlement and frequently transfer personal belongings from the care home back to their residential homes.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-17 Records and reports (g)

FINDINGS: "White out" used on incident report dated, 05/12/16. Repeat citation (2015).

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

Licensee's/Administrator's Signature: John Callaway
Print Name: John Callaway
Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-18 Records and reports (g)

Incident report dated 05/12/16- All "white out" was removed from the nurse's station on 05/15/16. DON sent a memo to all nursing staff reminding them of proper documentation and no record tampering with white out regarding Incident Reports and other documents. Proper documentation, and correction of errors were reviewed with the nursing staff on 05/15/16. The DON will periodically review the records for proper documentation and correction of errors.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART I CORRECTION OF THE DEFICIENCY

11-100.1-23 Physical environment (b) (1)(B)

FINDINGS: Bedroom #107, discharged resident's possessions remain in bedroom dresser and closet, after discharge.

Due to unusual circumstances and the uniqueness of Kalaupapa, this resident's belongings are kept in bedroom #107 as he is a frequent return resident on a regular basis. Per resident's request and frequent readmissions to the care home, his possessions will remain in bedroom #107.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-23 Physical environment (b) (1)(B)

I will ask that a waiver be provided as it will allow me to describe in detail the unique environment and practicality of accommodating this resident's request of leaving his possessions in bedroom #107. His frequent readmissions to the care home after attending medical appointments in Honolulu and his preference for this room allow the staff to accommodate this request of the resident. Regarding the housekeeping of these circumstances; all bedroom furnishings will be thoroughly cleansed after the resident leaves to stay at Hale Mohalu Care Home and prior to his readmission to the Kalaupapa Care Home.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-83 Personal and staffing requirements, (1)

FINDINGS: Resident #1, no documentation of training identified as specific to the expanded ARCH level of care resident by the case manager.

The Kalaupapa Care Home does not have an external case manager. There is no RN other than the licensee or primary care giver to train and monitor the primary care giver and substitutes. As an APRN-BC with experience as a Nurse Educator in Staff Development of a large hospital, I have been training our staff on important skills such as personal care skills, emergency medical trainings, and training on the use of restraints as well as therapeutic communication skills. We have also had training on Anger Management for our staff who in turn can educate our expanded ARCH level of care residents. The training for personal care skills covers a great deal of information as documented on the "Primary Caregiver and Substitute Caregiver Training" form. Once our designated RN case managers learn these skills, they are able to provide training to the expanded ARCH level of care resident in order to implement their care plan.

Licensee's/Administrator's Signature:



Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-83 Personal and staffing requirements, (1)

Assign staff RN's to be expanded ARCH level of care residents' case managers and impart to these case managers the need to identify any training that needs to occur, perform the training, and then document that the training has been completed.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

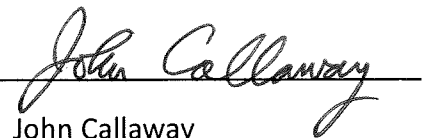
PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-86 Fire safety (a)(3)

FINDINGS: No documentation for monthly fire drills during Jan. 2016 thru May 2016 and for November 2016.

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

Licensee's/Administrator's Signature: _____

A handwritten signature in cursive script that reads "John Callaway". The signature is written in black ink and is positioned above a horizontal line that serves as a signature line.

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-86 Fire safety (a)(3)

Our department now has a Fire Drill binder which includes fire drills and smoke detector checks and a monthly schedule prearranged where staff can know when drills are due (first Friday of each month). If any drills are missed on the designated day, the drill will be performed within the month it is due.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-88 Case management qualifications and services (c) (8)

FINDINGS: Resident #1, no evidence of monthly face-to-face visits by the case manager.

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-88 Case management qualifications and services (c) (8)

I will request a waiver as the Kalaupapa Care Home does not have an external case manager. I will explain in the waiver request that our care home is in a remote location and it would not be practical to have an external case manager fly in to the Kalaupapa Settlement each month to have face-to-face visits with the resident and serve as a case manager. I will assign Kalaupapa Care Home RN's to serve as case managers for our expanded ARCH residents.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 1 CORRECTION OF THE DEFICIENCY

11-100.1-88 Case management qualifications and services (c) (10)

FINDINGS: Resident #1, no evidence of a six (6) month evaluation by the case manager.

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

Licensee's/Administrator's Signature:

A handwritten signature in cursive script that reads "John Callaway". The signature is written in black ink and is positioned above a horizontal line.

Print Name: John Callaway

Date: December 19, 2017

PLAN OF CORRECTION-- PART 2 FUTURE PLAN

11-100.1-88 Case management qualifications and services (c) (10)

I will request a waiver as the Kalaupapa Care Home does not have an external case manager. I will explain in the waiver request that our care home is in a remote location and it would not be practical to have an external case manager fly in to the Kalaupapa Settlement every six months to have an evaluation of the resident and serve as a case manager. I will assign Kalaupapa Care Home RN's to serve as case managers for our expanded ARCH residents.

Licensee's/Administrator's Signature: John Callaway

Print Name: John Callaway

Date: December 19, 2017