

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Kina 'Ole Estate, LLC	<b>CHAPTER 100.1</b>
<b>Address:</b> 45-225 William Henry Road, Kaneohe, Hawaii	<b>Inspection Date:</b> November 7 & 8, 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>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u>            Resident #1 physician ordered medication, Refresh Tears 1% not separated from other PRN medications.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>PCG Segregated external and internal Medication Labeled separate storage Containers and stored in Correct Compartments.</p>	<p style="text-align: center;">11/9/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u>            Resident #1 physician ordered medication, Refresh Tears 1% not separated from other PRN medications.</p>	<p style="text-align: center;"><b>PART 2</b>  <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>pcg Will do Weekly checks to ensure all Medication are labeled and stored in paper separate Compartments. Will also retrain staff on how to store Medication properly.</p>	<p style="text-align: center;">11/9/17</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><b><u>FINDINGS</u></b> Resident #2 physician ordered medication Hydroxyzine 10mg was changed from one (1) tab AM and two (2) tabs PM to one (1) tab AM and one (1) tab PM PRN on May 2, 2017. Medication Administration Record (MAR) indicated that two (2) tabs were given PM on May 3-4, 2017.</p>	<p style="text-align: center;"><b>PART 1</b> <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>pcg notified MD and family immediately after survey regarding Medication error. Pcg also noted on back of Mar on May 3rd and 4th Medication error found for hydroxyzine 10mg. tab. 2 tabs. Were given instead of 1 tab.</p>	<p style="text-align: center;">11/9/17</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><b><u>FINDINGS</u></b> Resident #2 physician ordered medication Hydroxyzine 10mg was changed from one (1) tab AM and two (2) tabs PM to one (1) tab AM and one (1) tab PM PRN on May 2, 2017. Medication Administration Record (MAR) indicated that two (2) tabs were given PM on May 3-4, 2017.</p>	<p style="text-align: center;"><b>PART 2 <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>Peg Will communicate with MD to ensure new orders are transcribed onto Mar correctly and orders are followed by peg and caregivers to prevent this from recurring. peg will do weekly checks of the Mar to ensure that all medication dose and route is given as ordered by MD.</p>	<p style="text-align: center;">11/9/17</p>

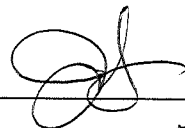
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 medication administration record (MAR) missing care giver initials for the following medications.</p> <ol style="list-style-type: none"> <li>1) On July 31, 2017 Lumigan 0.01%</li> <li>2) On November 7, 2017 for AM medications Pilocarpine 4%, Tolterodine 4mg, Cloniding 0.1mg, Nifedipine 60mg.</li> </ol>	<p style="text-align: center;"><b>PART 1</b>  <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>pcg immediately Notified Caregiver regarding Missing initial found Surveyor and documented on back of Mar. Missing initial error.</p>	<p style="text-align: center;">11/9/17</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><b><u>FINDINGS</u></b>  Resident #1 medication administration record (MAR) missing care giver initials for the following medications.</p> <ul style="list-style-type: none"> <li>3) On July 31, 2017 Lumigan 0.01%</li> <li>4) On November 7, 2017 for AM medications Pilocarpine 4%, Tolterodine 4mg, Cloniding 0.1mg, Nifedipine 60mg.</li> </ul>	<p style="text-align: center;"><b>PART 2  <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>Peg will do weekly checks of the Mar to ensure that all Medications and Supplements are given and initialed on the correct date and time after administering the correct dose and drug to resident.</p>	<p style="text-align: center;">11/9/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)  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><b>FINDINGS</b>  Bedroom #4, window opening lever is broken.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>pcg had Maintenance Man fix broken Window lever in Bedroom #4 also checked if other Window levers Was broken in care home.</p>	<p style="text-align: center;">11/9/17</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)  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><u>FINDINGS</u>  Bedroom #4, window opening lever is broken.</p>	<p style="text-align: center;"><b>PART 2</b>  <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>peg Will do Monthly Checks on Maintenance for care home and Will inform Maintenance Man to fix issue. Will also do annual Walk though the Carehome with Maintenance Man.</p>	<p style="text-align: center;">11/9/17</p>

Licensee's/Administrator's Signature:   
Print Name: Joey Foster  
Date: 1/17/18