

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina 'Ole Estate Ekolu, LLC	CHAPTER 100.1
Address: 45-219 William Henry Road, Kaneohe, Hawaii	Inspection Date: September 7 th and 8 th 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>FINDINGS Resident #1, physician order reads "Vitamin B12 500mcg one (1) tab by mouth daily." Bottle of Vitamin B12 is 1000mcg and label on bottle reads, "1000mcg one (1) tab daily."</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>PCG removed medication label and relabeled with a correct label stating "Vitamin B12 1,000mcg. Give $\frac{1}{2}$ tab (500mcg) by mouth daily.</p>	<p>9/8/17</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, physician order reads "Vitamin B12 500mcg one (1) tab by mouth daily." Bottle of Vitamin B12 is 1000mcg and label on bottle reads, "1000mcg one (1) tab daily."</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>PCG will inform RN of all new or changed orders as a second check to ensure this does not happen again.</p>	<p>9/9/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #2, No medication evaluation by physician for past (4) months. Last evaluation April 3, 2017.</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;">PCG made an appointment for resident #2 to be evaluated.</p>	<p style="text-align: center;">9/9/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Staff #2 has completed zero (0) hours of continuing education units (CEU). Submit evidence of twelve (12) hours of continuing education units with your plan of correction. These hours will not count towards your 2018 CEU totals.</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;">PCG immediately made caregiver #2 an account on Relias.</p>	<p>9/9/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Staff #2 has completed zero (0) hours of continuing education units (CEU). Submit evidence of twelve (12) hours of continuing education units with your plan of correction. These hours will not count towards your 2018 CEU totals.</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>Primary Care Giver and company HR will make sure on date of hire each caregiver has an account to complete continuing education units on Relias.</p>	<p style="text-align: center;">9/9/17</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> Room #3, nicks in drywall and paint next to the closet, next to the bed, and at the entrance to the restroom.</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>PCG met with company maintenance and showed the nicks in drywall and paint next to the closet. Company maintenance staff fixed.</p>	<p>9/9/17</p>

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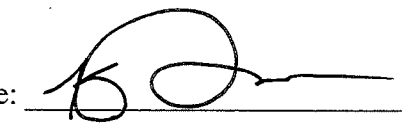
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Room #6, ants crawling on door frame.</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>PCG scheduled an appointment with Filam Enterprise to spray the house and each room for ants.</p>	<p>10/9/17</p>

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Licensee's/Administrator's Signature: 

Print Name: Kirstin Jacobson

Date: 01/19/18

Licensee's/Administrator's Signature: 

Print Name: Kirstin Jacobson

Date: 3/10/18