

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ilima t Leihano	CHAPTER 90
Address: 739 Leihano Street, Kapolei, Hawaii 96707	Inspection Date: May 1 & 2, 2018 Biennial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u></p> <p>Employee #1 had positive TB test 12/2016, no current TB attestation on file.</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>5/02/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u></p> <p>Employee #1 had positive TB test 12/2016, no current TB attestation on file.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See Attached</i></p>	<p><i>5/02/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (1) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p> <p><u>FINDINGS</u></p> <p>Employee #1 no record of orientation being completed by employee.</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>5/01/18</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><u>FINDINGS</u></p> <p>Employee #2 only completed 4 hours of the 6 hours required For inservice training. Employee must make up the 2 hours of training.</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>5/02/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents must have physician or prescribing advanced practice registered nurse's written order of approval for self-medication of prescription medications;</p> <p><u>FINDINGS</u></p> <p>Resident #4 no physician orders in record for self-administration of medication.</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>5/02/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u></p> <p>Resident #3 medication ordered 3/28/18, still not available for administration, no indication that the family or physician has been notified that medication has not been given for over a month.</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>5/02/18</i></p>

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Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: 5/10/2018

Attachment to State of Hawaii
Department of Health
Office of Health Care Assurance
State Licensing Section

Statement of Deficiencies and Plan of Correction

Inspection date of May 1 & 2, 2018 Biennial

'Ilima at Leihano Plan of Correction submitted on **10 May 2018**

Plan of Correction

11-90-6 (b)

Part 1

Employee #1 provided TB attestation.

Part 2

In the future, we will have a personnel listing with annual TB attestation or test expiration dates prepared by our Human Resources Director. Our Director will post this list on a monthly basis next to our timeclock notifying employee 2-months prior to the expiration of their TB attestation or test to provide us with a current attestation or test prior to expiration date. Our Director to review this same list to note when the new TB attestation or tests are submitted. Our Director will note on her Outlook Calendar the expiration dates of the seven (7) managers who do not use the timeclock and send TB expiration date notices.

11-90-7 (1)

Part 1

Employee #1 completed orientation.

Part 2

In the future, all new employees to complete orientation prior to starting their duties. This required orientation has been added to our new hire checklist and signed by the Human Resources Manager.

11-90-7 (2)

Part 1

Employee #2 completed an additional 3.25, in excess of the make up 2 hours, for a total of 7.25 hours for the May to May period.

Part 2

The personnel listing with training sessions has been prepared and will be reviewed quarterly for the May to May period. Employees will be notified of the number of training hours needed to fulfill the 6 annual hours of training.



Mark Tsuda



Date

'Ilima at Leihano Plan of Correction

11-90-8 (b)(3)(A)(i)

Part 1

Resident #4 physician order for self-administration of medication filed in admissions orders with a duplicate copy filed in physician orders.

Part 2

In the future, RN will file admission orders under physician orders and 2nd RN to verify filing in correct location within 30 days admission.

11-90-8 (b)(3)(A)(iv)

Part 1

Resident #4 provided with separate secured boxes for the cabinet and refrigerator to store self-administered medication.

Part 2

In the future, upon admission the community will provide a secured space for residents to store self-administered medications. RN to use Outlook Calendar to check secured storage of medication in resident apartment within 90 days and document in progress notes.

11-90-8 (b)(3)(A)(v)

Part 1

Resident #4 self-administered medication reviewed by our RN. RN sent a facsimile of the Evaluation for Self Management of Medications form to physician for confirmation.

Part 2

In the future, RN to use Outlook Calendar to review physician order for self-administered medication every 90 days.

11-90-8 (b)(3)(B)(i)

Part 1

Resident #3 physician order for Tylenol listed on the medication administration record.

Part 2

In the future, RN to match physician ordered medication to the medication administration record. RN to use Outlook Calendar to match physician ordered medication to the medication administration record on a monthly basis and medication verification will be performed every 90-days with physician.



Mark Tsuda



Date

'Ilima at Leihano Plan of Correction

11-90-9 (a)(1)

Part 1

Resident #1 to provide TB test.

Part 2

In the future, we will have a resident listing with annual TB attestation or test expiration dates. RN to notify resident 2-months prior to the expiration of their TB attestation or test to provide us with a current attestation or test prior to expiration date. RN to use Outlook Calendar to check TB attestation or test expiration dates on a monthly basis.

11-90-9 (a)(1)

Part 1

Resident #2 to provide TB test.

Part 2

In the future, we will have a resident listing with annual TB attestation or test expiration dates. RN to notify resident 2-months prior to the expiration of their TB attestation or test to provide us with a current attestation or test prior to expiration date. RN to use Outlook Calendar to check TB attestation or test expiration dates on a monthly basis.

11-90-9 (a)(1)

Part 1

Resident #3 to provide TB test.

Part 2

In the future, we will have a resident listing with annual TB attestation or test expiration dates. RN to notify resident 2-months prior to the expiration of their TB attestation or test to provide us with a current attestation or test prior to expiration date. RN to use Outlook Calendar to check TB attestation or test expiration dates on a monthly basis.

11-90-9 (a)(4)

Part 1

Resident #3 medication unavailability documentation received from Pharmicare. Documentation includes weekly dates of follow up calls to physician's office.

Part 2

In the future, we will maintain documented communication between physician, pharmacy and community of any and all medication discrepancies. RN to check medication administration record on a daily basis and if medication not dispensed will document follow-up with physician or family member for resolution.



Mark Tsuda



Date