

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Living	CHAPTER 100.1
Address: 92-1269 Umena Street, Kapolei, Hawaii 96707	Inspection Date: February 25, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(2) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for transfer or placement of a resident at an emergency shelter or crisis response unit, as appropriate;</p> <p><u>FINDINGS</u> Emergency/Disaster Guidelines, does not specify temporary housing for residents in the event of a fire. Please update guidelines to include an address and submit a copy of your revised guidelines with the plan of correction (POC).</p>	<p>Reviewed the EDG policy for Island Living ARCH and Expanded Care' Updated the policy ,change temporary shelter to Makakilo Parks and Recreation Center located at 1099 Makakilo Drive Kapolei HI_96707 , In the event that the facility was' damage of fire the residents will be house @ 92-1238 Umena street Kapolei HI 96707.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>POC: P/P will be reviewed and update every two years or whenever necessary. Attached copies of revised EDG to DOH/OHCA.</p>	8/22/18

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1, no physician order for regular diet. However, Primary Care Giver (PCG) reports, "Dysphagia Pureed low Na (2 gm) Low Fat diet" was changed to "Regular" following a multi-disciplinary team meeting held on 08/25/15. Please obtain physician order.</p>	<p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>Primary Care Giver is responsible to obtain the change of order for the diet, when the resident condition change.</p> <p>To do this PCG will check the order sheet during the office visit if the diet is change as discussed with the Physician.</p> <p>At the end the month I will review the diet order to verify if is current</p>	<p>6/22/18</p> <p>18 JUN 22 P3:14</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</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)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1, readmitted 07/17/15, no height and weight upon readmission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correction: Resident #1 Height measured lying down in bed 4'0 and weight 114lbs on the wheelchair at MD's office</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>POC: Readmission checklist will be utilize to ensure the completeness of required documents. Attach copy of the readmission checklist</p>	<p>5/27/16</p>

	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, inventory of possessions was not established upon readmission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correction: New inventory list for personal belonging was established and daughter took some things to give to donation</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>POC: Readmission checklist will be utilize to ensure the completeness of required documents. Attach copy of the readmission checklist</p>	<p>5/27/16</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1, ear drops (Carbamide Peroxide 6.5%), stored with current PRN medications; however, expired 10/31/15. <u>This is a repeat citation (2015).</u></p>	<p>Correction: Ear drops container were discarded the same day of survey.</p> <p>POC: Resident medication Bin will be checked monthly for expiration date, PRN / current expired meds will be discarded per protocol.</p>	5/27/16
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1, readmitted 07/17/15. No resident financial statement upon readmission.</p>	<p>Correction: The need for new RFS was explained to daughter and resident. RFS form was signed by daughter and resident</p> <p>POC: Readmission checklist will be utilized to ensure the completeness of required documents. Attach copy of the readmission checklist</p>	5/27/16
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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 a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p>		

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	<p><u>FINDINGS</u> Resident #1 Case Manager provided training on 07/18/15 for the primary care giver to provide services for ARCH level resident. Level of care assessment reassessed on 07/24/15 in the emergency room as ICF; however the case management assessment was completed on 07/29/15, after readmission.</p>	<p>Correction: Conference with CM reviewed documentation for better understanding of flow of documentation. 1st RE-admission was 7/18/15 post hysterectomy CM came to Island Living to assess and training was given to PCG due to resident will be given Levonox</p>	<p>5/27/16</p>
<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>POC: Discussed with CM that we will create new re-admission Assesment and Care Plan for every Incident Submit a copy of revised assessment and Care Plan</p>	<p>5/27/16</p>

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	<p>FINDINGS Resident #1 no interim care plan within 48 hours of the readmission.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 care plan was not updated as changes occurred.</p> <ol style="list-style-type: none"> 1. Parameters ordered for hypertensive medication 2. New diagnosis congestive heart failure dated, 7/24/15. 	<p>Resident admitted on 7/23/15 three days after DC at Kaiser Hospital due CHF, 7/29/15 2nd re-admission to Island Living ARCH.CM re-admit admission assessment and Care Plan was initiated.</p> <p>POC: Discussed with CM that we will create new re-admission Assesment and Care Plan for every Incident Submit a copy of revised assessment and Care Plan</p>	<p>5/27/16</p>

Licensee's/Administrator's Signature: *Teresta Oculto Lu*

Print Name: TERESTA OCULTO

Date: May 27, 2016

Licensee's/Administrator's Signature: Teresita Oculto RN

Print Name: TERESITA OCULTO

Date: August 31, 2016

Licensee's/Administrator's Signature: Teresita Oculto

Print Name: TERESITA OCULTO

Date: June 22, 2018

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