

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kahuanani Place	CHAPTER 100.1
Address: 94-284 Kahuanani Place, Waipahu, Hawaii 96797	Inspection Date: January 9, 2018 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.

'18 APR 25 P 3:22

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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> (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></p> <p>Primary care giver, Employees #1 and #2, family members #1 and 3, no current physical examination on record.</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>Yes, all physical exams have been completed and filed; copies of their examinations have been submitted.</i></p>	<p style="text-align: center;"><i>3/9/18</i></p> <p style="text-align: center;">18 APR 25 P 3:22</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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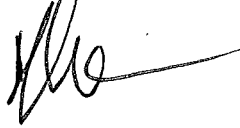
11-100.1-9 (u)

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In the future, Kahuanani Hale will perform the following steps to ensure the timely completions of physical examinations:

1. A verbal and written reminder will be issued to all caregivers 45 days prior to the renewal date of their physical examinations. All completed care giver physical examinations will be submitted to Kahuanani Hale and properly recorded and filed under the ARCH binder.
2. All caregivers are required to submit physical examinations to the ARCH prior to their renewal dates. Failure to submit physical examinations in a timely manner will result in loss of scheduled work hours until completed.
3. A verbal and a written reminder will be issued to family members residing the home 60 days prior to the renewal date of their physical examinations. All annual physical examinations will be recorded and tracked through a physical and electronic calendar.
4. In the event of a cancelled or postponed appointment, an alternate physician and/or clinic has been made available to caregivers and family members to ensure physical examinations are performed in a timely manner.

Completion date 2/9/18

A handwritten signature in black ink, appearing to be 'M. H.', written over the completion date.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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></p> <p>Employees #1 and #2, Family member #2 no current tuberculosis test results or attestation on record.</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>yes, all tuberculosis test results or attestation have been completed and filed; copies of their TB results have been submitted.</p>	<p style="text-align: center;">3/9/18</p>

	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></p> <p>Employees #1 and #2, Family member #2 no current tuberculosis test results or attestation on record.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;"><i>see attached form</i></p>	<p style="text-align: center;"><i>3/9/18</i></p>

In the future, Kahuanani Hale will perform the following steps to ensure the timely completions of tuberculosis tests or attestations:

1. A verbal and written reminder will be issued to all caregivers 45 days prior to the renewal date of their tuberculosis tests or attestations. All annual tuberculosis test results or attestations will be recorded and tracked through a physical and electronic calendar.
2. All completed caregiver tuberculosis test results or attestations will be submitted to Kahuanani Hale and properly recorded and filed under the ARCH binder.
3. All caregivers are required to submit tuberculosis test results or attestations to the ARCH prior to their renewal dates. Failure to submit tuberculosis or attestations forms in a timely manner will result in loss of scheduled work hours until completed.
4. A verbal and a written reminder will be issued to family members residing the home 60 days prior to the renewal date of their tuberculosis test results or attestations. All annual tuberculosis test results or attestations will be recorded and tracked through a physical and electronic calendar.
5. In the event of a cancelled or postponed appointment, an alternate physician and/or clinic has been made available to caregivers and family members to ensure tuberculosis tests or attestations are performed in a timely manner.

Completion date 3/9/18

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	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><u>FINDINGS</u></p> <p>Resident #1 Prilosec, Vitamin D, and Calciun + Vitamin D3, medication not available. All medication was ordered 2/8/17, medication was stopped 2/23/17 without a physician order.</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>Yes, a physician order corresponding to the stopped medication was obtained and filed in resident's binder.</p>	<p>1/17/18</p> <p style="text-align: right;">'18 APR 25 P 3:34</p>

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	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><u>FINDINGS</u></p> <p>Resident #1 Prilosec, Vitamin D, and Calciun + Vitamin D3, medication not available. All medication was ordered 2/8/17, medication was stopped 2/23/17 without a physician order.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;"><i>See attachment</i></p>	<p style="text-align: center;"><i>5/9/18</i></p>

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In the future, Kahuanani Hale will perform the following steps to ensure all medications are available and not stopped without a physician order:

1. The ARCH will record all physician medication orders, including over the phone. The ARCH will ensure the specific discontinuation of medication(s), the date, and the time will be recorded properly in resident's binder.
2. When receiving physician's orders over the phone, the resident's MAR should reflect the stopped medication order by the physician by placing a HOLD (H) on the corresponding date of the specified medication. A progress note shall be generated and notate the physicians medication(s) order.
3. The ARCH will obtain a physical legal physician order immediately thereafter to correspond with the physician's order that was given over the phone and recorded in the resident's MAR and progress notes. The ARCH will place a DISCONTINUED (D/C) on the MAR that will reflect the order by their physician.

Completion date: 5/9/18

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	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><u>FINDINGS</u></p> <p>Resident #1 physician order dated 11/2/17 reads, "Sennosides 8.6-50 mg 1 tab PO Q2D." Medication not listed on medication administration record.</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>yes, medication was added to administration record after reviewing medication orders.</i></p>	<p style="text-align: center;"><i>1/17/18</i></p> <p style="text-align: center;">'18 APR 25 P 3:34</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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In the future, Kahuanani Hale will perform the following to ensure all medications are properly recorded on the MAR:

1. The primary caregiver will correspond with the current available medications, current physician orders and any new medication orders when generation a new medication administration record (MAR).
2. The primary care giver will review the physician's orders before creating the MAR; this includes:
 - a. The physician medication order.
 - b. The right dosage.
 - c. The right route.
 - d. The right time of day.
 - e. The right person.
3. The primary care giver will check for accuracy, thoroughness, and completeness when creating a new MAR.
4. The substitute care giver will double check for accuracy, thoroughness, and completeness after the primary care giver has created a new MAR or a new physician order has been given.
5. Continuous education and training for all care givers on medication administration will be performed quarterly or more frequently if needed. Primary care giver and substitute care givers training on medication administration will be documented and filed in a timely manner in the ARCH binder.

Completion date: 5/9/18

A handwritten signature in black ink, appearing to be 'Hale', written in a cursive style.

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5. Continuous education and training for all care givers on medication administration will be performed quarterly or more frequently if needed. Primary care giver and substitute care givers training on medication administration will be documented and filed in a timely manner in the ARCH binder.

Completion date: 5/9/18

A handwritten signature in black ink, appearing to be the initials 'MA' or similar, located below the completion date.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u></p> <p>Resident #1 no progress notes or monthly summaries since 2/2017.</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;">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;">'18 APR 25 P 3:34</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHICA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u></p> <p>Resident #1 no progress notes or monthly summaries since 2/2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, PCG will reimplement audit systems in place to ensure all progress notes are completed appropriately, in a timely manner. Progress note reminders have been added to our monthly audit checklists, electronic reminders and calendars. See Attachment</p>	<p>1/17/18</p>

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Kahuanani Hale has changed their standards for recording information regarding the resident. In the future, these are the following steps that the ARCH has implemented:

1. Primary care givers will use progress notes during all of the resident's doctor visits and used to discuss and record all information. The progress note will accompany the resident's current medication list, and the physician/APRN form.
2. Progress notes reminders on a physical calendar and an electronic calendar have been posted to ensure they are completed in a timely manner.
3. Progress notes have been added to our weekly checklists to be completed other than when required.

Completion Date: 1/17/18

A handwritten signature in black ink, appearing to be the initials 'ML' or similar, written in a cursive style.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u></p> <p>Resident #1 emergency data sheet incorrect. Medication doses incorrect, discontinued medication still on list, and new medication ordered are not listed on the sheet.</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>Yes, Resident #1 emergency has been updated thoroughly and accurately.</i></p>	<p style="text-align: center;"><i>1/17/18</i></p> <p style="text-align: center;">*18 APR 25 P 3:34</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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Kahuanani Hale has changed their standards for recording information regarding the resident. In the future, these are the following steps that the ARCH has implemented:

1. Primary care givers will use progress notes during all of the resident's doctor visits and used to discuss and record all information. The progress note will accompany the resident's current medication list, and the physician/APRN form.
2. Progress notes reminders on a physical calendar and an electronic calendar have been posted to ensure they are completed in a timely manner.
3. Progress notes have been added to our weekly checklists to be completed other than when required.

Completion Date: 1/17/18

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the bottom.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u></p> <p>Resident #1 emergency data sheet incorrect. Medication doses incorrect, discontinued medication still on list, and new medication ordered are not listed on the sheet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, new emergency data sheets will be created on a monthly basis or when appropriate. Emergency data sheets will be updated immediately when information, medications, diagnosis, diets are ordered by physician. All outdated and incorrect emergency data sheets will be discarded after a new emergency data sheet is created.</p>	<p>1/17/18</p>

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In the future, a new emergency data sheet for each resident will be created on a monthly basis or when appropriate. Kahuanani Hale has put extra emphasis on these areas:

1. All outdated and incorrect emergency data sheets will be discarded after a new emergency data sheet is generated.
2. All emergency data sheets have been placed in its own binder and a copy staged near the ARCH's main telephone.
3. All emergency sheets are audited on a monthly basis to ensure sheets are updated.

Completion Date: 1/17/18

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the bottom.


Licensee's/Administrator's Signature: 
Print Name: Elaine Sagisi Stone
Date: 3/9/18

Licensee's/Administrator's Signature: 
Print Name: Elaine Sagisi Stone
Date: 5/9/18

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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Licensee's/Administrator's Signature: 
Print Name: ELAINE SAGISI STONE
Date: 7/23/18