

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kailua Ohana	CHAPTER 100.1
Address: 1346 Akamai Street, Kailua, Hawaii 96734	Inspection Date: July 13, 2016 Annual

	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> Substitute care giver (SCG) #1 – The tuberculosis (TB) skin test results did not include the dates the skin tests were placed. Submit corrected copies with the plan of correction (POC).</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1 – No special diet menu for “regular mechanical soft ½ inch” diet ordered 6/16/16.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	Resident #1 – Menus are not followed and substitutions are not recorded. For example, on the day of the inspection, Resident #1 was served a cheeseburger for lunch. The primary care giver stated they give Resident #1 what the resident likes to eat.		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Plastic sushi containers are reused to store food (ham, muffins, rolls) in the freezer. The lids of the containers were easily dislodged.</p>		
<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 – “Fiber Gummies chew i tablet po 1x/day” ordered by telephone on 7/11/16; however, the medication was not reflected on the July 2016 medication record. There was a bottle of “Fiber Gummies” in the medication basket.</p> <p>Resident #1 – “Lorazepam intersol 2 mg/ml 0.5 ml SL 0.5 ml SL every 2 hours prn moderate to severe anxiety” was ordered 6/16/16; however , the medication label reflected “0.5 ml SL twice daily and 0.5 ml every 12 hours prn mild anx/SOB, 1 ml every 24 hours prn mod-sev anx.”</p> <p>Resident #1 - The manufacturer’s label for the “lorazepam” noted “Store at cold temperature – refrigerate 36° - 46° F.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>The medication was stored in the medication basket, the medication was not refrigerated.</p> <p>Resident #1 – “Omeprazole 10 mg po daily heart burn, indigestion (GERD)” was ordered 6/27/16; the label noted “Take before a meal.” The medication record reflected the medication is taken at 8 a.m.; however, breakfast is served 7-7:30 a.m.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of two-step TB clearance. Submit copy of one (1) additional TB skin test with the POC.</p>		
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not include efforts to provide resident with meal choices to encourage intake. For example, “regular mechanical soft” diet ordered 6/27/16; however, on the day of the inspection, the resident was served a cheeseburger cut into fourths.</p> <p>Resident #1 – Progress notes did not include “behavior challenges” reported by the PCG which resulted in an increase in charges for services. PCG reported the resident was “throwing things” i.e. dolls.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – The inventory of possessions did not include the resident’s wheelchair.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u></p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	Resident #1 – PCG did not report to the physician “behavior challenges” which resulted in an increase in charges for services.		
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the registered nurse (case manager) trained and monitored SCGs in providing daily personal and specialized care to the resident.</p>		
☒	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident’s care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – The “Alteration in Nutrition & Hydration – dementia, poor appetite” care plan intervention reflected “diet: regular soft cut into ½ inch pieces;” however, on the day of the inspection, the resident received a cheeseburger cut into fourths to feed herself.</p> <p>Resident #1 – The “At Risk for Aspiration due to Dementia – behavior changes, weakness” care plan intervention reflected</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>“diet: regular soft cut into ½ inch pieces;” however, on the day of the inspection, the resident received a cheeseburger cut into fourths to feed herself.</p> <p>Resident #1 – The “At Risk for Contractures – dementia, weakness” care plan intervention reflected “passive range of motion or exercise 3 to 4 times a day to elbows, shoulders, fingers, wrists, knees, hips, ankles, feet;” however, no documentation that the range of motion is carried out. The PCG stated the range of motion is not carried out.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #1 – No documentation of influenza vaccination.</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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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><u>FINDINGS</u></p> <p>Resident #1 – The “Alteration in Mobility – dementia, weakness” care plan did not reflect that the resident is wheelchair dependent.</p> <p>Resident #1 – The “Pain” care plan intervention reflected:</p> <ul style="list-style-type: none"> • “May give 650 mg Acetaminophen (one suppository)...” • “May use “lidocaine 5% patch...” • “May give morphine sulfate 0.5 ml...” <p>However, there were no physician orders for the medications.</p>		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____