STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Korean Care Home	CHAPTER 100.1
Address: 525 Kiapu Place, Honolulu, Hawaii 96817	Inspection Date: September 19 & 20, 2019 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.

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

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 - No documented evidence that the diet order, "soft – pureed diet" (ordered 6/2/19) was clarified with the physician to include the type of diet. Resident #2 - No documented evidence that the diet order, "cardiac, diabetic diet" (ordered 9/919, 8/9/19, 6/4/19) was clarified with the physician. "Cardiac, diabetic diet" is a nonstandard diet order. Resident #3 - No documented evidence that the diet order, "chopped diet" (ordered 7/26/19) was clarified with the physician to include the type of diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 – Clarified the diet order with the physician. New diet order obtained, "Regular soft diet" and documented Resident #2 – Clarified the diet order with the physician. New diet order obtained, "No added salt, Low fat, No concentrated Sweets diet" and documented. Resident #3 – Clarified the diet order with the physician. New diet order obtained, "Regular Chopped diet" and documented	9/23/2019 9/26/2019 9/27/2019

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☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 - No documented evidence that the diet order, "soft – pureed diet" (ordered 6/2/19) was clarified with the physician to include the type of diet. Resident #2 - No documented evidence that the diet order, "cardiac, diabetic diet" (ordered 9/919, 8/9/19, 6/4/19) was clarified with the physician. "Cardiac, diabetic diet" is a nonstandard diet order. Resident #3 - No documented evidence that the diet order, "chopped diet" (ordered 7/26/19) and "soft diet" (ordered 5/9/19) was clarified with the physician to include the type of diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. Upon admission, charge nurse clarifies the diet order with the physician per standard diet order and document. 2. RN ensures the diet order is clarified with the physician per standard diet order and make sure it is documented every month.	

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☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Refrigerator temperature in Unit B 60°F degrees.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Purchased a new refrigerator and replaced the old one Copy of receipt attached.	9/21/2019

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☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Refrigerator temperature in Unit B 60°F degrees.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. Provide In-Service on "Refrigeration and food safety" to all caregivers and Kitchen Staff. 2. Assigned staff documents daily refrigerator temperature record and signs after checking if temperature is below 40°F. If temperature is above 40°F, turn temperature control to make it colder. One hour later check temperature again to make sure it is below 40°F. Attached In-Service record and Refrigerator temperature record.	

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #3 – "Boost pudding – 1 can orally twice a day, ordered on 9/28/2018;" however, supplement was not given after September, and there was no order to discontinue it.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident # 3 – order obtained to discontinue "Boost pudding – 1 can orally twice a day from 10/1/2018	9/27/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #3 – "Boost pudding – 1 can orally twice a day, ordered on 9/28/2018;" however, supplement was not given after September, and there was no order to discontinue it.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. Upon admission, charge nurse check physician's order and make sure medications and supplements available. 2. RN checks physician's order, Medication Administration Record and make sure medications and supplements available every month. 3. If medications or supplements Not available or resident refuses Notify MD to obtain order to discontinue.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #2 – Medication orders not reevaluated and signed by the physician every four (4) months.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #2 – Medication orders not reevaluated and signed by the physician every four (4) months.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** RN Administrator will document the date/month/year of medication orders reevaluated and signed by the physician on the table (names of residents and months) and mark next due month with highlighter for easy reminder. We will keep the table in the daily endorse board. On the first day of each month RN will make sure MD/APRN appointment scheduled before the due date. RN will document when it is done. At the end of each month RN will make sure if the due date has been met.	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No annual physical examination.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 – Annual physical examination done on 9/23/2019	9/23/2019

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☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No annual physical examination.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. RN will make annual PE list for all residents with due dates on each month. 2. Every first week of the month Charge nurse will check the list and schedule for PE one month prior to due dates. 3. Every second week of the month RN will check if PE was scheduled accordingly.	

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☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" **FINDINGS** Resident #1 – No documented evidence that the facility followed up and noted the 7/4/19 Consultant Registered Dietitian's recommendation, "if weight loss continues, consider offering Ensure 1 bottle BID" for resident with involuntary weight loss.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 – Notified MD re. Consultant Registered Dietitian's recommendation and documented. Order obtained to give Ensure plus one bottle orally twice a day.	9/23/2019

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☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" **FINDINGS** Resident #1 – No documented evidence that the facility followed up and noted the 7/4/19 Consultant Registered Dietitian's recommendation, "if weight loss continues, consider offering Ensure 1 bottle BID" for resident with involuntary weight loss.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1 1. Charge nurse will follow up with Consultant Registered Dietician's assessment and document 2. RN will confirm if Consultant Registered Dietician's recommendation is followed up and documented.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (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. **FINDINGS** Resident #1 – No documented evidence that the facility reported involuntary weight loss of 7 lbs from April 2019 (92 lbs) to September 2019 (85 lbs) to the physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 – Involuntary weight loss of 7 lbs from April 2019 (92 lbs) to September 2019 (85 lbs) was reported and documented.	9/23/2019

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☒	§11-100.1-20 Resident health care standards. (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. **FINDINGS** Resident #1 – No documented evidence that the facility reported involuntary weight loss of 7 lbs from April 2019 (92 lbs) to September 2019 (85 lbs) to the physician.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. Charge nurse will check Body weight of every resident monthly and notify MD if there is significant involuntary weight loss. 2. RN will confirm if it is done every month.	

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☒	§11-100.1-55 Nutrition and food sanitation. (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency; **FINDINGS** No documented evidence that the Consultant Registered Dietitian provided special diet training for food preparation staff and ensured staff competency.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Special diet training on "Heart Healthy Eating Nutrition Therapy Type 2 Diabetes Nutrition Therapy Different levels of Dysphagia Diets and Modified consistencies" was provided by Stacy Ching, RD for all caregivers and kitchen staff.	9/21/2019

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☒	§11-100.1-55 Nutrition and food sanitation. (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency; **FINDINGS** No documented evidence that the Consultant Registered Dietitian provided special diet training for food preparation staff and ensured staff competency.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** RN Administrator will declare August is Nutrition Awareness month for Korean Care Home. and will post it on the Bulletin Board. On the first week of August in 2020, RN will contact Consultant Registered Dietician to schedule special diet training for food preparation staff.	

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Licensee's/Administrator's Signature: Samsil Cannon

Print Name: SAMSIL CANNON

Date: 9-30-2019

Licensee's/Administrator's Signature: Samsil Yun Cannon

Print Name: SAM SIL YUN CANNON

Date: 11-19-2019