

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai ARCH	CHAPTER 100.1
Address: 308 Kuliouou Road, Honolulu, Hawaii 96821	Inspection Date: February 11, 2020 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute Care Giver (SCG) #1 – Primary Care Giver (PCG) training unavailable for review.</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;">SUBSTITUTE CARE GIVER HAS BEEN RETRAINED & TRAINING HAS BEEN DOCUMENTED AND FILED.</p>	<p style="text-align: center;">2-28-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – Primary Care Giver (PCG) training unavailable for review.</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>WHEN NEW EMPLOYEE OR SUBSTITUTE CARE GIVER BEGINS WORK, THEY WILL BE TRAINED ON THE FIRST DAY OF WORK BY THE PRIMARY CARE GIVER, AND ALL TRAINING WILL BE DOCUMENTED ON THE SAME DAY WHEN COMPLETED. TO ENSURE COMPLETE DOCUMENTATION WE WILL MAKE IT POLICY THAT THEY WILL NOT BEGIN WORK UNTIL WE CAN CONFIRM THE COMPLETION AND ACCURACY OF THE DOCUMENTS.</p>	<p style="text-align: center;">3-13-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Food items (protein shakes and soda) stored on the kitchen pantry floor.</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;">ADDITIONAL SHELVING HAS BEEN ADDED TO THE PANTRY IN ORDER TO STORE THE FOOD ITEMS PREVIOUSLY ON THE FLOOR. IN ORDER TO MAKE ADDITIONAL ROOM FOR FOOD ITEMS, WE RE-CREATED THE PANTRY AND REMOVED UNNEEDED EXTRA UTENSILS AND KITCHEN APPLIANCES THAT TOOK UP SPACE.</p>	<p style="text-align: right;">2-28-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Food items (protein shakes and soda) stored on the kitchen pantry floor.</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>TO PREVENT FUTURE FOOD ITEMS FROM BEING IMPROPERLY STORED, PCG will ^{error} (PRIMARY CARE GIVER) WILL INSTRUCT PEOPLE HANDLING FOOD NOT TO PLACE FOOD ITEMS ON THE PANTRY FLOOR. ORGANIZATION OF THE PANTRY & STORING FOOD ITEMS IN THE PANTRY WILL BE REGULARLY CHECKED BY PCG (PRIMARY CARE GIVER) ON A WEEKLY BASIS.</p>	<p>2-28-20</p>

	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> Resident #1 – Response to medications not documented in monthly progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2-28-20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 -- Response to medications not documented in monthly progress notes.	<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;"> MOVING FORWARD, ALL PROGRESS NOTES WILL INCLUDE THE RESIDENT'S RESPONSE TO ANY MEDICATION DETAILING IT'S EFFECTIVENESS. IF RESIDENT SHOWS SIDE EFFECTS TO A MEDICATION, THE EFFECT AND WHAT ACTIONS WILL BE TAKEN WILL BE RECORDED. A CHECKLIST WILL BE MADE TO ASSIST WITH THE CREATION OF PROGRESS NOTES THAT LISTS WHAT SHOULD BE WRITTEN, INCLUDING OBSERVATIONS ON THE RESPONSE TO MEDICATIONS. THIS WILL BE USED WHEN DOCUMENTING OBSERVATIONS AND INCIDENTS OCCUR. THIS WILL ALSO BE USED AT THE END OF EACH MONTH TO HELP REVIEW THE COMPLETENESS OF THE PROGRESS NOTES OF FOR ^{FOR} EACH RESIDENT. </p>	<p style="text-align: center;">3-13-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Medical appointments not documented in progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2-28-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Medical appointments not documented in progress notes.</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>WE WILL IMPLEMENT THE USE OF A CHECK LIST THAT HELP US ENSURE THE ACCURACY OF OUR MONTHLY PROGRESS NOTES, INCLUDING DOCUMENTATION OF MEDICAL APPOINTMENTS. AT THE^{THE} END OF EACH MONTH THE CALENDAR OF APPOINTMENTS FOR EACH RESIDENT WILL BE USED TO DOUBLE CHECK THE ACCURACY OF THE PROGRESS NOTES.</p>	<p style="text-align: right;">3-13-20</p>

Licensee's/Administrator's Signature: Befarmina Raf

Print Name: BEFARMINA RAF

Date: 3-13-2020