

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ilima at Leihano	CHAPTER 90
Address: 739 Leihano Street, Kapolei, Hawaii 96707	Inspection Date: May 14, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Residents #2 admitted on 7/29/18. No documentation that the facility completed a comprehensive assessment upon admission.</p> <p>Resident #4 admitted on 4/4/19. No documentation that the facility completed a comprehensive assessment upon admission.</p>	<p style="text-align: center;">PART 1</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;"><i>See Attached</i></p>	<p style="text-align: right;"><i>6/04/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2- No initial service plan found on record.</p>	<p style="text-align: center;">PART 1</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;"><i>See Attached</i></p>	<p style="text-align: right;"><i>6/04/2020</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 returned from hospitalization due to pneumonia on 11/15/19. No documentation found to indicate if health monitoring was provided upon return to the facility.</p>	<p style="text-align: center;">PART 1</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;"><i>See Attached</i></p>	<p style="text-align: right;"><i>6/24/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u> Resident #2- Two (2) medications, Acetaminophen and Fluticasone, not available for resident use when needed.</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>See Attached</i></p>	<p style="text-align: center;"><i>6/04/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u></p> <p>Resident #1- Medication not reviewed every 90 days by an RN or physician. Last reviewed by the physician on 10/11/19.</p> <p>Resident #2- Medication not reviewed every 90 days by an RN or physician. Last reviewed by the physician on 1/6/20.</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>See Attached</i></p>	<p style="text-align: center;"><i>6/04/2020</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Residents #2, #5, and #6- No documentation of TB evaluation (initial) prior to admission.</p>	<p style="text-align: center;">PART 1</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;"><i>see Attached</i></p>	<p style="text-align: right;"><i>6/04/2020</i></p>

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Licensee's/Administrator's Signature: Mark T. Tsuda

Print Name: Mark T. Tsuda

Date: 6/04/2020

Licensee's/Administrator's Signature: Mark T. Tsuda

Print Name: Mark T. Tsuda

Date: 6/30/2020

Attachment to State of Hawaii
Department of Health
Office of Health Care Assurance
State Licensing Section
Statement of Deficiencies and Plan of Correction
Inspection date of May 14, 2020 Annual
'Ilima at Leihano Plan of Correction submitted on 4 June 2020

Plan of Correction

11-90-8 Range of services. (a)(1)

Part 1

N/A

Part 2

In the future, RN to place a hard-copy of the electronic assessment in the resident's medical file. The assessment resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system.

11-90-8 Range of services. (a)(3)

Part 1

N/A

Part 2

In the future, RN to place a hard-copy of the electronic service plan in the resident's medical file. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system.

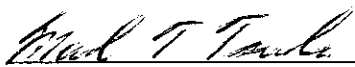
11-90-8 (b)(1)(F)

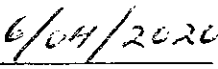
Part 1

N/A

Part 2

In the future, RN (Registered Nurse) to match hospitalization discharge summary and instructions with current medical records and fax discrepancies to the resident's physician. RN to review and delegate plan of care to Resident Assistants (care staff) and have them chart progress notes.


Mark Tsuda


Date

'Ilima at Leihano Plan of Correction

11-90-8 Range of services. (b)(3)(B)(i)

Part 1

Resident #2. In-house pharmacy vendor contacted on 05/15/2020 for order/delivery of Acetaminophen and Fluticasone (PRN medications) which was received on 5/16/2020 and given to our RNs for as-needed dispensing.

Part 2

In the future, RN to match physician ordered medication to the MAR (medication administration record) and conduct a monthly medication audit of all residents on medication management and at all times have PRN medications on-hand. In-house pharmacy vendor to conduct quarterly resident medication audits for routine and as-needed medications and their expiration dates.

11-90-8 Range of services. (b)(3)(B)(ii)

Part 1

Resident #1. RN reviewed medication listing and submitted on to their physician on 5/15/2020 for confirmation and signature, confirmation received on 5/19/2020.

Resident #2. RN reviewed medication listing and submitted to their physician on 5/15/2020 for confirmation and signature, confirmation received on 5/21/2020.

Part 2

In the future, RN to review medication on a quarterly basis supported by an electronic due date notification by our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system.

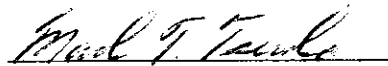
11-90-9 (a)(1)

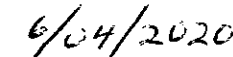
Part 1

N/A

Part 2

In the future, RN to place a hard-copy record of the TB evaluation in resident's medical file with a copy uploaded to our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system.


Mark Tsuda


Date

Attachment to State of Hawaii
Department of Health
Office of Health Care Assurance
State Licensing Section
Statement of Deficiencies and Plan of Correction
Inspection date of May 14, 2020 Annual
'Ilima at Leihano Plan of Correction re-submitted on 30 June 2020

Plan of Correction

11-90-8 Range of services. (a)(1) [page 3}

Part 1

N/A

Part 2

In the future, a written checklist has been created and will be used to confirm that the physician's assessment, 2-step TB clearance, initial service plan, medication list (if applicable) and Power of Attorney document (if applicable) has been received. The Assisted Living Director (RN) will conduct the audit of this checklist prior to resident's move into the community and acknowledge with her signature and date on this checklist. A hard-copy of this written checklist along with the checklist documents will be placed in the resident's medical file. Our assessment of the resident and the initial service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system.

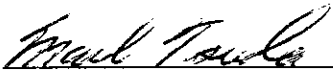
11-90-8 Range of services. (a)(3) [page 5]

Part 1

N/A

Part 2

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Mark Tsuda

6/30/2020
Date

'Ilima at Leihano Plan of Correction

11-90-8 (b)(1)(F) [page 7]

Part 1

N/A

Part 2

In the future, the Assisted Living Director (RN) to review the hospitalization discharge summary for changes in care instructions, new orders and medication changes. A re-assessment of the resident will be conducted by the RN on duty and reviewed by the Assisted Living Director with a revised service plan created, as needed. A copy of the hospitalization discharge summary and instructions with current medical records will be faxed to the resident's physician. Our assessment of the resident, the updated service plan and care requirement checklist with charting notes resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system. All charting notes have the date, time and name of the staff completing the care task which are automatically registered by the HER & eMAR system.

11-90-9 (a)(1) [page 13]

Part 1

N/A

Part 2

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Mark Tsuda

6/30/2020
Date