

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ka Malama Home II	CHAPTER 100.1
Address: 45-332 Ka Hanahou Circle, Kaneohe, Hawaii 96744	Inspection Date: February 13, 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> (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> Substitute Care Giver (SCG) #1 – Current annual physical unavailable.</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. Since the PCP of the SCG #1 was on maternity leave, a scheduled appointment was obtained from another Family Medicine doctor. 2/18/2020</p> <p>A thorough Physical Exam was done and a copy of the results of the Annual Physical Exam was obtained by the SCG #1. 2/18/2020</p> <p>Note: A copy of SCG #1 Physical Exam is attached</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – Primary Care Giver (PCG) states resident is on a regular diet. Physician's diet order on 10/21/19 states, "regular soft minced".</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, The PCA was able to set up an appointment with the PCP of Res. #1 to discuss the current appropriate type of Diet Order. > 2/14/2020</p> <p>> Since the chewing and swallowing of Res. #1 have improved as witnessed by the family representative, the PCP after a thorough evaluation check-up ordered a new and appropriate Diet which is Regular Diet. > 2/22/2020</p> <p>Note: A copy of the New Diet Order is attached</p>	

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<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 Expired canned goods in food pantry.</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, PSG and SCRAI immediately disposed all food items / canned items expired and/or nearing expiration date. 2/12/2022</p> <p>→ PSG double checked all the food items in the pantry and came up with a list of inventoried items which included the name of the food items, date procured, date best used & date of expiration 2/14/2022</p> <p>→ PSG posted the list of the existing items which will be used as a basis for the marketing person for the next procurement schedule. 2/14/2022</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Cabinet storing toxic chemicals was unsecured with key left inserted in lock.</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, the PCG immediately took out the key left inserted in the lock and kept it in a secured assigned bag known to all the care home workers / staff. 7/2/13/2020</p> <p>> PCG put a label on the cabinet stating toxic chemicals and posted a reminder to lock the cabinet at all times 7/2/14/2020</p> <p>> list of inventoried toxic chemical filed and double checked periodically to an assigned care home staff. 7/2/14/2020</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet was found unsecured with key left inserted in lock.</p> <p>Tray of medications stored unsecured on living room shelf.</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, the PCG immediately locked the Medication cabinet after each administration of individual residents' medicines / treatment. > 2/13/2020</p> <p>> PCG took out the keys left inserted in the lock and securely placed it in the designated box known only to the Care Home authorized staff. > 2/13/2020</p> <p>> PCG posted a written notice on the designated medication cabinet that it should be locked at all times. > 2/14/2020</p> <p>> PCG immediately brought back the medication tray > 2/13/2020 inside the securely locked cabinet</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> Resident #1 – Response to medications not provided in monthly progress notes.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – White out used on blood pressure log.</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>	

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<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> Resident #1 - No documentation that resident's significant weight gain (20lbs) throughout the year was addressed with resident's physician.</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, the PCG consulted the son/POA of Res. #1 and agreed to consult the PCP to discuss the issue on wt. gained through out the year. > 2/14/2020</p> <p>> PCG brought Res. #1 to the PCP together with the son/POA for consultation - check up. Assessment for the weight readings for the last 4 encounters from 11/08/2018 - 10/21/2019 was done by PCP. She clarified that Res. #1 only gained 15 lbs. not 20 lbs. as reported by RNCR. > 2/14/2020</p> <p>> As a result of the consultation - check up the following was ordered by PCP:</p> <ol style="list-style-type: none"> 1 - Regular diet without limiting 2 - wt. goal for Res. #1 is between 128 lbs. - 132 lbs. 	

Note: Attached is a copy of the after visit report with the MD's New orders.)

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (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 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>FINDINGS Resident #1 – Progress note written on 10/15/19 states, "CM discussed with caregivers about the diet and intake of pts cutting all carbohydrates and increasing fibers and proteins in pts diet". No physician's orders for eliminating carbohydrates from diet.</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><i>Yes. PCG met with the PCP & 2/24/2022 and the son/POA of Res. #1 and discussed concerns raised by the RNEM regarding diet intake.</i></p> <p><i>PCG obtained a written order from the PCP of Res. #1 after the consultation meeting. It includes the following:</i></p> <ol style="list-style-type: none"> <i>1) continue full Regular Diet</i> <i>2) No limitations on the Carbohydrate Intake > 2/24/2022</i> 	

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AIKO CASE MANAGEMENT

SENIOR CARE NAVIGATION

DATE IDENTIFIED	PROBLEM	DESIRED GOALS/ OUTCOMES	INTERVENTIONS	DATE <input type="checkbox"/> REVIEWED
2/25/20 jm	WEIGHT MANAGEMENT (On 2/24/20, client was 129# and BMI 26.05)	Client will maintain a weight goal of 128-132#.	<ol style="list-style-type: none">Caregiver will provide client with a DIET as ordered by her physician: REGULAR diet, no limitation of carbohydrates (2/24/20).Caregiver will monitor and record client's weight on a monthly basis and will report month to RN CM at visit.Client will maintain her weight within the GOAL range of 128-132#. If caregiver checks weight and it is above or below this goal, she will notify clients RN CM and PCP.Case Manager will review and record weights in assessment and on plan of care on a monthly basis: <p><u>2020</u> January: 1/1/20- 130.8# February: 2/24/20- 129# March: April: May: June: July: August: September: October: November: December:</p>	

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Licensee's/Administrator's Signature: Reven M. Elizalde, CRD

Print Name: REVEN M. ELIZALDE

Date: 3/7/2020