

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 15 Craigside	CHAPTER 90
Address: 15 Craigside Place, Honolulu, Hawaii 96817	Inspection Date: March 11, 2021 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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 25 PM 12:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2 – Medications were unavailable for the following orders on Medication Administration Record:</p> <ul style="list-style-type: none"> • Gold Bond Medicated Anti-Itch 1%-1% topical cream, physician's order dated 6/24/20 • Salonpas Topical Patch, physician's order dated 7/9/20 	<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>Salonpas Topical Patch with physician order of 7.9.2020 discontinued as an order on 3.11.2021.</p> <p>Gold Bond Medicated Anit-Itch with physician order of 6.24.20 discontinued as an order on 3.12.2021.</p>	<p>3.11.2021 and 3.12.2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2 – Medications were unavailable for the following orders on Medication Administration Record:</p> <ul style="list-style-type: none"> • Gold Bond Medicated Anti-Itch 1%-1% topical cream, physician's order dated 6/24/20 • Salonpas Topical Patch, physician's order dated 7/9/20 <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">21 MAR 25 PM 12:11</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>A 100% audit was initiated on 3.11.2021 and concluded on 3.22.2021 of all PRN medications. Audit reviewed all orders of nonuse PRN medications for two weeks or more. If PRN medications were not used for two weeks or more, the active medications order will be discontinued. Exceptions will be made for PRN medications that are included in the AL standing order.</p> <p>Moving forward, each nursing staff will be assigned residents to review and audit on a monthly basis. This includes reviewing active PRN medications usage.</p> <p>On 3.22.2021, nursing staff were trained on the process to review and audit active PRN medications. (Please see attached training attachment A)</p>	<p>3.11.2021 and 3.22.2021</p> <p>3.17.2021</p>

	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 – Active medication order on medication administration record states, “metoprolol tartrate 25mg tablet, one tablet, one time daily”. However, medication bottle (filled on 9/3/20) label states, “one tab twice daily”.</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>Deficiency corrected on 3.11.2021. The medication bottle of metoprolol with date of 9.3.2020 and with current active order of 1 tab daily was labelled with a “direction change refer to chart” label. This new label follows the current active order</p>	<p style="text-align: center;">3.11.2021</p>

	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 – Active medication order on medication administration record states, “metoprolol tartrate 25mg tablet, one tablet, one time daily”. However, medication bottle (filled on 9/3/20) label states, “one tab twice daily”.</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">21 MAR 25 PM 2:11</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>A 100% audit was initiated 3.11.2021 and concluded on 3.22.2021. Audit reviewed all active medications to ensure medication bottles with updated orders are labelled with a “direction change refer to chart” label.</p> <p>Moving forward, each nursing staff will be assigned residents to review and audit on a monthly basis. This includes reviewing active medications and confirming the label on the medication bottle matches the active medication order. Nurses will request resident’s physician to update pharmacy of the change in order to the prescription.</p> <p>On 3.17.2021, Nurses were trained on the process to review and audit medication bottles and active medication orders. (Please see attached training attachment A)</p>	<p>3.11.2021 and 3.22.2021</p> <p>3.17.2021</p>

	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 – Bottle of Acidophilus - Chewable Wafer does not contain the frequency and dosage orders for administration.</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>Deficiency corrected on 3.11.2021. Dosage and frequency labels were created and placed on the over the counter medication bottle. (Please see attachment B)</p>	3.11.2021

	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 – Bottle of Acidophilus- Chewable Wafer does not contain the frequency and dosage orders for administration.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 MAR 25 PM 2:11</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>A 100% audit was initiated on 3.11.2021 and concluded on 3.22.2021. Audit reviewed the labelling of all residents OTC medications to ensure both dosage and frequency are on the bottle.</p> <p>Moving forward, each nursing staff will be assigned residents to review and audit on a monthly basis. This includes reviewing active medications are properly labeled to include: Residents name, active medication orders (Dosage and frequency).</p> <p>On 3.17.2021, Nurses were trained on the process to review and audit medication labels and active orders. (Please see attachment A)</p>	<p>3.11.2021 and 3.22.2021</p> <p>3.17.2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #1 – Incident report dated 12/9/20 was completed on 2/22/21, per electronic 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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #1 – Incident report dated 12/9/20 was completed on 2/22/21, per electronic record.</p> <p style="text-align: center;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p style="text-align: center;">21 MAR 25 PM 2:11</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>On 3.17.2021, nurses were retrained on how to identify missing information on certain areas from the incident report and ensure completion on the same day. This includes running validation audits prior to signing and completing the incident report. (Please see attachment A)</p>	<p style="text-align: center;">3.17.2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #2 – Incident report dated 12/6/20 does not contain a completion date, per electronic 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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #2 – Incident report dated 12/6/20 does not contain a completion date, per electronic record.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p style="text-align: right;">21 MAR 25 PM 2:11</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>On 3.17.2021, nurses were retrained on how to identify missing information on certain areas from the incident report and ensure completion on the same day. This includes running validation audits prior to signing and completing the incident report. (Please see attachment A)</p>	<p style="text-align: center;">3.17.2021</p>

Licensee's/Administrator's Signature: 

Print Name: Keteker HODKIN

Date: 5/28/2021