

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai Retirement Community Phase I and II	CHAPTER 90
Address: 428 Kawaihae Street, Honolulu, Hawaii 96825	Inspection Date: January 19, 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 NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing.</u> (o)(10) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p><u>FINDINGS</u> Fire alarm system inspection reports by Honolulu Fire Department state inspections performed on 7/8/20 and 12/3/20 have the following unresolved issues:</p> <ul style="list-style-type: none"> • Fire alarm system not repaired • Documentation of cleaning exhaust hood system by a qualified cleaning service is unavailable <p>Submit documentation that exhaust hood cleaning was completed and fire alarm system was repaired by providing report/receipt from servicer. Submit with plan of correction.</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>11-90-3 <u>Licensing.</u> (o) (10)</p> <ul style="list-style-type: none"> • The following areas have been addressed Regarding fire alarm system: <ol style="list-style-type: none"> 1. Sprinklers in the Mauka building have been an on-going project in conjunction with Oahu Fire System. Replaced fire pump and primer pump is currently functional. Found a leak in the main lines running up to the top of the property. In the process of trying to find leak locator. once the leak is detected, then it can be repaired per Oahu Fire. 2. Mauka control panel addressed by locating 20-25 faulty smoke detectors. New smoke detectors on order and will be installed once it is delivered by Aloha Fire. 3. Combustible materials removed and stored in appropriate areas and all exit signs now functional. 4. Makai control panel addressed by locating 20 faulty smoke detectors. New smoke detectors on order and will be installed by the maintenance dept. once delivered. • Copy of invoice regarding cleaning of exhaust hood system conducted by Trisystems Inc. performed on 12/9/ 20. 	<p style="text-align: center;"><i>3 Months</i></p> <p style="text-align: center;"><i>4-6 weeks</i></p> <p style="text-align: center;"><i>2/1/21</i></p> <p style="text-align: center;"><i>4-6 weeks</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><u>FINDINGS</u> Room 220, Mauka Building – Call system in bathroom not properly functioning</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>11-90-4 <u>Minimum building and structural requirements.</u> (6)</p> <p>To prevent similar deficiencies from recurring, the Administrator and the maintenance team did room checks on all the AL apts. to ensure that the call system in the bathroom is properly functioning. Call system checks will be conducted every 3 months to ensure that the system is working properly.</p>	<p style="text-align: right;"><i>on-going</i></p>

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<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 #1 – Medication administration record states, "Mucinex FastMax Congestion-Cough 20mL orally every 4 hours PRN"; however, medication unavailable in resident's medication inventory.</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>11-90-8 <u>Range of services</u> (a) (2)</p> <p>Upon further search of the medication cart, resident #1 Mucinex FastMax Congestion-cough 20ml was located and currently being used as a PRN medication.</p>	<p style="text-align: right;">11/19/21</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> Resident #1 – Medication not reviewed by a physician or registered nurse between 2/6/20 and 6/14/20.</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>§11-90-9 <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 #1,3,4 – Initial TB clearance unavailable for review. Submit a copy with plan of correction.</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>11-90-9 <u>Record and reports system (a) (I)</u></p> <p>To prevent similar deficiencies from recurring, consultant DON conducted an audit on every chart to ensure that each chart has a primary care provider's physical examination including the initial TB clearance, comprehensive assessment, and service plan located in a sleeve marked "do not thin". All licensed staff have been trained and educated on facility policy and procedure on maintaining resident records.</p>	<p style="text-align: right;"><i>On-going</i></p>

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<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 unavailable for unwitnessed fall documented on 5/20/20.</p> <p>Resident #2 – Incident report unavailable for ER visit documented on 10/29/20.</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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Licensee's/Administrator's Signature: Meli Camp

Print Name: Meli Camp

Date: 3/8/21

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STATE OF HAWAII
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