

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| <b>Facility's Name:</b><br>Hiolani Assisted Living Center at Kahala Nui | CHAPTER 90                                      |
| <b>Address:</b><br>4389 Malia Street, Honolulu, Hawaii 96821            | <b>Inspection Date:</b> February 3, 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.**


21 APR -5 P3 57  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date   |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(1)(F)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1 – Medication administration record states, “Carvedilol 3.125mg tablet – 1 tab orally twice daily”, reflecting physician’s order correctly. However, medication bottle label states, “Carvedilol 3.125 tab – 1 tablet by mouth three times a day”.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII<br/>DOH-OHCA<br/>STATE LICENSING</p> <p style="text-align: right; font-size: x-large;"><i>JRB</i> 2/28/2021</p> | <p style="text-align: center;">2/4/2021</p> <p style="text-align: center;">21 MAR -8 P 4 05</p> |

11-90-8 (b) (1) (f) Range of Services

The Resident's attending physician was contacted to verify the medication order. Once the verification of the order was complete, the corrected notation was documented on the MAR.

This action was completed on 2/4/2021

  
\_\_\_\_\_  
Signature

3/1/2021  
Date

21 MAR -8 P4:05  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date  |
|-------------------------------------|--|---|--|
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11-90-8 (b) (1) (f) Range of Services.

In-service training sessions were conducted with the nursing staff covering the process and procedure of cross checking medication labels with the MAR and the physician orders. Proper medication management in-service training was also conducted by the Nurse Educator and is completed on a semi-annual or as needed basis. Additionally, as a part of the competency check process for individual nurses and as a part of medication pass review, the Nurse Educator and Assistant Director of Nursing review and cross check medication labeling with the MAR and the physician's orders. A competency check list is provided to each nurse and is retained in their file. The checklist includes amongst other competencies the proper handling and management of medications.

In addition to the charge nurses verifying medication counts, labeling, physician medication orders between shifts, a procedure and checklist has been developed where the Assistant Director of Nursing (ADON) cross check medications on a spot check basis and also when the ADON work a nursing shift on the floor as a part of the Resident management and staff oversight process.

An additional notation/check box was added to the medication checklist as a reminder to crosscheck the medications and the MAR during each shift.

This action was completed by February 26<sup>th</sup>, 2021.

  
Signature

3/28/2021  
Date

21 APR -5 P357  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date  |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-90-9 <u>Record and reports system.</u> (a)(1)<br/>           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><b><u>FINDINGS</u></b><br/>           Resident #1 – Current physical exam unavailable for review. Submit a copy with plan of correction.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII<br/>           DOH-CHCA<br/>           STATE LICENSING</p> <p style="text-align: right; font-size: x-large;"><i>Greg</i>     2/28/21</p> | <p style="text-align: center;">2/4/21</p> <p style="text-align: center;">21 NR-8 P4 05</p> |

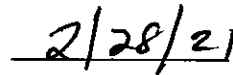
11-90-9 (a)(4) Record and report system

The Resident's primary care physician had completed the physical examination on 1/2/2021, however a copy of the examination was not received. The physician was contacted and a copy of the examination was faxed to Hi'olani and is now filed in the Resident's chart. A copy of the examination is attached.

This action was completed on 2/4/2021

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of loops and a long horizontal stroke.

Signature

A handwritten date '2/28/21' in black ink, with the numbers '2', '28', and '21' separated by slashes.

Date

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

21 MR-8 P4 05

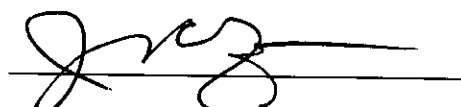
|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date   |
|-------------------------------------|--|--|---|
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11-90-9 (a)(4) Record and report system

The charge nurses will ensure that copies of each Resident's physical examinations or other recorded physician office visits are obtained after the Resident returns from the visit. Additionally, a records review will be done prior to each scheduled interdisciplinary team meeting with the Resident and family to ensure that the records are complete and up-to-date. A quarterly records review will also be completed. The assistant directors of nursing and medical records staff are responsible for ensuring that the records for each Resident are complete.

This action was completed on 2/8/2021



Signature

2/28/2021  
Date

STATE OF HAWAII  
DOH-DMCA  
STATE LICENSING

21 MAR -8 P 4 05

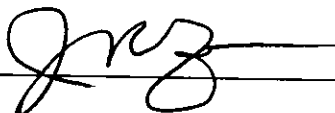
|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date                                    |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-90-9 Record and reports system. (a)(4)<br/> The facility shall establish 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><b>FINDINGS</b><br/> Resident #2 – Per fax note dated 3/21/20, from facility to resident's physician, notifying resident experienced a fall. Incident report unavailable for review.</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF HAWAII<br/> DOH-OHCA<br/> STATE LICENSING</p> | <p style="text-align: center;">21 MAR -8 P4:05</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date   |
|-------------------------------------|--|---|---|
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11-90-9 (a)(4) Record and report system

The charge nurses and aides received in-service training regarding the timely completion of incident reports, when an incident report should be generated and how to complete the report. The assistant director of nursing will ensure that incident reports are being completed for each incident where a Resident suffers any bodily injury or other situation where an incident report is warranted as described in the Hi'olani policy.

This action was completed on 2/12/2021

  
Signature

2/28/21  
Date

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STATE LICENSING

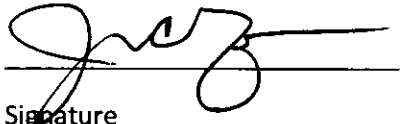
21 NNR-8 PA 05

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                                     |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-90-10 <u>Admission and discharge.</u> (a)(4)<br/> The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service contract which documents a completed agreement between the resident and the facility, describing services to be provided, rates charged, and conditions under which additional services or fees may be charged;</p> <p><b>FINDINGS</b><br/> Resident #3 – Contract service agreement for Hiolani Assisted Living Center unavailable for review. Submit a copy with plan of correction.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII<br/> DOH-ONCA<br/> STATE LICENSING</p> <p style="text-align: right;"><i>JRB 2/28/2</i></p> | <p style="text-align: center;">21 MAR -8 P 4:05</p> |

11-90-9(a)(4) Admission and Discharge

The Resident's family has been contacted regarding signing the assisted living agreement. The POA has not yet returned the documents.

Action completion pending



Signature

2/28/21  
Date

STATE OF HAWAII  
DOH-OMCA  
STATE LICENSING

21 NR-8 P4-05

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date   |
|-------------------------------------|--|---|---|
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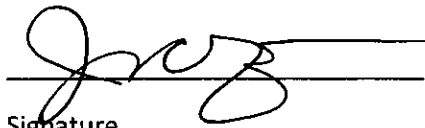
11-90-10 Admission and discharge.

The admission process and associated procedures were reviewed as a part of in-service training conducted with the staff focused on ensuring that all the necessary and required documents are obtained at the time of admission, including a signed service agreement/contract. Additionally, a checklist was developed for use during admission to help ensure the admission packet and associated documents are complete, discussed with the Resident and family/legal representative and properly filed in the Resident's chart.

The Assistant Director of Nursing and Social Worker are charged with handling the admission of Residents transiting from independent living to assisted living. They have received in-service training in the admissions process and developed the check list now in use. As a final step in the process of insuring all documents are completed, the medical staff audits admission records and new resident charts to ensure they are complete. Discrepancies, if any, are reviewed at the monthly medical records audit committee meeting.

Annual in-service training will be scheduled covering the admission process (including obtaining signed service agreement/contracts), development of service plans, and ensuring that all the required documents are completed and reviewed with the resident and family or the Resident's legal representative.

The action was completed on March 10<sup>th</sup>, 2021

  
Signature

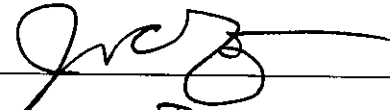
3/28/21  
Date

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

21 APR -5 P 3 57



Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

JAY DUQUETTE

Date: \_\_\_\_\_

3/28/2021

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

21 APR -5 P3 57