

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 8, 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  
DOM. OHCA  
STATE LICENSING

21 APR 19 AM 59

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b>FINDINGS</b> Regular diet and minced diet menus unavailable. 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>YES, since the only available diet menu on-file is a Four (4) week Cycle Menu for Regular Low Sodium Diet the following were done:</p> <ol style="list-style-type: none"> <li>1. Together with the Nurse Consultant the PCA consulted the Card Home Nutrition consultant and discussed the need to develop a Four Week Cycle Menu for Regular Minced Diet. 2/16/21</li> <li>2. Reviewed the current menu cycle and came up with a draft and sent it to the Nutrition consultant for review &amp; revisions. 3/2/21</li> <li>3. Awaiting for the final approval of the Four (4) week cycle menu for Regular Minced diet for submission to OACA. 3/6/2021</li> </ol> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH DIVISION OF LICENSING REGISTRATION P3594</p>	<p>2/16/21 3/2/21 3/5/21 3/6/2021</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b>FINDINGS</b> Regular diet and minced diet menus unavailable. Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure that it will not happen again in the future the PCCT shall:</p> <ol style="list-style-type: none"> <li>1. conduct a periodic review in consultation with the CH Nutrition consultant and revise it if found necessary. <span style="float: right;">Annually</span></li> <li>2. Post a copy of the revised Four (4) week Menu Cycle for Regular Minced diet at the main dining / kitchen area to be made available at all times for the next 30 days and their families as well as the department. <span style="float: right;">At all times</span></li> </ol> <p style="text-align: right;">As soon as we have the copy for the CH Nutrition consultant</p>	

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
NUTRITION SERVICES DIVISION  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Regular diet and minced diet menus not posted in kitchen or dining area.</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, PCG immediately posted a copy of the existing Four (4) week Menu Cycle for Regular Diet.</p> <p>An immediate consultation with the Care Home Nutrition consultant was conducted for the revision of the old existing Regular Menu diet.</p> <p>A draft copy of the (4) week Menu cycle sent to the Nutrition consultant.</p> <p>Awaiting for the final copy of the Revised Four(4) Week Menu cycle for Regular Minced Diet from the Nutrition consultant to be sent to the department (RHA)</p>	<p>2/19/2021</p> <p>2/16/2021</p> <p>3/15/2021</p> <p>2/16/2021</p> <p>STATE OF ILLINOIS DEPARTMENT OF HEALTH DIVISION OF LICENSING</p> <p>MR-8 19/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b>FINDINGS</b> Regular diet and minced diet menus not posted in kitchen or dining area.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>to prevent this from happening again in the future, the PCA after obtaining the final revised copy of the Four (4) week Regular Minced diet shall post it at the main dining kitchen areas</i></p> <p><i>In addition, a DAILY menu will be written on bulletin board</i></p> <p><i>And finally, I will make sure to get the final revised copy of the Four(4) week Menu and send it to the department (letter) &gt;</i></p>	<p><i>Immediately when it arrives</i></p> <p><i>21 MAR 8 3 59 PM '84</i></p> <p><i>&gt; Daily</i></p> <p><i>A week from now</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b>  Resident #1 – Resident was prescribed a minced diet on 12/18/2020; however, OHCA surveyor observed resident eating cubed papaya and a bowl of cheerios with milk for breakfast.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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; font-size: small;">STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p>	<p style="text-align: center;">21 MAR -8 P3 59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident was prescribed a minced diet on 12/18/2020; however, OHCA surveyor observed resident eating cubed papaya and a bowl of cheerios with milk for breakfast.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>→ To prevent this to happen again, As in the future, PCAT will needed obtain a document from the family who always wants to consider the wishes of Res. #1 considering her age (99 years old) to eat regular textured diet and communicate it to the MD/APRN</p> <p>→ To provide on-going trainings for all Care Home staff, Annually on Diets and Menus as part of their Annual educational in-service (CE credits)</p>	<p style="text-align: right;">21 MAR -8 P3 59</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation</u>, (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b>FINDINGS</b> Food items stored in pantry with the following best by dates:</p> <ul style="list-style-type: none"> <li>• Ranch dressing – 1/22/2019</li> <li>• Instant Ramen (chicken flavored) – 3/2019</li> </ul>	<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>YES, we corrected the deficiency immediately that day.</p> <p>1) Inspected all the food items in the pantry and disposed all food items found expired and nearing expiration dates</p> <p>2) PCG and kitchen workers came up with an inventoried list of all the food items in the pantry (name of the items, the date produced, the expiration or "best to be used")</p> <p>3) Posted on the pantry door the list of food items existing &amp; items needed for the next 2 weeks.</p>	<p>2/2/2021</p> <p>2/9/2021</p> <p>2/6/2021</p>

4) Provided a copy for the marketing person for posts for weekly Insight

8

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
FOOD SAFETY LICENSING

MAR-8 2:35 PM



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☒	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b>FINDINGS</b> Food items stored in pantry with the following best by dates:</p> <ul style="list-style-type: none"> <li>• Ranch dressing – 1/22/2019</li> <li>• Instant Ramen (chicken flavored) – 3/2019</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this to happen again in the future the PCA shall:</i></p> <ol style="list-style-type: none"> <li><i>1) Install a weekly "IN-out" checklist of Food items weekly to be posted at the door of the pantry</i></li> <li><i>2) Assign a person in-charge (Kitchen worker) to do the weekly inventory of food items &amp; provide a copy to the marketing person periodically</i></li> <li><i>3) Do a spot check of sample food items on a regular basis. Monthly</i></li> </ol>	<p style="text-align: center;">MAR-8 P 3 59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b>FINDINGS</b> Kitchen cabinet containing toxic chemicals (e.g., bleach and raid aerosol spray) was found unsecured.</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>7 YES, PCG immediately locked 2/2/2021 the kitchen cabinet containing cleaning agents and other toxic chemicals.</p> <p>7 Made a sign and posted it in the kitchen cabinet in bold letters it says "LOCK AT ALL TIMES TOXIC CHEMICALS". 2/9/2021</p> <p>7 checked the key of the kitchen cabinet and kept it in a secured place known to all the workers. 2/9/2021</p>	<p style="text-align: center;">STATE OF HAWAII KOHOLA STATE LICENSING</p> <p style="text-align: center;">NR-8 P359</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Januvia was discontinued on 10/30/2020, per physician’s order. Medication administration record shows Januvia 25mg was initialed by caregiver as given on 10/31/2020.</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>21 MAR -8 P 3 59</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Januvia was discontinued on 10/30/2020, per physician's order. Medication administration record shows Januvia 25mg was initiated by caregiver as given on 10/31/2020.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this from happening again in the future the PCA and SCA shall:</i></p> <ol style="list-style-type: none"> <li><i>1) Attach a sticker in the Pattern binder folder under the section Physician (MD) orders as a reminder for new orders/treatment after each doctor's visit/consultation.</i></li> <li><i>2) Review individual residents binders/folders for MD/APRN orders for new meds./treatment and double check it at the MMR (medication record) if it is written and dated correctly.</i></li> <li><i>3) In case there is an error in the documentation or in the medication record (MMR), "cross-it-out" with one line and affix the initial of the person committed the error document it in the progress Notes.</i></li> </ol>	<p style="text-align: right;"><i>After each MD/APRN visit</i></p> <p style="text-align: right;"><i>Monthly in AS Needed</i></p> <p style="text-align: right;"><i>AS needed</i></p> <p style="text-align: right;"><i>21 APR 19, 011 59</i></p> <p style="text-align: right;"><i>STATE OF OHIO Nursing Board Nursing</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b>FINDINGS</b> Resident #1 – Progress notes between 3/2020 and 11/2020 unavailable for review. Progress note for January 2021 unavailable for review.</p> <p>Resident #2 – Progress notes from 6/2020 to present unavailable for review.</p> <p>Resident #3 – Progress notes from 3/2020 to present unavailable for review.</p> <p>Primary caregiver states she has not been writing monthly progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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; font-size: small;">STATE OF HAWAII DOH-DMCA STATE LICENSING</p>	<p style="text-align: center; font-size: x-large;"><b>21 NR-8 P3 59</b></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 – Progress notes between 3/2020 and 11/2020 unavailable for review. Progress note for January 2021 unavailable for review.</p> <p>Resident #2 – Progress notes from 6/2020 to present unavailable for review.</p> <p>Resident #3 – Progress notes from 3/2020 to present unavailable for review.</p> <p>Primary caregiver states she has not been writing monthly progress notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>TO prevent this to happen again in the future the PCR and/or SCGRs shall:</i></p> <p>1) Discontinue the use of the <sup>2/19/21</sup> DAILY logbook notes. Make sure that patients' responses to MD/APRN orders, changes in patients' medical conditions, signs/symptoms of any <sup>STATE OF CONNECTICUT</sup> injury be immediately <sup>STATE OF CONNECTICUT</sup> recorded on the individual <sup>STATE OF CONNECTICUT</sup> notes of all the patients.</p> <p>2) In addition, I will make sure that a reminder sticker shall be placed on my DAILY calendar AS PART OF THE "TO DO LIST FOR THE DAY" the documentation of any incident that occurs</p>	<p style="text-align: right;">P.3.59</p> <p style="text-align: right;">AS IT OCCURS</p>

*NOTE: Recorded notes of the PCG and SCGR on the logbook were transferred immediately after the inspection visit to the individual folders of Res. #1, #2 & #3.*

*HW5*

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b>            Resident #1 – A current Resident Emergency Information Sheet was unavailable. Last updated in 2014 and the information does not reflect resident's current medical information (e.g., diagnoses, medications, TB clearances). Submit an updated 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>7 YES, the PCA immediately took out the old Resident Emergency Info. sheet of Res. #1, reviewed it and came up with an updated REI sheet reflecting the resident's current medical info. such as diagnosis, medications, names &amp; telephone numbers of persons involved in the plan of care.</p> <p>Note: Attached is an updated copy of the REI of Res. #1</p>	<p style="text-align: right;">2/8/2021</p> <p style="text-align: right;">71 MAR -8 P 3 59</p> <p style="text-align: right;">Hue</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – A current Resident Emergency Information Sheet was unavailable. Last updated in 2014 and the information does not reflect resident's current medical information (e.g., diagnoses, medications, TB clearances). Submit an updated copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>&gt; To ensure that this will not happen again in the future the PCA shall:</i></p> <ol style="list-style-type: none"> <li><i>1) Include the document (REI) on the Annual checklist for each resident. &gt; Annually</i></li> <li><i>2) Review and updating of the individual REI sheet for all the residents &gt; Annually as needed</i></li> <li><i>3) File a copy in each individual residents folder and readily available for review by the department or any other agencies in need of the information &gt; Annually</i></li> </ol>	<p style="text-align: center;">MAR-8 529</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b>FINDINGS</b>  Resident #2, #3 – Both residents gained 19lbs between 1/2020 and 1/2021. No documentation residents' physicians were notified of weight gain.</p> <p><i>Note: Attached is a copy of the latest visit report of MD for Res # 2 emphasizing on the wt. issue/concern. (3/5/2021)</i></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><i>YES, PCG documented the weight gain and/or weight loss of Res. # 2 &amp; #3 in their individual folders.</i></p> <p><i>"After visit reports" of the MDs/APRNs of Res. # 2 &amp; #3 were reviewed by PCG &amp; Nurse Consultant of Care Home and noted that in several visits (quarterly) new orders of decreasing the sup. plermental drinks (Glucerna and Ensure) were mentioned in the report due to wt. gain of the two (2) residents.</i></p>	<p style="text-align: center;">21 MAR -8 P 3 59</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 #2, #3 – Both residents gained 19lbs between 1/2020 and 1/2021. No documentation residents' physician's were notified of weight gain.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this from happening again in the future the PCG shall:</i></p> <ol style="list-style-type: none"> <li><i>1) Develop a weight graph utilizing 7 Monthly the existing monthly monitoring weight chart of all the residents.</i></li> <li><i>2) Include in the agenda during the staff / workers meeting the issues / concerns regarding the monthly weight gain / loss of 7 weekly each resident</i></li> <li><i>3) Create a checklist of issues / concerns related to the monthly weight of the residents and document the discussion with the MD / APRN during the consultations.</i></li> <li><i>4) Include a written documentation in the residents' Progress Notes for actions taken and significant changes in response to issues / concerns regarding weight gain / weight loss.</i></li> </ol>	<p style="text-align: center;">19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b>FINDINGS</b> Kitchen receptacle missing tight fitting cover.</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>7 YES, PCG immediately</p> <p>1. Informed the Care Home Administrator about the missing cover of the kitchen receptacle and reminded about the need of the appropriate water tight receptacles for garbage / rubbish disposal.</p> <p>2. Bought a new one and replaced the kitchen receptacle with a tightly fitting cover for rubbish / garbage cans.</p>	<p>7 Feb. 9, 2021</p> <p>7 Feb. 13, 2021</p> <p style="text-align: center;">STATE OF HAWAII DOMINICA STATE LICENSING</p> <p style="text-align: center;">-21 MAR -8 P 3 59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Kitchen receptacle missing tight fitting cover.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>7 To prevent similar deficiency from happening again in the future the PCG and SCG shall:</p> <ol style="list-style-type: none"> <li>1) conduct on-the-spot inspection of all the trashcans to test out the tight fitting lid. MONTHLY</li> <li>2) list down the number of trashcans and its location in and outside the care home and place a note or a mark regarding physical condition of the trashcans. MONTHLY</li> <li>3) Print a "MARK" or "LABEL" on the trashcans with the caption "PLEASE KEEP THE COVER CLOSE AT ALL TIMES and IF FOUND PROPERLY REPORT TO MANAGEMENT" ALL THE YEAR</li> </ol>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)  The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b>FINDINGS</b>  Resident #1 – Per care plan reviewed on 6/17/2020 states, “Caregiver will report any changes in skin to PCP and RN CM immediately”. Physician was contacted by facility via phone on 7/6/2020, notifying physician of wound to right buttocks; however, documentation showing case manager was notified was unavailable.</p> <p>Resident #1 – Care plan states, “caregiver to monitor client’s urine output and inform MD or RN if less than 30cc output per hour x2 hours”; however, documentation of urine outputs unavailable.</p> <p>Resident #1 – Care plan states, “caregiver to monitor client’s fluid intake”; however, documentation of fluid intake unavailable.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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  DOH-OHCA  STATE LICENSING</p>	<p style="text-align: center;">21 MAR -8 P 4 00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Per care plan reviewed on 6/17/2020 states, “Caregiver will report any changes in skin to PCP and RN CM immediately”. Physician was contacted by facility via phone on 7/6/2020, notifying physician of wound to right buttocks; however, documentation showing case manager was notified was unavailable.</p> <p>Resident #1 – Care plan states, “caregiver to monitor client’s urine output and inform MD or RN if less than 30cc output per hour x2 hours”; however, documentation of urine outputs unavailable.</p> <p>Resident #1 – Care plan states, “caregiver to monitor client’s fluid intake”; however, documentation of fluid intake unavailable.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>&gt; To prevent this to happen again in the future the PCG in coordination with the RNCM shall:</i></p> <p><i>1) Create a checklist on the front page of the Resident's binder/ folder with reminders of items that need to be reviewed and discussed with the RNCM at each monthly visit.</i></p> <p><i>2) Document actions taken on issues/ concerns found during the visit in the Resident's Progress Notes and if needed a follow-up a sticker note will be placed in each resident binder.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">21 APR 19 AM 1:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b>            Resident #1 – Care plan was not updated to reflect the new diet order by physician to “minced diet w/ nectar thickened liquids” on 12/18/2020. Care plan was reviewed by case manager on 12/22/2020 and 1/21/2021 and currently states, “Regular diet, nectar thick liquids”. Submit updated care plan with plan of correction.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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><i>YES, immediately PCG discussed the findings of the other inspector with the Case Manager of Res-#1.</i></p> <p><i>Care plan was reviewed by the CM and it was updated to reflect the diet order written by APRN on 12/18/2020 again MD on 3/5/2021.</i></p> <p><i>Note: Refer to the copy of the New Diet order given by MD during the visit (3/5/2021)</i></p> <p><i>Attached is a copy of the updated care plan from the CM.</i></p>	<p><i>2/9/2021</i></p> <p><i>2/17/2021</i></p> <p><i>2/17/2021 4:50 PM</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b>            Resident #1 – Care plan was not updated to reflect the new diet order by physician to “minced diet w/ nectar thickened liquids” on 12/18/2020. Care plan was reviewed by case manager on 12/22/2020 and 1/21/2021 and currently states, “Regular diet, nectar thick liquids”. Submit updated care plan with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1) To prevent similar deficiency from recurring the PCG in consultation with the RNCM shall:</p> <p>2) Review the MD/APRN's orders then list down priority orders for immediate implementation. Create a list of written notes and verify each order by checking if all new items are correctly translated and incorporated into the Residents' Care Plan</p> <p>3) Review and discuss the written updated Care Plan &amp; jot down notes of new orders.</p>	<p style="text-align: center;">Quantitatively            MD/APRN visits            As Needed            Monthly            Monthly</p> <p style="text-align: right;">21 APR 19 AM 1:59</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)            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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b>            Resident #1 – Care plan states, “RN CM to explain to caregivers what should be done in the event of aspiration and choking” and “RN CM will educate caregivers on the signs and symptoms of hypoglycemia/hyperglycemia”; however, documentation of trainings was unavailable. Submit a copy of completed trainings 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><i>YES, the PCG discussed with 2/9/2021 the CM the findings during the inspector's visit. The RN CM and PCG agreed to schedule a training for caregivers on Aspiration Precautions &amp; choking and Hypo/Hyperglycemia's</i></p> <p><i>Attached is a copy of the documentation of the two (2) trainings conducted</i></p>	<p style="text-align: right;">2/15/2021</p> <p style="text-align: right;">STATE OF HAWAII          DONNA A. OHNOKA          STATE LICENSING</p> <p style="text-align: right;">NR-8 04 00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b> Resident #1 – Care plan states, “RN CM to explain to caregivers what should be done in the event of aspiration and choking” and “RN CM will educate caregivers on the signs and symptoms of hypoglycemia/hyperglycemia”; however, documentation of trainings was unavailable. Submit a copy of completed trainings with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>1) To prevent a similar deficiency from recurring the PCG in consultation with the RNCM shall:</i></p> <ol style="list-style-type: none"> <li><i>1) List down identified training &amp; Monthly needs of caregivers &amp; other AS needed Care Home workers.</i></li> <li><i>2) Develop a Training Module / 7 Year Plan for staff &amp; other workers. Round to include the scheduled dates of training and resources needed.</i></li> <li><i>3) Post the training schedule, Quarterly at the office Bulletin Board to remind all the caregivers &amp; other workers.</i></li> <li><i>4) Prepare and file a written copy of training documentation, At the end of each training session, to include certificate and evaluation results of participants.</i></li> </ol>	<p style="text-align: center;">APR 19 11 59 AM '09</p>

Licensee's/Administrator's Signature: MEVEN GRACE EUBAIDE

Print Name: MEVEN GRACE EUBAIDE

Date: 4/9/2021

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