STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: June 16, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1 – Readmitted as Intermediate Nursing Care Level (expanded); however, facility is not licensed for expanded residents.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 was originally admitted on 8/26/19 at the ARCH level of care. On 12/26/19 he was readmitted from Kaiser Moanalua due to esophageal ~~dysphagia~~ dysfunction. Points on level of care evaluation indicated resident was at the ARCH level, but Intermediate Nursing Care level was checked on the form and signed by the emergency department physician. To correct the deficiency, a Level of Care Evaluation and Physical Examination was submitted to the resident's primary care physician and was signed certifying the resident at the ARCH level of care. Please see attached Level of Care Evaluation and Physical Examination Form.	6/30/2020

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☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1 – Readmitted as Intermediate Nursing Care Level (expanded); however, facility is not licensed for expanded residents.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency in the future, we submitted our expanded ARCH license application to OHCA on 8/26/2019. On all admissions, and readmissions, the level of care evaluation will be checked for the following: name of resident, points circled are within the ARCH level, boxes checked are for ARCH and form is signed and dated by MD or APRN. These points will be checked by the Primary Caregiver and the Nurse Supervisor or Substitute caregiver.	6/30/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – No order for Oxycodone on readmission; however, medication was listed on medication administration record (MAR) during same month.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	6/16/2020

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☒	§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. **FINDINGS** Resident #1 – No order for Oxycodone on readmission; however, medication was listed on medication administration record (MAR) during same month.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency in the future, during admissions and readmissions, the following will be checked first by the Primary Caregiver: routine medications and as needed medications. These will be verified to have a signed order by the physician or APRN. Orders will also be checked ~~by~~ for the following: medication, dose, amount, route, and time. If a medication is not listed on the MAR or Physician Orders Sheet or is missing any of the listed previous information, adjustments will be made by either removing the medication from the medication cart and or obtaining a signed ~~or con~~ order from the physician. After routine and as needed medications are audited by the Primary Caregiver, the Nurse Supervisor or the substitute caregiver, will also verify the orders, ensuring all medications have an order signed by a physician or APRN and all orders have medication, dose, amount, route and time listed.	6/30/2020

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☒	§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. **FINDINGS** Resident #1 – New order for Warfarin on 1/28/2020 stated, "Take 7.5 mg Tuesdays, and 5 mg rest of week." Per MAR, Warfarin was not given on next Tuesday after order received, 2/4/2020, and only 5 mg were given on Tuesdays until 2/18/2020, then new order was received.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	6/30/2020

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☒	§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. **FINDINGS** Resident #1 – New order for Warfarin on 1/28/2020 stated, "Take 7.5 mg Tuesdays, and 5 mg rest of week." Per MAR, Warfarin was not given on next Tuesday after order received, 2/4/2020, and only 5 mg were given on Tuesdays until 2/18/2020, then new order was received.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency in the future, when a new order is received, the order will be verified by the Primary Caregiver or Nurse Supervisor then transcribed onto the MAR and Physician Order Sheet to ensure orders are followed immediately. The substitute caregiver will then verify the order with the MAR and Physician Ordersheet, verifying the order was transcribed immediately and will check for the following information: to insure the order is complete; date of order, medication, Resident, dose, amount, time and route.	6/30/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – No dosage listed on admission order for Calcium and Vitamin D, and no documented evidence of order clarification available.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	6/30/20

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☒	§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. **FINDINGS** Resident #1 – No dosage listed on admission order for Calcium and Vitamin D, and no documented evidence of order clarification available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency in the future, during admissions and readmissions, the following will be checked first by the Primary Caregiver; Routine medications and as needed medications. These will be verified to have a signed order by the Physician or APRN. Orders will also be checked for the following: medication, dose, amount, Route and time. If a medication is not listed on the MAR or Physician Order Sheet, or is missing any of the listed previous information, adjustments will be made by either removing the medication and or obtaining a signed order. After the routine and as needed medications are audited by the Primary Caregiver, the Nurse Supervisor or the Substitute caregiver will also verify the orders, ensuring all medications have an order signed by ~~the~~ a physician or APRN and all orders are complete with Resident's name, medication, dose, amount, time, and Route ~~listed~~ listed.	6/30/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Per April and May MAR, Boost or Ensure supplement not given as ordered three times daily, and no order to discontinue available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For Resident #1, April and May MAR, no documentation on the MAR if the supplement was held or refused, MAR was blank. Resident #1 regularly refuse supplemental drink ~~To~~ But no order to discontinue was obtained. To correct this deficiency, signed order was obtained to discontinue the order. Please refer to attached signed order.	6/30/2000

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☒	§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. **FINDINGS** Resident #1 – Per April and May MAR, Boost or Ensure supplement not given as ordered three times daily, and no order to discontinue available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1, April and May, no documentation on the MAR if the supplement was held or refused. Resident #1 would regularly refuse the supplemental drink. To prevent this in the future, Nurse Supervisor will audit the MAR daily so all medications given and held are documented with a reason if it was held or not given. Held or refused medications are indicated by the medication passer's initials then circled. The reason the medication was not given will then be documented on the back of the MAR. In May, Ensure was not given due to a Telephone order from Anticoagulation Clinic but signed order was not obtained. When receiving phone orders, order will be documented in the progress notes and a signed order will be obtained within 5 days. Orders will be verified by Primary Caregiver and Nurse Supervisor or Substitute Caregiver. Orders will be check for Resident, medication, dose, amount, time, and route to be complete.	6/30/2010

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes did not include resident's response to Ensure or Boost supplements.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	6/30/20

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes did not include resident's response to Ensure or Boost supplements.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Progress notes did not include resident #1's response to Ensure or Boost supplements. To ensure resident's response to new orders are documented, the Primary Caregiver will ~~not~~ review progress notes daily, and will enter a progress note ~~to~~ on the response to the new order. On the monthly summary, the primary caregiver will review the progress notes and include the response to new orders to ensure documentation.	6/30/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" **FINDINGS** Resident #1 – No documented evidence that weekly weights were completed as ordered for May 2020, and no order to discontinue available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For Resident #1, order was to monitor weight weekly until weight stabalized. Resident's weight stabalized starting in March and was stable through April and May, but no order was obtained to discontinue weekly weights. ~~Signe~~ Weights ~~we~~ were sent to Resident's primary care physician and a signed order to discontinue weekly weights was obtained on 6/30/2020. See attached signed order.	6/30/20

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☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" **FINDINGS** Resident #1 – No documented evidence that weekly weights were completed as ordered for May 2020, and no order to discontinue available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** No documented evidence of weekly weights were completed or no order to discontinue available. To prevent this deficiency in the future, the Primary Caregiver will audit the MAR daily, verifying initials that the Physician's order was followed and completed. ~~If~~ If a medication was held or refused, Primary Caregiver will check that the initials are circled to indicate medication not given and will look for the reason not given documented on the back of the MAR.	6/30/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #1 – No case management services being provided for the expanded ARCH resident since readmission in 12/2019.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 was originally admitted on 8/26/19 at the ARCH level of care. On 12/26/19 he was readmitted from Kaiser Moanalua due to esophageal dyskinesia. Points on the Level of Care Evaluation indicated Resident was at the ARCH level, but Intermediate Nursing Level of Care was checked on the forms. To correct the deficiency, A level of Care Evaluation on Physical Exam Form was submitted to the resident's primary care physician and was recieved signed, certifying the resident at the ARCH level of care. Please see attached signed forms.	6/30/20

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☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #1 – No case management services being provided for the expanded ARCH resident since readmission in 12/2019.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1, no care management services provided. To prevent this deficiency in the future, we submitted our Expanded ARCH license to OHCA on 8/26/19. On all admissions and readmissions, the Level of Care Evaluation and Physical Exam Form will ~~be~~ be checked for the following: Name of Resident, points circled within ARCH level, boxes checked indicate ARCH level and form is signed and dated by physician or APRN. These will be check by the Primary Caregiver and ~~or the~~ Nurse Supervisor or Substitute care giver. ~~Ef~~ "	6/30/2020

Licensee's/Administrator's Signature: _____, PCG

Print Name: Larisa D. Sazon

Date: 7/13/2020