

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Huapala Senior Care C, LLC	<b>CHAPTER 100.1</b>
<b>Address:</b> 2649 C Huapala Street, Honolulu, Hawaii 96822	<b>Inspection Date:</b> April 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 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																																							
<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><u>FINDINGS</u></b> Resident #1 – Physician ordered the following:</p> <p>On 7/28/20 “Docusate Sennosides 50-8.6mg take 1 tab by mouth if no bowel movement after 2 days.”</p> <p>On 7/27/20 “Bisacodyl 10mg suppository unwrap and insert 1 suppository rectally once daily as needed for constipation if no BM after three days.”</p> <p>Resident’s ADL record, which monitors bowel movements, indicates multiple occasions where resident did not have a bowel movement for two days or more but medication administration record does not indicate that neither Docusate nor Bisacodyl as ordered.</p> <p>ADL record shows no bowel movements on the following dates:</p> <table border="0"> <tr> <td>10/7, 10/8</td> <td>12/17, 12/18</td> <td>3/1, 3/2</td> </tr> <tr> <td>10/10, 10/11</td> <td>12/20, 12/21</td> <td>3/5, 3/6</td> </tr> <tr> <td>10/20, 10/21</td> <td>12/30, 12/31, 1/1, 1/2, 1/3</td> <td></td> </tr> <tr> <td>10/23, 10/24</td> <td>1/6, 1/7</td> <td>3/8-3/12</td> </tr> <tr> <td>10/30, 10/31, 11/1, 11/2</td> <td>1/9, 1/10, 1/11</td> <td>3/14 – 3/16</td> </tr> <tr> <td>11/5, 11/6, 11/7</td> <td>1/13, 1/14</td> <td>3/18, 3/19</td> </tr> <tr> <td>11/9, 11/9</td> <td>1/16 – 1/19</td> <td>3/23-3/25</td> </tr> <tr> <td>11/18, 11/19, 11/20</td> <td>2/3 -2/5</td> <td>3/28-3/30</td> </tr> <tr> <td>11/23, 11/24</td> <td>2/7-2/9</td> <td></td> </tr> <tr> <td>11/26, 11/27, 11/28</td> <td>2/14-2/15</td> <td></td> </tr> <tr> <td>12/4, 12/5</td> <td>2/17-2/18</td> <td></td> </tr> <tr> <td>12/8, 12/9</td> <td>2/24-2/25</td> <td></td> </tr> <tr> <td>12/14, 12/15</td> <td>2/27-2/28</td> <td></td> </tr> </table>	10/7, 10/8	12/17, 12/18	3/1, 3/2	10/10, 10/11	12/20, 12/21	3/5, 3/6	10/20, 10/21	12/30, 12/31, 1/1, 1/2, 1/3		10/23, 10/24	1/6, 1/7	3/8-3/12	10/30, 10/31, 11/1, 11/2	1/9, 1/10, 1/11	3/14 – 3/16	11/5, 11/6, 11/7	1/13, 1/14	3/18, 3/19	11/9, 11/9	1/16 – 1/19	3/23-3/25	11/18, 11/19, 11/20	2/3 -2/5	3/28-3/30	11/23, 11/24	2/7-2/9		11/26, 11/27, 11/28	2/14-2/15		12/4, 12/5	2/17-2/18		12/8, 12/9	2/24-2/25		12/14, 12/15	2/27-2/28		<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">Contacted PCP to change her PRN orders to reflect her bowel movement cycle of every 3-4 days. Telephone order received on 4/26/21.</p>	<p align="center">5/12/21</p> <p align="right">21 MAY 17 09:58 STATE OF HAWAII DOH-ONCA STATE LICENSING</p>
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STATE OF HAWAII  
DOH-ONCA  
STATE LICENSING

21 MAY 17 A9 58

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STATE OF HAWAII  
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that the facility followed-up with the physician regarding the 2/12/21 Consultant Registered Dietitian's recommendations to liberalize the diet to Regular diet, regular portions.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Re-educated nurses to notify and follow up with RD recommendations with PCP and note conversation and outcome in the progress notes. Nurse Managers will have a weekly visit to the care home to discuss status of all residents. Nurse Managers will audit the charts annually to ensure completeness and accuracy.</p>	<p>5/12/21 &amp; ongoing</p> <p>21 MAY 17 A9 58</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Bristol Hospice care plan was not updated to reflect the current diet order - NAS, consistency carbohydrates, smaller portions, honey thickened liquids (ordered 2/20/21).</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">Contacted Hospice to inform them of current diet. Hospice corrected the diet information on 4/20/21.</p>	<p align="center">5/12/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b> Resident #1 – Bristol Hospice care plan was not updated to reflect the current diet order - NAS, consistency carbohydrates, smaller portions, honey thickened liquids (ordered 2/20/21).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Re-educated nurses to inform Hospice of any changes made to residents care plan. Nurses to discuss with Hospice during their visits regarding care plans, new orders, and changes. Nurse Managers to audit charts including hospice notes annually.</p>	<p>5/12/21 ongoing</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>21 MAY 17 09:58</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><u>FINDINGS</u></b>  Resident #2 – No documented evidence that the facility notified the physician of a significant weight loss (9.2 lbs) that occurred from February 2021 (96.2 lbs) to March 2021 (87 lbs).</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">2 different scales were being used by 2 different nurses. Weight taken 3x on one scale shows 86.1lbs. This is the accurate weight that was obtained on 4/23/21, faxed to PCP, and noted in the chart.  PCP notified on 4/23/21.</p>	<p align="center">5/12/21</p> <p align="right">21 MAY 17 A9:58  STATE OF HAWAII  DOH-DHCA  STATE LICENSING</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><u>FINDINGS</u></b>  Resident #2 – No documented evidence that the facility notified the physician of a significant weight loss (9.2 lbs) that occurred from February 2021 (96.2 lbs) to March 2021 (87 lbs).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>During endorsements, nurses are to have the residents current information from their 3-day shift to discuss current status of each resident, including weight. When weighing residents, one scale must be used consistently to avoid discrepancies. House nurses will ensure that weights are noted accurately and notify PCP when weights are +/- 3lbs from current weight. Nurse Managers will audit charts annually to ensure completeness and accuracy.</p>	<p>5/12/21  + ongoing</p> <p>STATE OF HAWAII  DOH-DHCA  STATE LICENSING</p> <p>21 MAY 17 09:58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Substitute care giver #1 and #2: No documented evidence of twelve (12) hours of continuing education.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Documents of continuing education is located in the Staff Qualification Binder. Please see attached.</p>	<p>5/12/21</p> <p>21 MAY 17 A9:58</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Substitute care giver #1 and #2: No documented evidence of twelve (12) hours of continuing education.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Training documentation will be updated monthly for staff and as needed when the competencies are submitted by new staff. The SCG in-service documents will be placed in the binder that will be submitted to DOH at the annual inspection.</p>	<p>5/12/21 &amp; ongoing</p>

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Licensee's/Administrator's Signature: *[Signature]* 10004

Print Name: Lora Garcia

Date: 5/12/2021

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