

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Olalani Senior Care, LLC	<b>CHAPTER</b> 100.1
<b>Address:</b> 45-217 William Henry Road, Kaneohe, Hawaii 96744	<b>Inspection Date:</b> April 20, 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.**

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DOH-DHCA  
DATE LICENSING

	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 #2: Docusate sodium (50mg) Sennosides (8.5mg) stool softener tablets, 1 tab PO once a day ordered on 3/29/21. Medication not available.</p>	<p>PART 1</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>See Attached</p>	<p>04/20/21</p>

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## ANNUAL INSPECTION

April 20, 2021

### PLAN OF CORRECTION

#### 11-100.1-15 Medications. (e)

**The deficiency was corrected.** A bottle of Docusate Sodium (50mg), Sennosides (8.6mg) Stool Softener and Laxative tablets, completely labeled with resident's name, date, PMD's name and instructions pasted on the bottle was placed in the resident's bin. The bottle was put in the bin while Consultant Inspector was still in the Home.

Completion Date: April 20, 2021

#### Future Plan:

To prevent recurrence of the same deficiency in the future:

1. Had an inservice with OSC Staff of deficiency. Informed staff to follow 'Olalani Senior Care (OSC) LLC's Protocol for Medications' that resident's Physician order of meds must match the Medication Administration Record (MAR), and the medication list on the MAR must also match the medications' container labels inside the resident's bin. And most importantly, that all prescribed medications listed on the MAR are all inside the resident's bin ready to be poured or given as needed. Report any discrepancies to RN.
2. RN, PCG or assigned caregiver substitute will randomly check and match the resident's medications in the bin against the MAR when pouring medications and also twice a week for 2 months. It will also be checked once a month after the new monthly MAR is made and/or when there is a new medication ordered for the resident to check for completeness of the MAR and the presence of the medication ordered inside the resident's medication bin. Report any discrepancies to RN.

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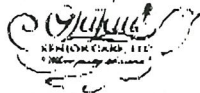
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*J. Tabano*, RN, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b> Resident #2: Docusate sodium (50mg) Sennosides (8.5mg) stool softener tablets, 1 tab PO once a day ordered on 3/29/21. Medication order not transcribed to medication administration record for March 2021 and April 2021.</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"><i>See Attached</i></p>	<p align="center"><i>04/20/21</i></p> <div style="text-align: right;"> <p>21 JUN 14 A7:58</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> </div>



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ANNUAL INSPECTION  
April 20, 2021

**PLAN OF CORRECTION**

**11-100.1-15 Medications. (f)**

**The deficiency was corrected.**

The new order of medication: Docusate Sodium (50mg), Sennosides (8.6mg) Stool Softener and Laxative Tablets dated 03/29/21 was transcribed to the March and April MARs on the day of inspection. PCG made sure that medication transcribed to the MARs were done correctly and accurately by checking against the Medication order and the medication container label inside the resident's medication bin. RN rechecked transcribed medication order against Physician's Order, MAR and Labeled medication bottle.

Completion Date: April 20, 2021

**Future Plan:**

To prevent recurrence of the same deficiency in the future:

1. Had an inservice with staff of deficiency. Staffs were reminded and retrained to follow current OSC's Protocol for 'New or Renewed Physician's Medication Order' should be transcribed to the MAR as soon as feasible, especially if medication bottle is already on hand. PCG or substitute caregiver will transcribe the medication on the MAR and the other staff to review, making sure that the Physician's order matches the MAR and the medication container label inside the resident's bin.
2. PCG, Designated SCGs on AM and PM shift will check the medical chart of any resident coming back to the Care Home from a doctor's visit for any new physician's medication / procedure ordered. And that would include any faxed physician's orders to OSC, if any. The SCG designated to give meds that day or shift will also check the fax machine for any new faxed medication or procedure orders. If there's any new medication order or any changes in medication order which includes but not limited to dosages, time, route, etc., the new medication or any changes in previous medication order will be transcribed onto the MAR as soon as possible; and on any changes, previous order of the same medication will be discontinued on the MAR and the new order transcribed also to the current MAR.

PCG and Night Shift Substitute Caregiver will be in charged of checking all resident's MARs (current and for the following month) for completeness or errors on the last day of every month. Report any discrepancies to RN.

3. PCG, Assigned Substitute Caregiver will randomly check the residents' Medical Record for the last written medication order by PMD/APRN against the medication label and MAR every month to check for the presence of may be missed medication orders and/or missing medication containers in the resident's bin. To report any discrepancies to RN.

*Dr. Tabanung, F.R.N., PCG*

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1: Nutrition care plan was not developed for resident with nutrition risks- modified texture diet (chopped, bite size) and low BMI.</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; font-size: 1.5em;">See Attached</p>	<p style="text-align: right; font-size: 1.2em;">04/28/21</p> <div style="text-align: right; font-size: 0.8em;">             21 JUN 14 A 7:58              STATE OF HAWAII              DOH-ORCA              STATE LICENSING           </div>



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## ANNUAL INSPECTION

April 20, 2021

### PLAN OF CORRECTION

#### 11-100.1-88 Case Management Qualifications and Services. (c) (2)

##### The deficiency was corrected.

Resident's RN, CM visited the Care Home. Plan of Care and Comprehensive Assessment were reviewed and discussed. Missing Nutrition Care Plan on Modified Texture Diet on an Expanded resident who is high risk for malnutrition due to Low BMI nutritional assessment. Current Diet of resident ordered were discussed extensively by Care Home's RN, PCG and CM, RN, resident's case manager. Future plan of what needs to be done to prevent the same mistake were also discussed.

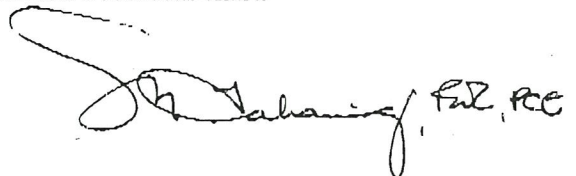
CM, RN developed a new nutrition care plan for resident with nutritional risks such as Low BMI per nutritional assessment by Registered Dietitian. Current diet is modified texture diet. Regular, Chopped to Bite Sizes diet and Low BMI have been included in the new made care plan. CM, Care Home's RN, PCG and Staffs went over new care plan to familiarize with interventions, goals and evaluation of outcomes. Copy Enclosed.

Completion Date: 04/28/21

##### Future Plan:

To prevent recurrence of the same deficiency in the future:

1. Diagnoses and present problems will be reviewed by RN, CM and PCG on initial assessment upon admission. Plans of care will be developed by RN, CM on every problem/diagnosis identified and will be reviewed within 48 hours from admission and during monthly visits thereafter to prevent missing specific plan of care for the prevention and treatment of the resident's specific illness or diagnosis.
2. RN, CM and PCG will collaborate to check/recheck/review resident's plan of care during monthly visits, making sure that all resident's problems have been covered; plans of care have been developed by RN, CM and are in resident's medical record or chart for PCG and Staff to review.
3. PCG will recheck all written care plans of expanded resident at the end of every month against list of problems/diagnoses initially identified by Care Home's RN, PCG and CM. PCG will also check for completeness, appropriateness and the presence of care plans in the resident's medical chart.

 J. Mahoney, RN, PCG

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

*Myriam R. Tabanlag*

Print Name: MYRIAM R. TABANLAG

Date: May 11, 2021

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