

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> The Arc of Kona – Kona Krafts	<b>CHAPTER 89</b>
<b>Address:</b> 82-1055 Kiloa Road, Captain Cook, Hawaii 96704	<b>Inspection Date:</b> March 15, 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 -8 P 2:20  
STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (a) The caregiver shall, in coordination with the case manager, arrange for resident access to medical services at all times, including emergency services. The facility shall have a written policy which specifies the procedures to be followed in medical emergencies.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that 20.9 lbs. weight gain in 12 months was reported to the physician/APRN.</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><u>Staff will discuss the weight gain of the resident with the resident's physician at the next scheduled medical appointment. Immediately following the medical appointment, staff will document in the shift log that the resident's 20.9 lb. weight gain within 12 months was discussed with the physician as well as any other applicable information discussed with the physician.</u></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – APRN noted on 6/30/20 “D/C Nystop 100,000unit/gram apply PRN.” On 9/1/20, the APRN ordered Nystop again. The medication was listed as current in medication administration record (MAR) from 6/30/20 to 9/1/20.</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>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – APRN noted on 6/30/20 “D/C Nystop 100,000unit/gram apply PRN.” On 9/1/20, the APRN ordered Nystop again. The medication was listed as current in medication administration record (MAR) from 6/30/20 to 9/1/20.</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>The noted medication (Nystop) has been discharged in the Medication Administration Record. Staff will request the resident's physician provide clarification and, if applicable, a corrected medication order at the next scheduled medical appointment scheduled in approximately one week. Staff will be re-trained to thoroughly review changes in medication orders after each medical appointment of each resident and seek clarification as needed. The agency Registered Nurse will continue to review the Medication Administration Record on at least a monthly basis for quality assurance and accuracy.</p>	

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



Print Name: \_\_\_\_\_ Michele L. Ku, President/CEO

Date: \_\_\_\_\_ April 5, 2021

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