

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Ekolu, LLC	CHAPTER 100.1
Address: 45-219 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: September 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
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications, (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 – Calmoseptine order from 6/2/2020 states, “Apply to affected areas.” Medication administration record (MAR) for the same month states, “Apply to buttocks at each change.” Calmoseptine order from 9/1/2020 states, “Apply to buttocks at each change to avoid skin breakdown.” MAR for the same month states, “Apply to affected area once a day and as needed for redness.” Medication orders and MARs do not match.	<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, deficiency was corrected by sending <del>an</del> order in a clarification order to doctor. Doctor responded with calmoseptine ointment: Apply to affected area daily as needed for redness.</p>	<p style="text-align: center;">12/22/20</p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 – Calmoseptine order from 6/2/2020 states, “Apply to affected areas.” Medication administration record (MAR) for the same month states, “Apply to buttocks at each change.” Calmoseptine order from 9/1/2020 states, “Apply to buttocks at each change to avoid skin breakdown.” MAR for the same month states, “Apply to affected area once a day and as needed for redness.” Medication orders and MARs do not match.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">In the future I will double check the orders and compare with MAR every month.</p>	

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<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> Resident #2 <ul style="list-style-type: none"> <li>Medication order for Calcium/Vitamin D3 = "Calcium 600 Vitamin D3 800 mg – 1 tab orally once a day." Label/dose on bottle states, "Calcium 600 Vitamin D3 400 mg." Wrong dose of Vitamin D3 being administered.</li> <li>In addition, September MAR states Calcium 600 Vitamin D3 600 mg. Medication order and MAR do not match.</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>I clarified with MD office that the Calcium order is Calcium 1000-0 D3 800 mg. I have received a signed order that states this correct order. I also updated our MAR to match the PDS.</p>	<p style="text-align: center;">09/21/2020</p>

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☒	<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 #2 – Most recent order for Vitamin B-12 from July 7, 2020, states, “1000 mcg orally once a day.” On March 31, 2020, the physician’s order sheet (POS) stated, “Vitamin B-12 500 mcg orally once a day.” However, the April-July 2020 MAR stated, “Vitamin B-12 1000 mcg orally once a day.” April-July 2020 MAR did not match the March 31, 2020 physician’s order.</p>	<p style="text-align: center;">PART 2  <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will compare the PDS and MAR line by line and correct any discrepancies as soon as I find them.</p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>  <b>PART 1</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No signed medication orders on or prior to admission.</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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<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/> §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;  <u><b>FINDINGS</b></u> Resident #2 – December 2019 and January 2020 progress notes did not include observations of the resident's response to medications.	<p style="text-align: center;"><b>PART 1</b></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>	

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (b)(4) During residence, records shall include:  Entries describing treatments and services rendered;  <b>FINDINGS</b> Resident #1 – No documented evidence that the facility followed the Consultant Registered Dietitian's diet recommendations (June 2020).	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></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;"><i>I have added a late entry explaining how we implemented RD's recommendations on the June 2020 progress note. I also added residents response to RD recommendations.</i></p>	<p><i>10/13/2020</i></p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§ 11-100.1-20 Resident health care standards. (d)            When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><b>FINDINGS</b>            Resident #1 – Macrobid ordered on 7/6/2020 and noted by the facility on 7/8/2020 (Unable to determine when facility actually received the medication order). On 7/9/2020, the physician was notified that the resident refused to take the antibiotic. Unable to determine if the facility attempted to carry out the order and notified the physician in a timely manner.</p>	<p><b>PLAN OF CORRECTION</b></p> <p><b>PART 1</b></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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RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (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:  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;  <b>FINDINGS</b> Resident #1 – No nutrition care plan developed for resident on a heart healthy, NAS, low sugar, regular consistency diet.	<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;"><i>A nutrition care plan was developed and implemented. Educational hand outs and resources were provided to staff.</i></p>	<p><i>10/13/2020</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (g)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care plan not reviewed monthly.</p>	<p><b>PART 1</b></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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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)</p> <p>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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b> Resident #1 – No face-to-face contact with the resident every 30 days.</p>	<p><b>PART 1</b></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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Licensee's/Administrator's Signature:



Print Name:

Maphana Tamm

Date:

10/19/2020

Licensee's/Administrator's Signature:



Print Name:

Maphana Tamm

Date:

December 25, 2020