

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Lunalilo Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 501 Kekauloahi Street, Honolulu, Hawaii 96825</b>	<b>Inspection Date: February 19, 2021 Annual</b>

**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.**

STATE OF HAWAII  
DOH-ONCA  
STATE LICENSING

JUL -9 P237

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>  Resident #1: Level of care physician order unclear.</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>Resident's LOC was resent to the provider provider signed and returned.  All charts have been reviewed to ensure all LOC's are in the correct chart, have been completed, and are correct. Nurses will check monthly that all LOC's are correct and in the correct chart.</p> <p style="text-align: right;">STATE OF HAWAII  DOH-DICA  STATE LICENSING</p>	<p>3/2021</p> <p style="text-align: right;">21 JUL -9 P2:37</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-10 <u>Admission policies.</u> (a)            Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission.            Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u>            Resident #1: Level of care physician order unclear.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Quarterly intervention to be held.            Nurses to check that to LSC or other objects completed, and in the correct chart during monthly summary completion.</p>	<p>ongoing</p> <p style="text-align: right;">21 MAY 21 P 3:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DOH-DHCA            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)(3) During residence, records shall include:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1: Progress notes did not include observations of the resident's response to 1500cc fluid restriction.</p>	<p style="text-align: center;">PART I</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>	<p style="text-align: center;">21 MAY 21 P 3:26</p> <p style="text-align: center;">STATE OF HAWAII DOI-DHCA STATE LICENSING</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> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b> Resident #1: White out used on medical history form.</p>	<p style="text-align: center;">PART 1</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>Nurses will address history in their history charting. In service I never heard on proper charting etiquette. Learned that white out is not allowed. Put a paper procedure which is to put all the things to error, initial, and then document to correct infractions.</p>	<p style="text-align: center;"><del>Ongoing</del> <sup>(PP)</sup></p> <p style="text-align: center;">2/26</p> <p style="text-align: right;">21 MAY 21 P3:26</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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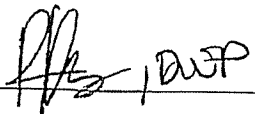
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1: Medical emergency information sheet not on file. Medical Emergency information sheet on file belongs to another resident.</p>	<p>PART 2</p> <p><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><i>all charts will be checked that they all contain a emergency medical information monkey with number complete their monkey monkey</i></p>	<p><i>Ongoing</i></p> <p>21 MAY 21 3 26</p> <p>STATE OF HAWAII DOH-DICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2)            In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><b><u>FINDINGS</u></b>            No documented evidence that the food preparation staff received special diet training provided the consultant registered dietician.</p>	<p>21 MAY 28 10 03 PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>            STATE OF HAWAII            DOH-OHCA            STATE OF HAWAII  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Annual Nutrition Inservice conducted by consultant dietitian on Oct. 29, 2020, but unable to find sign-in sheets at time of inspection. New Nutrition Inservice training on Texture-Modified Consistency was completed by staff. Agenda &amp; Sign-in sheet attached. Date Completed 5/10/21</p>	<p>5/10/2021</p>

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	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: The specific procedures "at risk of nutritional deficit" care plan referred to a dehydration handout and dysphagia diet handout, handouts were not available for review.</p>	<p><b>PART I</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><i>CM notified            nutritional, dehydration, and dysphagia            handout received and added to CM binder</i></p>	<p>2/24</p> <p>21 MAY 21 P 3:26</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII            DOH-ORCA            STATE LICENSING</p>

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Licensee's/Administrator's Signature: 

Print Name: Dr. Pokii Balaz

Date: 2/26/21

Licensee's/Administrator's Signature: 

Print Name: Dr. Pokii Balaz

Date: 7/4/21