STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Mohalu	**CHAPTER 100.1**
Address: **3650 Maunalei Avenue, Honolulu, Hawaii 96816**	**Inspection Date: December 2, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute Care Giver (SCG) #1 and #2 – No current annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Physical exam was doneoon 12/09/20(SCG#1) and 12/18/20(SCG#2)	12/09/20 & 12/18/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute Care Giver (SCG) #1 and #2 – No current annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** SCG #2 was on modified work(light duty) until 11/30/20.Upon release from modified work, physical exam and TB attestation was done on 12/09/20. SCG #1 was not able toobtain an appointment with PCP for physical exam. During this pandemic it has been challenging to schedule an appointment fora physical exam. PCG will remind SCG 3 months prior to expiration of PE to allow ample time for SCG toschedule an appointment with PCP.	12/18/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 – No annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** TB Clearance was completed on 12/09/20.	12/09/20

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 – No annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will check employees' medical record, which includes TB clearance,and will notify SCG and other staff 3 months prior to expiration of the TB clearance. This will allow time for SCG and staff to schedule an appointment for TB clearance.	12/02/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2 – No current first aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #2 First Aid Training was completed on 11/12/20. Copy of the certificate was~~pending~~ pending payment.	12/07/20

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☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2 – No current first aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The pCard holder was not able to make a payment on 11/12/20 causing a delay in obtaining the certificate. PCG will follow up with SCG and pCard holder 3-days prior to the expiration of First Aid Certification to ensure certificate can be obtained on time.	12/07/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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; **FINDINGS** Resident #2 – Monthly progress notes did not include observations of the resident's response to diet.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	12/08/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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; **FINDINGS** Resident #2 – Monthly progress notes did not include observations of the resident's response to diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Form ARCH IR 22C Monthly Progress note was modified on 12/08/20. Space was added to record observations of the resident's response to medication,treatment,diet,etc. PCG will review the monthly progress notes on the 20th of each month to ensure proper documentation is complete.	12/08/20 Ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Monthly progress notes for January 2020 to October 2020 did not accurately reflect weight changes.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	12/25/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Monthly progress notes for January 2020 to October 2020 did not accurately reflect weight changes.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This resident was admitted to the hospital in January for Osteomyalysis and amputation of L 2nd toe. Resident's weight on readmission to Hale Mohalu was 146.2# . Nutrition assessment was completed by RD on 3/12/20. The PCG and SCG monitored resident's weight with RD's recommended goal range of 145-155# in mind. All residents' weight changes are reported to PCP,RD,SW at the monthly Governing Body Meeting (multidisciplinary team). PCG will continue to report residents' weight changes at monthly meetings for advice and and recommendations and ensure progress notes are properly updated.	12/25/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; **FINDINGS** Resident #2 – No documented evidence that the registered dietitian was utilized to provide nutrition assessments to resident on special diet (heart healthy, CCHO – limit carbs to 30g each week) and weekly weights.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Nutrition assessment was done on 3/12/20. Care plan for weight was developed on 12/03/20.	12/03/20

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☒	§11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; **FINDINGS** Resident #2 – No documented evidence that the registered dietitian was utilized to provide nutrition assessments to resident on special diet (heart healthy, CCHO – limit carbs to 30g each week) and weekly weights.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Consultation was done on 3/02/20 by a Registered Dietitian. PCG will contact the Registered Dietitian after each monthly Governing Body (multi disciplinary) meeting and request documentation for any changes to ensure that the diet plan is accurate and updated with documented information that can be reviewed to determine that the resident's nutrition needs are met.	12/09/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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; **FINDINGS** Resident #1 – No care plan developed to address the nutritional needs of resident with chopped diet, weekly weights, and wound.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Nutritional assessment was done on 3/12/20 and the care plan,which includes weight, was developed on 12/25/20.	12/25/20

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☒	§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; **FINDINGS** Resident #1 – No care plan developed to address the nutritional needs of resident with chopped diet, weekly weights, and wound.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** With the onset of the COVID-19 pandemic, all visitors including the case manager were prohibited from entering the care home. PCG has been having periodic phone conversations with the case manager to discuss residents care plan. To avoid similar errors, PCG will fax/email all care plans to the case manager to allow the case manager time to review prior to contacting the case manager for discussion.	12/25/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence care plan was reviewed monthly by case manager as care plan was not signed/initialed monthly.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	12/25/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence care plan was reviewed monthly by case manager as care plan was not signed/initialed monthly.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG maintained a log to document phone conversations with case manager. The case manager was not able to sign monthly care plan due toCOVID-19 pandemic of visitation restrictions. Monthly case manager visit via Telehealth was utilized.The case manager will update and sign the care plan after each Telehealth session and FAX or email to the PCG. To prevent this deficiency from happening in the future,PCG will set Google Calender every month on the 20th to remind case manager to review the care plan,also set alert on calender for the 28th to remind PCG to check updated care plan to confirm signatures.	12/25/2020 on going 6/01/21 ongoing

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☒	§11-100.1-88 Case management qualifications and services. (c)(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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence care plan was reviewed monthly by case manager as care plan was not signed/initialed monthly.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG maintained a log to document phone conversations with case manager. The case manager was not able to sign the monthly care plan due to visitor restrictions as a result of the COVID-19 pandemic. Telehealth visits with PCP were encouraged during the pandemic. All residents or their legal representative have signed the Telehealth Informed Consent form. Monthly case manager visit via Telehealth was utilized. The case manager will update and sign care plan after each Telehealth session and FAX or email care plan to the PCG.	12/25/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) 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: 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; **FINDINGS** Resident #1 – No documented evidence of face-to-face contact with case manager at least once every thirty (30) days.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	12/25/20 ongoing

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(8) 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: 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; **FINDINGS** Resident #1 – No documented evidence of face-to-face contact with case manager at least once every thirty (30) days.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Due to the COVID-19 pandemic face to face visit were limited. All residents or their legal representatives signed a Telehealth consent form. PCG created the log sheet for case manager to sign and date the face to face service or Telehealth. To prevent this deficiency from happening in the future, PCG will set Google calender each month for the 30th to ensure that the form was signed by the case manager with date visited.	12/25/2020 ongoing 06/01/2021 ongoing

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Licensee's/Administrator's Signature: _____

Print Name: Takemi Seamon

Date: 7/01/21

Licensee's/Administrator's Signature: _____

Print Name: Takemi Seamon

Date: 8/01/2024