

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai ARCH	CHAPTER 100.1
Address: 308 Kuliouou Road, Honolulu, Hawaii 96821	Inspection Date: February 8, 2022 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.

STATE OF HAWAII
DOR-ORCA
STATE LICENSING

22 MAR 14 P 1:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #2 – Physician’s diet order dated 9/18/21 states, “chopped”; however, special diet menu unavailable for review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I MET WITH THE DOH DIETICIAN, SHE EXPLAINED TO ME HOW TO CREATE A SPECIAL DIET CHOPPED MENU AND I CREATED A SPECIAL DIET CHOPPED POSTER ON MY BULLETIN BOARD.</p>	<p style="text-align: right;">22 MAR 14 P1:43</p> <p style="text-align: right; font-size: small;">STATE OF MAINE DOH-CHOCAL STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Resident #2 – Physician’s diet order dated 9/18/21 states, “chopped”; however, special diet menu unavailable for review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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;">I WILL WRITE ON THE SIDE OF THE BOARD WITH RESIDENTS APPOINTMENTS WHO IS HAVING SPECIAL DIET CHOPPED. ALSO I WILL HAVE A 4 WEEK CYCLE MENU POSTED BY THE KITCHEN/BULLETIN BOARD FOR ME TO OCCASSIONALLY/WEEKLY CHECK OR LOOK AT IT.</p>	<p style="text-align: right;">22 MAR 14 P1:43</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DORIS L. CHAN STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – No documented evidence on the medication administration record (MAR) of the following medication orders dated 12/23/20 being provided to the resident between 12/23/20-5/3/21:</p> <ul style="list-style-type: none"> • Ketorolac (ACULAR LS) 0.4% - Apply into the eyes • Loperamide HCl (IMMODIUM) – Take by mouth. PRN 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2-15-2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – No documented evidence on the medication administration record (MAR) of the following medication orders dated 12/23/20 being provided to the resident between 12/23/20-5/3/21:</p> <ul style="list-style-type: none"> • Ketorolac (ACULAR LS) 0.4% - Apply into the eyes • Loperamide HCl (IMMODIUM) – Take by mouth. PRN 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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;">IF THERE WILL BE CHANGE OR ADJUSTMENTS OF MEDICATIONS, I WILL IMMEDIATELY MAKE CORRECTION OR ADJUSTMENTS ON THE MAR AND WILL MAKE NOTIFICATION ON MY PLANNER BOOK WHEN DONE AND WILL SET A REMINDER DATE TO MY PHONE WHEN NEED TO RE - CHECK AGAIN.</p>	<p style="text-align: center;">22 MAR 14 P1:43</p> <p style="text-align: center;">STATE OF HAWAII DOR-DHCSA 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)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> 11-100.1-17(b)(8) Resident #1 – No documented evidence physician visits dated 3/31/21, 4/5/21, 5/20/21, 7/30/21, 11/10/21, and 1/13/22 were noted in monthly progress notes</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2 - 15 - 2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence physician visits dated 3/31/21, 4/5/21, 5/20/21, 7/30/21, 11/10/21, and 1/13/22 were noted in monthly progress notes</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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;">CHECK THE APPOINTMENT CALENDAR PESTED BY THE KITCHEN AND WILL KEEP READY THE APRN/MD. ORDER FORM A DAY OR A NIGHT BEFORE EVERY APPOINTMENT FOR THE APRN/MD TO WRITE NOTES AFTER THE VISIT. WHILE ^{GRAB}</p> <p style="text-align: center;">WILL MAKE SURE TO WRITE ON THE PROGRESS NOTES ABOUT THE VISIT AS SOON AS ARRIVED HOME OR ANYTIME THAT SAME DAY & PUT A CHECK MARK TO MY EARLY ^{EARLY} CALENDAR WHEN DONE.</p>	<p style="text-align: right;">22 MAR 14 P 1:43</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Belarmina Ref

Print Name: BELARMINA ROE

Date: 2-15-2022

RECEIVED

FEB 18 2022

Licensee's/Administrator's Signature: Belarrina Rol

Print Name: BELARRINA ROL

Date: 3-9-2022

STATE OF HAWAII
DOR-OPCA
STATE LICENSING

22 MAR 14 P 1:43