STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Ohana Care	CHAPTER 100.1
Address: 3846 Noeau Street, Honolulu, Hawaii 96816	Inspection Date: October 18, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-10 <u>Admission policies</u> . (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. FINDINGS Resident #1 - No level of care prior to admission on 6/25/21 and readmission on 7/23/21.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

RULES (CRITERIA) PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
RULES (CRITERIA) §11-100.1-13 Nutrition. (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. FINDINGS When the posted menu is not followed, substitutions are not documented. No substitution list.	PLAN OF CORRECTION PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Completion Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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.	PART 2 <u>FUTURE PLAN</u>	2
<u>FINDINGS</u> When the posted menu is not followed, substitutions are not documented. No substitution list.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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. FINDINGS Resident #1 - "Calcitonin salmon 200 units/spray 1 spray alternating nostrils one time a day" ordered 6/30/21; however, the medication record did not indicate that nostrils were alternated.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
		Date
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 \$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. FINDINGS Resident #1 - "Amoxicillin/clavulanate 875/125 mg Take 1 tablet by mouth every 12 hours for 5 days. Qty 10 tablet" ordered 6/30/21; however, the July 2021 medication record noted eight (8) tablets were taken. 	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
		Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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. FINDINGS Resident #1 - "Lactobacillus rhamnosus 15 billion cell oral capsule, sprinkles Take 1 capsule by mouth daily for 10 days. Qty 10 capsile" ordered 6/30/21; however, the July 2021 medication record noted that nine (9) capsules were taken.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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		Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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. FINDINGS Resident #1 - "Permethrin 5% cream massage into skin head to feet leave on for 8-14 hours then wash off. Rpt in 14 days if live mites still present. Itching may persist after treatment" ordered 8/3/21. The August 2021 medication record noted the medication was applied 8/3/21 and 8/9/21.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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		Date
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Image: constraint of the probability of the physician shall be recorded immediately on the physicians order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY FINDINGS Resident #1 - Telephone order (7/6/21) to "crush medication and mix with ice cream" (noted in the progress notes) was not recorded on the physician order sheet.	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. <u>FINDINGS</u> Resident #1 - Telephone order (7/6/21) to "crush medication and mix with ice cream" (noted in the progress notes) was			Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. <u>FINDINGS</u> Resident #1 - Telephone order (7/6/21) to "crush medication and mix with ice cream" (noted in the progress notes) was not recorded on the physician order sheet.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 - No documentation of the primary care giver (PCG) assessment on admission 6/25/21 and readmission on 7/23/21.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
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 §11-100.1-17 <u>Records and reports.</u> (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; FINDINGS Resident #1 - No documentation of the primary care giver (PCG) assessment on admission 6/25/21 and readmission on 7/23/21. 	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #1 - No report of recent medical examination and current diagnosis for admission on 6/25/21 and 7/23/21.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
 §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; <u>FINDINGS</u> Resident #1 - No physician orders for diet and medication on admission 6/25/21 and readmission on 7/23/21. 	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
	RULES (CRITERIA) §11-100.1-17 Records and reports. (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; FINDINGS Resident #1 - No physician orders for diet and medication on admission 6/25/21 and readmission on 7/23/21.	PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Completion Date

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 #1 - No progress notes regarding the admission on 6/25/21 and events preceding discharge the same day. 	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
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\boxtimes	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:	PART 2	
	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>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	FINDINGS Resident #1 - No progress notes regarding the admission on 6/25/21 and events preceding discharge the same day.		

Image: Non-order state	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
behavior, continence and the use of a personal alarm. this deficiency, only a future plan is required.	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>FINDINGS</u> Resident #1 - Progress notes did not include observations of the resident's need for and response to crushed medication,	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
\square	§11-100.1-17 <u>Records and reports.</u> (b)(3)	PART 2	
	During residence, records shall include:		
		FUTURE PLAN	
	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,	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	any changes in condition, indications of illness or injury,	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	behavior patterns including the date, time, and any and all action taken. Documentation shall be completed	IT DOESN'T HAPPEN AGAIN?	
	immediately when any incident occurs;		
	FINDINGS		
	Resident #1 - Progress notes did not include observations of		
	the resident's need for and response to crushed medication,		
	behavior, continence and the use of a personal alarm.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:	PART 1	Date
General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; <u>FINDINGS</u> Resident # 1- No legend for initials (AC) on the August 2021 and October 2021 medication records.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
\square	§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:	PART 2	
	 General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; FINDINGS Resident # 1- No legend for initials (AC) on the August 2021 and October 2021 medication records.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:	PART 1	
 Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS Resident #1 - The permanent general register did not include admission and discharge on 6/25/21 and readmission on 7/23/21. 	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
\square	§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:	PART 2	
	 Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS Resident #1 - The permanent general register did not include admission and discharge on 6/25/21 and readmission on 7/23/21. 	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:	PART 1	Date
Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS No signaling devices in two (2) resident bathrooms.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
		Date
§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:	PART 2	
Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.	<u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
<u>FINDINGS</u> No signaling devices in two (2) resident bathrooms.		

Licensee's/Administrator's Signature:

Print Name:

Date: _____