

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kahuanani Hale	CHAPTER 100.1
Address: 94-284 Kahuanani Place Waipahu, Hawaii 96797	Inspection Date: August 31, 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.

STATE OF HAWAII
DOH-OSCA
STATE LICENSING

21 NOV 30 PM 2:50

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> SCG#1 – No evidence of Primary Care Giver (PCG) training available for review.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</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;">SEE ATTACHED</p>	

21 NOV 30 12:50

11-100.1-9 Personnel, staffing and family requirements. (F)(2)

Page 2

Yes, the deficiency has been corrected. All training has been conducted and records filed in appropriate binder.

Completion date: 9/8/21

A handwritten signature in black ink, appearing to read "K. [unclear]".

21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><u>FINDINGS</u> SCG#1 – No evidence of Primary Care Giver (PCG) training available 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;">SEE ATTACHED</p>	

STATE OF HAWAII
 DCH-0007
 STATE LICENSING

21 NOV 30 12:50

In the future, Kahuanani Hale will perform the following steps to ensure timely completions of giver training and certifications:

1. Kahuanani Hale will issue a verbal and written reminder to all caregivers 45 days prior to their CPR/FIRST AID renewal dates.
2. Kahuanani Hale will be utilizing an appointment wall calendar system for tracking and monitoring all required certifications and trainings.
3. In addition, Kahuanani Hale will continue to use it's e-calendar for tracking and monitoring all required certifications and trainings.
4. In the event of a cancelled or postponed training due to COVID or other issues, a secondary training option has been engaged.
5. All requisite training documentation and certification recorded will be filed in the appropriate binder in a timely manner.

Completion date: 9/3/21



21 NOV 30 PM 2:50

STATE OF HAWAII
DOH-011A
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – No diet order available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SEE ATTACHED</p>	

STATE OF HAWAII
 DOH-CDCA
 STATE LICENSING

21 NOV 30 PM 2:50

11-100.1-13 Nutrition. (i)

Page 4

Yes, the deficiency has been corrected and filed in the Resident's binder.

Completion date: 2/8/21

A handwritten signature in black ink, appearing to read "Kaula".

21 NOV 30 P12:50

STATE OF HAWAII
DOH - DDOA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – No diet order available 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;">SEE ATTACHED</p>	

STATE OF MARYLAND
DOH-ARCH
STATE LICENSING

21 NOV 30 PM 2:50

11-100.1-13 Nutrition, (i)

Page 5

In the future, Kahuanani Hale will take the following steps to ensure all residents have a documented diet order:

1. Kahuanani Hale will ensure that the resident's physician completes the physician orders, including the diet orders prior to admission or in a timely manner.
2. Kahuanani Hale has implemented a wall calendar - calendar will be used for reminders for important dates such as: doctor's appointments, annual physicals, annual vaccinations, tuberculosis screenings and physician and/or diet orders as needed, etc...
3. Kahuanani Hale will conduct quarterly audits for aforementioned documents regarding diet orders.
4. Kahuanani will ensure all resident's diet orders are filed in Resident's binder.

Completion date: 9/8/21

21 NOV 30 P12:50

STATE OF HAWAII
DOH - OROKA
STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – No telephone order taken for order change on 5/14/21. Sertraline 50mg tab take one tab by mouth BID was changed via telephone order to Sertraline 50mg tab take ½ tab QAM and 1 tab QHS.</p> <p style="text-align: right; font-size: small; opacity: 0.5;">STATE OF HAWAII DOH - DDDA STATE LICENSING</p> <p style="text-align: right; font-size: small; opacity: 0.5;">21 NOV 30 PM 2:50</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="font-size: 1.5em; font-family: cursive;">SEE ATTACHED</p>	

Yes, the medication order has been received and filed into Resident's binder.
Completion date: 9/8/21

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STATE OF MARYLAND
DHQ - CDDA
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – No telephone order taken for order change on 5/14/21. Sertraline 50mg tab take one tab by mouth BID was changed via telephone order to Sertraline 50mg tab take ½ tab QAM and 1 tab QHS.</p> <p style="text-align: center;">STATE OF HAWAII DOH - DICA STATE LICENSING</p> <p style="text-align: center;">21 NOV 30 PM 2:50</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;">SEE ATTACHED</p>	

In the future, Kahuanani Hale will take the following steps:

1. All verbal and telephone orders, recorded on physician order form.
2. Fax all verbal and telephone orders to corresponding physician to achieve signatures regarding the verbal/telephone orders.
3. If unable to achieve orders through fax, a hard copy will be mailed with a self-addressed stamped envelope to physician for signatures regarding the medication order.
4. File the verbal/telephone order in the Resident's binder in a timely manner.

Completion date: 9/8/21

STATE OF HAWAII
DOH - OHA
STATE LICENSE NO.

NOV 30 21

A handwritten signature in black ink, appearing to read "Kaua", is written over the stamp area.

	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><u>FINDINGS</u> Resident #1 – Progress notes do not document resident's need for PRN Docusate given from 4/29/21 through 5/2/21 nor the effectiveness of the medication.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON-0367 STATE LICENSING</p> <p style="text-align: right; font-size: small;">21 NOV 30 P12:50</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SEE ATTACHED</p>	

11-100.1-17 Records and reports. (b)(3)

Page 8

Yes, the deficiency has been corrected and filed in the Resident's binder.

Completion date: 9/8/21

21 NOV 30 P12:50

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

Ku Su

	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><u>FINDINGS</u> Resident #1 – Progress notes do not document resident's need for PRN Docusate given from 4/29/21 through 5/2/21 nor the effectiveness of the medication.</p> <p style="text-align: right;">STATE OF MARYLAND DOH-SDC&A STATE LICENSES 21 NOV 30 PM 2:50</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;">SEE ATTACHED</p>	

In the future, Kahuanani Hale will take the following steps to ensure documentation regarding medication response is properly documented:

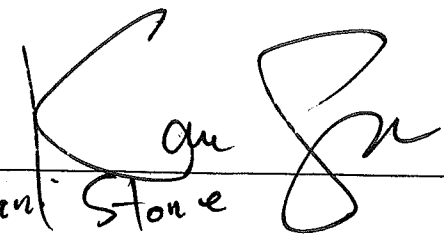
1. Identify the response to the medication that the resident is having regarding medication.
2. Properly correlate and document the medication administration record and progress notes with corresponding dates and action taken on the medication administration record.
3. Highlight any changes or reactions regarding resident's medication in the progress notes.
4. Immediately document any changes in Resident's progress notes.
5. Notify Resident's physician immediately and achieve proper signatures from physician if any changes have been ordered and file in Resident's binder.

Completion date: 9/8/21

21 NOV 30 P12:50

STATE OF HAWAII
DOH-CRCP
STATE LICENSES

Licensee's/Administrator's Signature: _____



Print Name: _____

Kanan Stone

Date: _____

9/8/21

STATE OF HAWAII
DOH - ONCA
STATE LICENSING

21 NOV 30 12:51