

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ka Malama Home II	CHAPTER 100.1
Address: 45-332 Ka Hanahou Circle, Kaneohe, Hawaii 96744	Inspection Date: February 22, 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.

22 APR 28 P 4:24
STATE OF HAWAII
DOH-CHS
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p> <p>STATE OF HAWAII DOH-OSHA STATE LICENSING</p> <p>22 MAR 23 P1:01</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><i>YES, the SCG #1 immediately requested her PCP a copy of her recent Annual Physical Exam using the official 3/15/2022 form from the Department she was examined Feb. 11, 2021.</i></p> <p><i>(Note: Attached is a copy of the Report of the Annual Physical Examination)</i></p> <p><i>As of December 31, 2021, SCG #1 has been retired from Kapaemāhewa Care Home. She volunteers when needed at the Care Home.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DOHA STATE LICENSING</p> <p style="text-align: right;">22 MAR 23 P1:01</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><i>To prevent this from happening again the PCG will:</i></p> <ol style="list-style-type: none"> <i>1. Review all the health related requirements of staff and family members on an every 3 mos. on-going basis.</i> <i>2. Due dates for the staff, weny P.E. will be posted in 3 mos. the Staff Bulletin Board.</i> 	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> SCG #1 – Initial and annual tuberculosis clearances unavailable for review. Submit a copy with plan of correction.</p> <div style="text-align: right; margin-top: 100px;"> STATE OF HAWAII DOH-0HCA STATE LICENSING </div> <div style="text-align: right; margin-top: 20px;"> 22 MAR 23 P1:01 </div>	<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="font-size: 1.2em;">YES, SCG #1 submitted to the PCG a copy of his latest TB test clearance dated 9/13/2021 together with the initial TB test result way back May 2009. (Note: A copy is attached for your review.)</p>	<p style="font-size: 1.2em;">Feb. 23, 2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG #1 – Initial and annual tuberculosis clearances unavailable for review. Submit a copy with plan of correction.</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>to prevent this from happening again the PCG shall:</p> <ol style="list-style-type: none"> 1. Follow the same process with all the Annual Health Requirements for the KACH staff and Family members. 2. on-going review of the staff health requirements using a checklist. 3. Due dates for Annual health requirements to be posted in the staff bulletin board 	<p>Quarterly</p> <p>Quarterly</p> <p>Annually</p>

STATE OF HAWAII
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22 MAR 23 P1:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – Valid CPR certification unavailable for review. Submit a copy with plan of correction.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>22 MAR 23 P 1:02</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>YES, the SCG #1 was able to obtain a copy of her First Aid and CPR recertification dated 8/8/2021.</p> <p>(Note: Attached is a copy of the recertification provided by Hawaii CPR Training, LLC.)</p>	<p>7 Feb. 23, 2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #1 – Valid CPR certification unavailable for review. Submit a copy with plan of correction.</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>→ To ensure that this won't happen again in the future the PCG shall:</p> <ol style="list-style-type: none"> 1) Make a checklist & review periodically the CPR and First Aid recertification of all the KMCH staff. → Quarterly 2) Send a written reminders to all the KMCH staff → To per due date 3) Post a listing of the names and due dates of staff CPR & First Aid recertification at the staff Bulletin Board. → Annually 	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1) 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 currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 – Valid first-aid certification unavailable for review. Submit a copy with plan of correction.</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>> YES, the SCG #1 immediately submitted to the PCG a copy of her First Aid Recertification dated 2/8/2021.</p> <p>(Note: Attached is a copy obtained from Hawaiian Training, LLC.)</p>	<p>Feb. 23, 2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1) 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 currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 – Valid first-aid certification unavailable for review. Submit a copy with plan of correction.</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>7 To prevent this to happen again in the future the PCG shall:</p> <p>1) Review the expiration dates > Quarterly of the First Aid certifications of all staff working at KMCH.</p> <p>2) Send a written reminders before the due dates of the First Aid certification of all the staff.</p> <p>3) Post a listing of the names of staff and the due dates of their First Aid Resuscitations on the staff bulletin board.</p> <p>9</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Resident #1 – Physician's diet order dated 12/28/21 states, "Minced texture, Regular (Thin)"; however, resident observed eating a ¼ slice of ham sandwich and tossed greens with chopped cucumber, not prepared as ordered.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>22 MAR 23 P 1:02</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – Physician's diet order dated 12/28/21 states, "Minced texture, Regular (Thin)"; however, resident observed eating a ¼ slice of ham sandwich and tossed greens with chopped cucumber, not prepared as ordered.</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>1. To ensure that this won't happen again in the future the PCG shall:</p> <p>1) Remind all the staff during the meeting the importance of following the doctor's prescribed diet for each resident.</p> <p>2) Post a listing the appropriate diet order for each resident in the bulletin board.</p> <p>3) on-the-spot checking of food preparation for the kitchen staff.</p>	<p>Feb. 23, 2022</p> <p>Feb. 23, 2022</p> <p>Anytime</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 – Physician's diet order dated 12/28/21 states, "Minced texture, Regular (Thin)"; however, special diet menu unavailable for review.</p> <p>Resident #2 – Physician's diet order dated 12/20/21 states, "low sodium"; however, special diet menu unavailable 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>YES, we consulted the , 3/15/2022 KMCHA Dietician consultant (Amy Touman) regarding training to all the staff for special diets</p> <p>Special diet menus for , still on low sodiums and requ. the low minced diets will process be developed in con- sultation with the Dietician and will be forwarded to the department . (DOH-DHCA)</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 – Physician's diet order dated 12/28/21 states, "Minced texture, Regular (Thin)"; however, special diet menu unavailable for review.</p> <p>Resident #2 – Physician's diet order dated 12/20/21 states, "low sodium"; however, special diet menu unavailable for review.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>22 MAR 23 P1:02</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>> To prevent this to happen again in the future the PCG shall:</p> <ol style="list-style-type: none"> 1) Review periodically the diet orders of all the KMCN residents. 2) Make a list of the updated diet orders and post it in the bulletin board as reminders 3) Made available copies of special diets to be developed in consultation with Dietician to be sent to the department (DOH-ONCA) 	<p>> Quarterly</p> <p>> Annually as needed</p> <p>> still on the process</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Indoor hot water temperature measured at 125°F from kitchen sink.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>22 MAR 23 P 1:02</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>YES, with the assistance of a technician who installed our water heater system, the temperature of the hot water was adjusted to 120 degrees.</p>	<p>7 Feb. 24, 2022 (Saturday)</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Indoor hot water temperature measured at 125°F from kitchen sink.</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>> To ensure that this won't happen again in the future the following will be done.</p> <p>1) The KMCH Admin's office, Every will periodically check the hot water temperature. 3 mths.</p> <p>2) To develop a log form, Every to record the temperature of the water heater. 3 mths.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p>FINDINGS Resident #1 – Care plan dated 12/29/21 states, "Caregiver to check [resident's name] every 2 hours during the day and every 4 hours at night"; however, no documented evidence resident checks are being performed</p> <p>Resident #1 – Care plan dated 12/29/21 states, "Do passive Range of motion once a day of all the extremities to maintain flexibility of the joints and strengthen the muscles"; however, no documented evidence ROM exercises are being performed.</p> <p>Resident #1 – Care plan dated 12/29/21 states, "Caregiver will check [resident's name] pull ups/diaper every 2 hours or as needed"; however, no documented evidence incontinence checks are being performed.</p> <p>Resident #1 – Care plan dated 12/29/21 states, "Change positions at least every 2 hr (supine, side lying)" and "Turning and Repositioning every 2 hours and PRN with assistance"; however, no documented evidence repositioning is being performed every 2 hours.</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>	

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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)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a pre-admission comprehensive assessment was performed by the case manager</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>22 MAR 23 P1:02</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a pre-admission comprehensive assessment was performed by the case manager</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> > To prevent this from happening again in the future the PCG will NOT admit to the CH an E-ARCH resident without documentation of Pre-admission assessment performed by the Nurse Case Manager (NCH). </p> <p> > To revise / include in the current checklist the pre-admission requirements for ARCH / E-ARCH residents. </p> <p> > For the PCG to meet with the chosen Case Management Agency representative with the resident / residents' family representative and require a pre-admission assessment prior to moving in of the resident. </p>	<p>2/23/2022</p> <p>2/25/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)</p> <p>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>FINDINGS</p> <p>Resident #1 – Case manager fax dated 1/8/22 states, "maintain a healthy low-fat diet"; however, resident was prescribed a regular minced diet by physician on 12/28/21. Case manager's directive does not reflect physician's orders.</p> <p>22 MAR 23 P 1:02</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>YES, the deficiency was corrected. Nurse Case Manager (NEM) corrected the Care Plan by reflecting the prescribed Regular Minced Diet by the residents' physician.</p> <p>(Note: As of this date, the E-ARCH Resident #1 was discharged from the care home. the family decided to move her to the mainland to stay with the daughter)</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)</p> <p>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>FINDINGS</p> <p>Resident #1 – Case manager fax dated 1/8/22 states, “maintain a healthy low-fat diet”; however, resident was prescribed a regular minced diet by physician on 12/28/21. Case manager's directive does not reflect physician's orders.</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>7 To prevent similar deficiency from recurring the following will be done by both the PCG and the Nurse Consultant:</p> <ol style="list-style-type: none"> 1. To meet with the Agency 12/25/2022 Nurse Case Manager (NCM) to correct and revise the Care Plan to reflect the prescribed regular minced diet by the MD. 2. To sign and reflect the date on the pages of the Care Plan at each NCM visit to signify that it was reviewed by the PCG, the Nurse consultant and the NCM. 	<p>22 APR 28 P4:24</p> <p>Monthly</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 – No documented evidence the resident's service plan was reviewed monthly by the case manager since admission. Last documented review was dated 12/29/21.</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>YES, the PCG reminded the Nurse Case Manager (NCM) about the required monthly review of the Residents' Service Plans.</p> <p>schedules for the visits were set and agreed upon.</p> <p>(Note: the E-ARCH resident #1 was discharged from the KMC effective 2/28/2022. Family moved her to the mainland to join the daughter.)</p>	<p>2/23/2022</p> <p>2/23/2022</p>

STATE OF HAWAII
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STATE LICENSING

22 MAR 23 P 1:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the resident's service plan was reviewed monthly by the case manager since admission. Last documented review was dated 12/29/21.</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>7 To ensure that this will not happen again in the future the following will be done:</i></p> <p><i>1) As agreed monthly visit, Monthly shall be scheduled with an the Nurse Case Manager as agreed (NCM) and the PCG.</i></p> <p><i>2) PCG will use a post tab, Monthly on the E-ARCH residents' as the folder to remind the As the visiting NCM to review need and sign the service Arises plan every monthly visit as soon as appropriate.</i></p>	

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

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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)(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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a face-to-face contact was made by the case manager with the resident every 30 days. Only documented visit by case manager was 12/29/21.</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>YES, immediately the PCA scheduled a face to face meeting with the Nurse Case Manager (NCM) and discussed the deficiency incurred by the CH. It was agreed by the NCM to have a face to face contact with the E-ARCH resident at least once a month or more depending on the residents' needs & the caregivers capabilities.</p> <p>Came up with a one year schedule of the NCM visit to the E-ARCH resident.</p> <p>To require the NCM to affix his signature and date in the CP during the monthly encounter visits with the E-ARCH resident.</p>	<p>Feb. 23, 2022</p> <p>22 10 08 4 24</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH LICENSING</p> <p>Last Friday of each month</p> <p>Monthly</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(8)</p> <p>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>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;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – No documented evidence a face-to-face contact was made by the case manager with the resident every 30 days. Only documented visit by case manager was 12/29/21.</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>> To ensure that this won't happen again in the future the following will be done:</i></p> <p><i>1) Set an advance schedule, Twelve (12) Months for a face to face visit of the NCM for the E-ARCH Scheduled visit Res. #1 on a monthly basis.</i></p> <p><i>2) Place a post tab in the individual folder of the 7 Monthly E-ARCH resident #1 as a reminder on the scheduled visit</i></p> <p><i>3) PCG to review monthly the 7 Monthly patient's chart and attach a copy of the monthly monitoring visit conducted by the NCM.</i></p>	

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22 MAR 23 P1:03

Licensee's/Administrator's Signature: *Heaven M. Elizalde*

Print Name: HEVEN M. ELIZALDE

Date: MARCH 18, 2022

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 MAR 23 P1:03

Licensee's/Administrator's Signature: Arden E. Eide

Print Name: ARDEN EIDE

Date: 4/22/2022

22 APR 28 P 4:24
STATE OF HAWAII
DCH-DOH
STATE LICENSING