

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 8 & 9, 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
DEPARTMENT OF
STATE LICENSING

22 JAN -5 P 2:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2 – Medication order for Potassium Chloride 20 mEq states, “1 tab orally daily.” Medication label states, “2 tabs orally daily.” Medication label is inconsistent with medication order.</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>The correct "direction change labels" were placed on the blister package during the inspection.</p>	<p>12/09/2021 Done</p> <p style="text-align: right;">22 JAN -5 P 2:23 STATE OF IOWA DOH-DRCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – According to progress notes from March – August 2021, resident was incontinent of bowel and bladder which was not accurate.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">12/10/2021</p>

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22 JAN -5 P2:23


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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No nutrition assessment for resident with recent changes to interventions addressing hypoglycemia and morbid obesity.</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>Contacted Registered Dietitian(RD) on 12/10/21. to see if the R.D. is able to schedule routine monthly visits with the resident who is diabetic and obese.</p>	<p>12/10/2021</p> <p style="text-align: right;">22 JAN -5 P 2:23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (d) The primary care giver shall have twenty four hour access to a physician or APRN and case manager. Except for an emergency, whenever the primary care giver observes a significant change in the health status of the expanded ARCH resident, the primary care giver shall promptly notify the resident's physician or APRN and case manager. The primary care giver shall record this action in the expanded ARCH resident's progress notes.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that parameters to notify physician were obtained for resident with hypoglycemic episodes.</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>We had difficulty receiving Blood Sugar parameter from Endocrinologist. Therefore, the PCG discussed the concern with the attending MD to create the "Hypoglycemic Action Plan" for resident with diabetes. Now the MD will be notified when BS greater than 350mg/dl or BS below 40mg/dl. If the resident is unresponsive or has severe symptoms 911 Emergency will be called and the MD and the Endocrinologist will be informed.</p>	<p>12/10/2021</p> <p style="text-align: right;">22 JAN -5 P 2:24</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: 

Print Name: Takemi Seaman P.N.

Date: 1/01/2021

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