

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ilima at Leihano	CHAPTER 90
Address: 739 Leihano Street, Kapolei, Hawaii 96707	Inspection Date: May 19, 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
DEPT. OF HEALTH
STATE LICENSING
JUN 27 P 1:09

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p> <input checked="" type="checkbox"/> §11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures. </p> <p> <u>FINDINGS</u> Employee #1 – Initial 2-step TB clearance unavailable for review Employee #2 – Annual TB clearance unavailable for review </p>	<p style="text-align: center;"> 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? </p> <p> For employees #1 and #2, and all new hire and current employees, during in-service training the staff will be reminded that an initial 2-step and annual TB clearance is required. Additional reminders will be done at the monthly All Associates meeting as a premanent agenda item. A monthly listing of the employees whose TB clearance is due will be posted all department bulletin boards. </p>	<p>06/06/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div> <div>22 MAY 25 P421</div> <div> <input checked="" type="checkbox"/> </div> </div>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employee #1 – Initial 2-step TB clearance unavailable for review</p> <p>Employee #2 – Annual TB clearance 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>For employee #1 the initial 2-step TB clearance was completed but not in file. Will place the TB clearance in employee file as soon as it is completed and prior to hire date. For employee #2 the annual TB clearance expired 5/16/2022 and she took a chest x-ray on 05/20/2022 as she regularly tests positive with the PPD skin test.</p>	<p>05/24/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
22 MAY 25 14:21 <input checked="" type="checkbox"/>	<p>§11-90-8 Range of services. (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 - Service plan stated "staff will monitor weight monthly" but no documented evidence that weights were taken from July 2021 to September 2021.</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>For resident #1, and all residents, in the future we will enter the monthly weight in the eMAR (Electronic Medication Administration Records) system.</p>	<p>05/24/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 Range of services. (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 - Service plan stated "staff will monitor weight monthly" but no documented evidence that weights were taken from July 2021 to September 2021.</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>For resident #1, and all residents, the Resident Care Coordinator will track and record the monthly weight measuring of each resident by the coordinator and registered nurses. A calendar notation on the nurse's station bulletin board will state that the 1st week of each month will be when the residents' monthly weight will be taken and entered in the eMAR system.</p>	06/06/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div>22 MAY 25 PM 21</div> <div><input checked="" type="checkbox"/></div>	<p>§11-90-8. Range of services. (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that 15 lb weight gain from January 2022 (134 lb) to February 2022 (149 lb), and 10 lb weight loss from February (149 lb) to March 2022 (139 lb) was monitored and addressed by the facility.</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>For resident #1, and all residents, a gain or loss of 5 lbs over a one (1) month period will be reported to the residents' family (Power of Attorney designate) and primary physician on a monthly basis. These residents will be assessed and have a consultation with RD (Registered Dietitian) on a monthly basis.</p>	<p>05/24/2022</p>

<p>P421</p> <p>22 MAY 25</p>	<p>RULES (CRITERIA)</p> <p>§11-90-8 Range of services. (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2 - Service plan stated "take and record weight monthly" but no documented evidence that weights were taken on July 2021 and August 2021.</p>	<p>PLAN OF CORRECTION</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>For resident #2, and all residents, a gain or loss of 5 lbs over a one (1) month period will be reported to the residents' family (Power of Attorney designate) and primary physician on a monthly basis. These residents will be assessed and have a consultation with RD (Registered Dietitian) on a monthly basis.</p>	<p>Completion Date</p> <p>05/24/2022</p>
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 22 MAY 25 P4:21	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2 - Service plan stated "take and record weight monthly" but no documented evidence that weights were taken on July 2021 and August 2021.</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>For resident #2, and all residents, a gain or loss of 5 lbs over a one (1) month period will be reported to the residents' family (Power of Attorney designate) and primary physician on a monthly basis. These residents will be assessed and have a consultation with the RD on a monthly basis. A weight monitoring template has been created which the Assisted Living Director and Registered Nurses will view on a daily basis and chart notes documented on when and who contacted the family and/or primary physician to assess the weight change</p>	<p>05/24/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(B) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices;</p> <p>FINDINGS No documented evidence that the menus were evaluated and approved on a semi-annual basis.</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>The quarterly Crandall Audit by a RD (Registered Dietitian) includes the upcoming quarter menu reviews and will be signed and dated after each audit.</p>	<p>05/24/2022</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p>FINDINGS</p> <p>Resident #1 – Over the counter (OTC) medication bottle (Caltrate) does not contain a medication order label</p> <p>Resident #2 – Over the counter (OTC) medication bottles (e.g., aspirin, vitamin B-12, arthritis) does not contain a medication order label</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>For resident #1 and #2 the over the counter (OTC) medication bottles have been labeled with the resident's names and medication instructions.</p>	<p>05/24/2022</p>

22 MAY 25 P4:21

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <div> <div>22 MAY 25 P 4:21</div> <div>STATE OF HAWAII BOH-DHCA STATE LICENSING</div> </div>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p>FINDINGS Resident #1 – Over the counter (OTC) medication bottle (Caltrate) does not contain a medication order label</p> <p>Resident #2 – Over the counter (OTC) medication bottles (e.g., aspirin, vitamin B-12, arthritis) does not contain a medication order label</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>For resident #1 and #2, and all residents, the over the counter (OTC) medication bottles will be labeled with the resident's names and medication instructions upon receipt of the (OTC) medication bottles from the family.</p>	<p>05/24/2022</p>

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: May 24, 2022

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STATE OF HAWAII
DOI-CHCA
STATE LICENSING

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: June 6, 2022

Licensee's/Administrator's Signature: Mark T. Tsuda

Print Name: Mark T. Tsuda

Date: 6/27/2022

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

'22 JUN 27 P 1:09