

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalaupapa Care Home	CHAPTER 100.1
Address: 814 Damien Road, Kalaupapa, Hawaii, 96742	Inspection Date: December 17, 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-DOHA
STATE LICENSING

22 FEB -8 11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – Various orders on medication administration record (MAR) are identified with an "FYI", however, some items appear to be orders that may require initialing when completed by staff. Needs clarification.</p> <p>For example:</p> <ul style="list-style-type: none"> • "Head and Shoulder sensitive shampoo: apply to affected areas on other shower days" • "Elevate BLE and continue heel lifts while in bed to avoid pressure" • "Hydraguard silicone cream or equivalent: Ok to apply to buttock and lower extremities to provide moisture and protection to skin" • "Vaseline Petroleum Jelly apply to affected area daily after toileting. Use until healed." • "Brush twice daily, floss every day. If patient unable, staff to assist. Use Sensodyne toothpaste "repair and protect" for sensitivity twice daily" • "Encourage home exercise program 3 times per day. See HEP handouts (3 pages). • "Continue to encourage to use (R) hand during self-care tasks." 	<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 subsequent days after December 17, 2021, the FYI notes under the MAR were no longer signed off by staff.</p>	12/17/21

22 FEB -8 A9:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Various orders on medication administration record (MAR) are identified with an "FYI", however, some items appear to be orders that may require initialing when completed by staff. Needs clarification.</p> <p>For example:</p> <ul style="list-style-type: none"> • "Head and Shoulder sensitive shampoo: apply to affected areas on other shower days" • "Elevate BLE and continue heel lifts while in bed to avoid pressure" • "Hydraguard silicone cream or equivalent: Ok to apply to buttock and lower extremities to provide moisture and protection to skin" • "Vaseline Petroleum Jelly apply to affected area daily after toileting. Use until healed." • "Brush twice daily, floss every day. If patient unable, staff to assist. Use Sensodyne toothpaste "repair and protect" for sensitivity twice daily" • "Encourage home exercise program 3 times per day. See HEP handouts (3 pages). • "Continue to encourage to use (R) hand during self-care tasks." <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p> <p>22 FEB -8 11:11</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. Staff are no longer signing the FYI items.</p> <p>2. On 1/14/22 at 10:55 AM, spoke with PharMerica's medical record department to remove the FYI text on the medication profiles for all patients.</p>	<p>12/17/21</p> <p>01/14/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1 Various AM medications were not initialed as given on 12/16/21 and 12/17/21.</p> <ul style="list-style-type: none"> • Sodium Bicarb 650mg tablet • Allopurinol 100mg tablet • Cranberry 200mg cap (both 7am and 12 noon on 12/16/21, and 7am on 12/17/21). • DOK 100mg softgel • Fish oil 1,000mg capsule • Furosemide 20mg tablet (12/16/21 at 12 noon) • Memantine HCL ER 14mg capsule • Methenamine HIPP 1GM tablet • Metoprolol Succ ER 25mg tab (12/17/21 7am) • Praxada 75mg capsule • Rena-vite tablet • Trajenta 5mg tablet • Vitamin C 500mg tablet • Vitamin D3 50mcg • Liquicel 1oz • Apply tube Bandage. Remove at night & reapply before you get out of bed. • Triad paste apply to gluteal wound 3x daily until healed (NOC/DAY/EVE) (NOC shift not initialed as given on 12/10, 12/11, 12/12, 12/14, 12/15, 12/16/21) • Petrolatum ointment 42% <p>11:54 8-FEB-22</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> <ol style="list-style-type: none"> 1. After the annual inspection, the staff who worked on 12/16/21 and 12/17/21 reviewed the MAR and initialed all the medications as given for those two days identified. 2. The Triad paste given on the NOC shift, the staff reviewed the MAR and initialed as given on 12/10, 12/11, 12/12, 12/14, and 12/16/21. 	<p>12/17/21</p> <p>12/18/21</p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – Various AM medications were not initialed as given on 12/16/21 and 12/17/21.</p> <ul style="list-style-type: none"> • Sodium Bicarb 650mg tablet • Allopurinol 100mg tablet • Cranberry 200mg cap (both 7am and 12 noon on 12/16/21, and 7am on 12/17/21). • DOK 100mg softgel • Fish oil 1,000mg capsule • Furosemide 20mg tablet (12/16/21 at 12 noon) • Memantine HCL ER 14mg capsule • Methenamine HIPP 1GM tablet • Metoprolol Succ ER 25mg tab (12/17/21 7am) • Praxada 75mg capsule • Rena-vite tablet • Trajenta 5mg tablet • Vitamin C 500mg tablet • Vitamin D3 50mcg • Liquicel 1oz • Apply tube Bandage. Remove at night & reapply before you get out of bed. • Triad paste apply to gluteal wound 3x daily until healed (NOC/DAY/EVE) (NOC shift not initialed as given on 12/10, 12/11, 12/12, 12/14, 12/15, 12/16/21) • Petrolatum ointment 42% <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p> <p>22 FEB -8 11:09</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>As of 12/18/21, all staff has been signing off once the medication is given.</p> <p>Nursing Supervisor has been conducting audits of patient's charts monthly</p>	
			<p>12/18/21</p> <p>12/18/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 - Notes do not describe resident's response to the following PRN's:</p> <ul style="list-style-type: none"> • Triamcinolone 0.1% ointment apply topically to affected areas 2x/day as needed until healed given on: <ul style="list-style-type: none"> ○ 12/9/21 @ 2000 ○ 12/11/21 @ 0700 & 2020 ○ 12/12/21 @ 2130 ○ 12/13/21 @ 2100 ○ 12/15/21 @ 1000 & 2145 • Miplex lite 6X6 foam dressing to lower extremities for protection twice daily PRN <ul style="list-style-type: none"> ○ 12/11/21 @ 0700 ○ 12/12/21 @ 0800 	<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>Met with all staff and discussed the importance of following through on all PRN medications and/or treatments provided to the resident.</p> <p>In addition, discussed the importance of documentation in the Nurses' Progress Notes.</p>	<p>12/20/21</p> <p>12/20/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 Legend not available for initials with circle around it. (Does include legend for Refused = R with circle around it)</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 FEB -8 11:11</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>Nursing Supervisor met with staff to develop the legend for the initials with circle around it.</p> <p>The team developed this and documented in the MAR as follows:</p> <p>© = not given/refused</p>	<p>12/20/21</p>

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	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 - Legend not available for initials with circle around it. (Does include legend for Refused = R with circle around it)</p> <p>STATE OF HAWAII OSHA-OSHA STATE LICENSING</p> <p>22 FEB -8 A9 :11</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>Moving forward, staff will ensure that a legend and its meaning available when symbols and abbreviations are needed to be utilized.</p>	12/20/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drill for 2021 were all done on day shift between the hours of 7am and 8:30am.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>22 FEB -8 A9:11</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>Met with staff to add evening and night shift fire drills to the monthly day shift drills.</p>	<p>12/20/21</p>

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	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drill for 2021 were all done on day shift between the hours of 7am and 8:30am.</p> <p>STATE OF HAWAII DONOR STATE LICENSING</p> <p>22 FEB -8 A9:11</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>The monthly fire drill has been initiated as of 1/31/22.</p>	<p>1/31/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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><u>FINDINGS</u> Resident #1 – No documented evidence of a comprehensive assessment being done by the RN case manager. Therefore, no evidence that the Resident's care plan was based on a comprehensive assessment.</p> <p>STATE OF HAWAII DOH-CHCA NURSING 11: 6A 8- FEB 22</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>Met with staff and discussed the nursing process. The importance of conducting a resident compressive assessment (RCA) was discussed. The RCA is the key to developing a resident centered care plan.</p>	<p>12/20/21</p>

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	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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><u>FINDINGS</u> Resident #1 - No documented evidence of a comprehensive assessment being done by the RN case manager. Therefore, no evidence that the Resident's care plan was based on a comprehensive assessment.</p> <p>STATE OF HAWAII DEPT. OF HEALTH DIVISION OF LICENSING 11: 6V 8- 831 22</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>Moving forward, when a new admission comes in the care home with a level of expanded ARCH, staff will conduct resident comprehensive assessment (RCA) first prior to developing a resident centered care plan besides interim care plan which must be done within 48 hours of admission.</p>	<p>12/20/21</p>

Licensee's/Administrator's Signature: _____

Veronica G. Mitchell, RN

Print Name: Veronica G. Mitchell

Date: 01/31/22

STATE OF HAWAII
DOH-CHCA
STATE LICENSING
22 FEB -8 09:11