

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Home LLC	CHAPTER 100.1
Address: 1021 17 <sup>th</sup> Avenue, Honolulu, Hawaii 96816	Inspection Date: June 20, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

RECEIVED

AUG 09 2022

	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 Care Giver (SCG) #1 - No documented evidence of a current annual physical examination by a physician or advanced practice registered nurse (APRN).</p> <p>Please provide a copy of a signed annual physical examination by a physician or APRN as evidence of completion.</p>	<p><b>PART I</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>=The physical examination form was retrieved from a misfiled section and replaced in the correction of the binder</p> <p>→ Submitted a completed PE and provider and date.</p>	<p>6/22/2022</p> <p>8/9/22</p>

	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><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) #1 - No documented evidence of a current annual physical examination by a physician or advanced practice registered nurse (APRN).</p> <p>Please provide a copy of a signed annual physical examination by a physician or APRN as evidence of completion.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The PCG will use a computer app calendar which sends reminder every 6 months to do a binder review .  The PCG will use a check list to be sure physical exam/TB clearance/ Diet order/level of care/Resident belonging inventory/Self-Preservation are assessed annually</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> Household Member (HHM) #1 - No documented evidence of a current annual physical examination by a physician or APRN.</p> <p>Please provide a copy of a signed annual physical examination by a physician or APRN as evidence of completion.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A new physical examination was obtained, and the record is on file          =&gt; Submitted a copy of Physical</p>	<p>8/9/22</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> Household Member (HHM) #1 – No documented evidence of a current annual physical examination by a physician or APRN.</p> <p>Please provide a copy of a signed annual physical examination by a physician or APRN as evidence of completion.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The PCG will use a computer app calendar which sends reminder every 6 months to do a binder review The PCG will use a check list to be sure physical exam/TB clearance/ Diet order/level of care/Resident belonging inventory/Self-Preservation are assessed annually</p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> SCG #1 – No documented evidence of a current tuberculosis clearance by a physician or APRN.</p> <p><b>Please provide a copy of a signed tuberculosis clearance by a physician or APRN as evidence of completion.</b></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>=The TB clearance form was retrieved from a misfiled section and replaced in the correction of the binder</p> <p>=&gt; Submitted physical a copy of TB clearance.</p>	<p>6/22/2022</p> <p>8/7/22</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><b><u>FINDINGS</u></b> SCG #11 – No documented evidence of a current tuberculosis clearance by a physician or APRN.</p> <p><b>Please provide a copy of a signed tuberculosis clearance by a physician or APRN as evidence of completion.</b></p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The PCG will use a computer app calendar which sends reminder every 6 months to do a binder review The PCG will use a check list to be sure physical exam/TB clearance/ Diet order/level of care/Resident belonging inventory/Self-Preservation are assessed annually</p>	

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<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, Resident #2, Resident #4, Resident #5 - No documented evidence of a current diet order by a physician or APRN. Diet order predetermined prior to evaluation date.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-Made an appointment with each resident's physician, to reassess or confirm the currency of the diet order</p> <p>→ Physician's order on diet on the appointment date and it was submitted in the copy</p>	8/9/2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 – Physician order dated 07/31/2021. Diet order stated for “NCS, thin liquid, regular texture.” No special diet menu observed in facility.</p>	<p><b>PART I</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Special diet menu was retrieved from the file and placed in the menu file  → Submitted a copy of the menu list and provided.</p>	8/9/2022



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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #13 – Physician order dated 07/31/2021. Diet order stated for "NCS, thin liquid, regular texture." No special diet menu observed in facility.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will review each new diet order under a physical exam, and make sure a special diet menu is created, followed by the staff, and is posted in the kitchen of the care home</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Observed "Ajax" cleaning agent unsecured under the kitchen sink.</p>	<p><b>PART I</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Ajax removed from under the kitchen sink</p>	6/22/2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Observed "Ajax" cleaning agent unsecured under the kitchen sink.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The toxic chemical/cleaner are only used in the locked room. For those used outside of the locked room, a label "Store In The Locked Room Only" is placed to remind staffers the proper location to put away. The PCG will remind staffers at the end of the shift during cleanup to put away the chemical/cleaner in the locked room</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Physician ordered “Melatonin 3mg, 1 tab PO for insomnia. May repeat dose of 3mg if ineffective PRN x1” on 5/3/2022. No response to as needed (PRN) administration documented on dates for the months of March, April, May and June 2022.</p>	<p><b>PART I</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§ 11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #3 - Physician ordered "Melatonin 3mg, 1 tab PO for insomnia. May repeat dose of 3mg if ineffective PRN x1" on 5/3/2022. No response to as needed (PRN) administration documented on dates for the months of March, April, May and June 2022.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All staff is reminded to document the PRN medications in the progress note, the reason of use, and whether the medication is "Effective" or "Not Effective"</p> <p>→ At the end of each month, PCG need to get an Audit and make sure the medication is being done and note the progress if effective.</p>	<p>8/2/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #3 – Physician ordered "Acetaminophen 325mg tablet. Take 2 tabs by mouth every 4 hours as needed for PAIN or FEVER" on 5/3/2022. No indicated reason and response to PRN administration documented on dates for the month of January, March, May, and June of 2022.</p>	<p>PART I</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, Resident #2, Resident #4, Resident #5 No documented evidence of a current level of care evaluation by a physician or APRN. Level of care predetermined prior to evaluation date.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Made appointment for the residents with their respective physicians, to reassess/confirm level of care.</p> <p>level of care order and submitted a copy.</p>	<p>8/9/2022</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g)  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b>FINDINGS</b>  HIIM #1 - Observed white correction liquid on annual physical examination form (1/28/22) and annual tuberculosis skin test (1/28/22).</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1, Resident #2, Resident #4, Resident #5 - No documented evidence of a current inventory of belongings. Last documented inventory for Resident #1 &amp; Resident #2 done in 2020. Last documented inventory for Resident #4 &amp; Resident #5 done in 2019.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Updated Residents' Inventory of belongings</p>	June 2022



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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1, Resident #2, Resident #4, Resident #5 – No documented evidence of a current inventory of belongings. Last documented inventory for Resident #1 &amp; Resident #2 done in 2020. Last documented inventory for Resident #4 &amp; Resident #5 done in 2019.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The PCG will use a computer app calendar which sends reminder every 6 months to do a binder review The PCG will use a check list to be sure physical exam/TB clearance/Diet order/level of care/Resident belonging inventory/Self-Preservation are assessed annually</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1, Resident #2, Resident #4, Resident #5 – No documented evidence of a current self-preservation status signed by a physician or APRN. Self-preservation status predetermined prior to evaluation date.</p>	<p><b>PART I</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Made appointment for the residents with their respective physicians, to reassess/confirm Self Preservation status.</p> <p>⇒ Completed and Submitted Self Preservation status.</p>	8/9/2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #1, Resident #2, Resident #4, Resident #5 – No documented evidence of a current self-preservation status signed by a physician or APRN. Self-preservation status predetermined prior to evaluation date.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The PCG will use a computer app calendar which sends reminder every 6 months to do a binder review The PCG will use a check list to be sure physical exam/TB clearance/Diet order/level of care/Resident belonging inventory/Self-Preservation are assessed annually</p>	

Licensee's/Administrator's Signature: Mingang Lin

Print Name: Mingang Lin

Date: 8/9/2022