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 17th Avenue, Honolulu, Hawaii 96816	Inspection Date: June 20, 2022 Annual
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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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS Substitute Care Giver (SCG) #1 — No documented evidence of a current annual physical examination by a physician or advanced practice registered nurse (APRN). Please provide a copy of a signed annual physical examination by a physician or APRN as evidence of completion.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY =The physical examination form was retrieved from a misfiled section and replaced in the correction of the	6/22/2022 8/4/22

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	§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.	PART 1 DID YOU CORRECT THE DEFICIENCY?	
mende Administration and Vision in American	FINDINGS SCG #1 - No documented evidence of a current tuberculosis elearance by a physician or APRN.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Please provide a copy of a signed tuberculosis clearance by a physician or APRN as evidence of completion.	=The TB clearance form was retrieved from a misfiled section and replaced in the correction of the	6/22/2022
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	§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.	PART 2 <u>FUTURE PLAN</u>	
	FINDINGS SCG #1 - No documented evidence of a current tuberculosis clearance by a physician or APRN.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	Please provide a copy of a signed tuberculosis clearance by a physician or APRN as evidence of completion.		
		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	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§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. FINDINGS HHM #1 – No documented evidence of a current tuberculosis clearance by a physician or APRN. Please provide a copy of a signed tuberculosis clearance by a physician or APRN as evidence of completion.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY A new TB form was obtained from PCP, and is on file. A reminder is placed on the blank TB form: "Risk Assessment is needed for positive skin test, NOT needed for negative skin test, NOT needed for negative skin test, to avoid future confusion The fit samening cannot at Langella on 1-28-22 and	8/9/2022
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	§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	PART 2	Date
delination of the particular delination of th	evidence of an initial and annual tuberculosis clearance.	FUTURE PLAN	
	FINDINGS HHM #1 – No documented evidence of a current tuberculosis clearance by a physician or APRN.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	Please provide a copy of a signed tuberculosis clearance by a physician or APRN as evidence of completion.		
		The PCG will use a computer app calendar which sends reminder every	
Appendix of the party of the pa		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	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-13 Nutrition. (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. FINDINGS Resident #1, Resident #2, Resident #4, Resident #5 - No documented evidence of a surrount diet and all the statements.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	Date
documented evidence of a current diet order by a physician or APRN. Diet order predetermined prior to evaluation date.	-Made an appointment with each resident's physician, to reassess or confirm the currency of the diet orde) Physician's arden and Met on the appointment data and It was committed to the copy	r 81912022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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	PART 2 <u>FUTURE PLAN</u>	Date
	on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	FINDINGS 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.	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	
основного в серезичения в пределения в преде	94	be sure physical exam/TB clearance/ Diet order/level of care/Resident belonging inventory/Self-Preservation are assessed annually	*
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-	-			Date
	\boxtimes	§11-100.1-13 <u>Nutrition.</u> (I) Special diets shall be provided for residents only as ordered	PART 1	Date
efent-spelikisisisisisisis		by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.	DID YOU CORRECT THE DEFICIENCY?	
And French States and Policification States		FINDINGS	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
Company of the Compan		Resident #3 – Physician order dated 07/31/2021. Diet order stated for "NCS, thin liquid, regular texture." No special diet menu observed in facility.	-Special diet menu was retrieved from	Top O'U or the control of the contro
			the file and placed in the menu file	
and of Adolesia and Adolesia an			on a provided.	8/9/2022
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered	PART 2	RPZERC
	by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.	FUTURE PLAN	**************************************
	FINDINGS Resident #3 – Physician order dated 07/31/2021. Diet order stated for "NCS, thin liquid, regular texture." No special diet menu observed in facility.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		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	,
The state of the s			

Bridge control of the principal designation o		RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Terminania de la compositorio della compositorio de		Fig. 11-100.1-14 Food sanitation. (f) Foxic chemicals and cleaning agents, such as insecticides, certilizers, bleaches and all other poisons, shall be properly abeled and securely stored apart from any food supplies. FINDINGS Observed "Ajax" cleaning agent unsecured under the kitchen ink.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	Date
			-Ajax removed from under the kitchen sink	6/22/2022
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides,	PART 2	Date
	fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.	FUTURE PLAN	
	FINDINGS Observed "Ajax" cleaning agent unsecured under the kitchen sink.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		The toxic chemical/cleaner are only used in the locked room. For those	
de-inference of special professional designation of the special specia		used outside of the locked room, a label "Store In The Locked Room Only" is placed to remind staffers the	The control of the co
		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	And the second s
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And the second second second	6-3	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
		§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.	PART 1	Date.
		FINDINGS 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.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-15 Medications. (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. FINDINGS 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.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date
		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" That he may each mark, pech head to get an Anast and make and the medication is being the and myteo'the progres if yearing.	-8/alzon
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (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.	PART 1	Date
FINDINGS 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.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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1				Date
1 6	X	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on	PART 2	
		a flowsheet. The flowsheet shall contain the resident's name,		And Annual
		name of the medication, frequency, time, date and by whom	FUTURE PLAN	de la constanta de la constant
		the medication was made available to the resident.	NICES CONTROL OF THE	
and the second		FINDINGS	USE THIS SPACE TO EXPLAIN YOUR FUTURE	spakkin spanaepaj
		Resident #3 - Physician ordered "Acetaminophen 325mg	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
Transmitted and the second		tablet. Take 2 tabs by mouth every 4 hours as needed for	IT DOESN'T HAPPEN AGAIN?	
		PAIN or FEVER" on 5/3/2022. No indicated reason and response to PRN administration documented on dates for the		
CI POLICE CONTROL CONT		month of January, March, May, and June of 2022.		
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	- Control		effectiveness, and "I" for	
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		RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	- Kennol			Date
	\boxtimes	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:	PART 1	Date
		Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress	DID YOU CORRECT THE DEFICIENCY?	TO THE PROPERTY OF THE PROPERT
		notes, relevant laboratory reports, and a report of annual re- evaluation for tuberculosis;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	es in the design of the control of t
Part or the last designation of the party of		Resident #1, Resident #2, Resident #4, Resident #5 - No documented evidence of a current level of care evaluation by	Made appointment for the serial serial	
opensis hadan of used superiord in opin		a physician or APRN. Level of care predetermined prior to evaluation date.	-Made appointment for the residents with their respective physicians, to reassess/confirm level of care.	
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		ROLES (CRITERIA)	PLAN OF CORRECTION	Completion
	X	§11-100.1-17 Records and reports. (b)(1)		Date
	M	During residence, records shall include:	PART 2	
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		Annual physical examination and other periodic	FUTURE PLAN	
		examinations, pertinent immunizations, evaluations, progress		
No.		notes, relevant laboratory reports, and a report of annual re- evaluation for tuberculosis;	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
		STANDARD TO THE CONTROL OF THE CONTR	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
opposite a second		FINDINGS	IT DOESN'T HAPPEN AGAIN?	
		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.	The PCG will use a computer app	
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and an artist and a second			6 months to do a binder review	and a second
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			be sure physical exam/TB clearance/	n en
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The state of the s	K 2		CORRECT ROLL	Date
		\$11-100,1-17 Records and reports. (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. FINDINGS HITM #1 - Observed white correction liquid on annual physical examination form (1/28/22) and annual tuberculosis skin test (1/28/22).	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

RULES (CRITERIA)	PLAN OF CORRECTION **	Completion
\$11-100.1-17 Records and reports. (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. FINDINGS HIM #1 - Observed white correction liquid on annual physical examination form (1/28/22) and annual tuberculosis skin test (1/28/22).	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? -There will be no white-out tape/liquid use in the care home. The staffers are reminded of the proper way to correct errors in documentation	Date
	-In the case when the white out was used by the physician's office: Caretaker will examine the documents before leaving the medical appointment, to ensure no white correction liquid is used The the facility put a reminder Sign to all staff NO WIPE OUT and ONLY USE REACK INK. IN dues number in.	~ { y

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-19 Resident accounts. (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. FINDINGS Resident #1, Resident #2, Resident #4, Resident #5 - No documented evidence of a current inventory of belongings. Last documented inventory for Resident #1 & Resident #2 done in 2020. Last documented inventory for Resident #4 & Resident #5 done in 2019.	PART 1	June 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and	PART 2	Date
	disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.	FUTURE PLAN	
	FINDINGS Resident #1, Resident #2, Resident #4, Resident #5 - No documented evidence of a current inventory of belongings. Last documented inventory for Resident #1 & Resident #2	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	done in 2020. Last documented inventory for Resident #4 & Resident #5 done in 2019.	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	
r manifestation controller		belonging inventory/Self-Preservation	
		are assessed annually	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
FINDINGS 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.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY -Made appointment for the residents with their respective physicians, to reassess/confirm Self Preservation status.	Elatron

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-23 Physical environment. (g)(3)(1) Fire prevention protection.	PART 2	Date
	Type I ARCHs shall be in compliance with, but not limited to, the following provisions:	FUTURE PLAN	
	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	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	maximum of two residents, not so certified, may reside in the Type I home provided that either:	The PCG will use a computer app	
	FINDINGS Resident #1, Resident #2, Resident #4, Resident #5 – No	calendar which sends reminder every 6 months to do a binder review	
	documented evidence of a current self-preservation status signed by a physician or APRN. Self-preservation status	The PCG will use a check list to	
and the second s	predetermined prior to evaluation date.	be sure physical exam/TB clearance/ Diet order/level of care/Resident	
		belonging inventory/Self-Preservation	
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