

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Huapala Senior Care A, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 2649 A Huapala Street, Honolulu, Hawaii 96822</b>	<b>Inspection Date: December 20 &amp; 21, 2021 Annual</b>

**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.**

22 JAN 18 P4:02  
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STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #2 – No documented evidence that the diet order, “minced, thin liquids,” ordered 9/24/21 was clarified with the physician to include the diet type.</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 style="text-align: center;">Clarified with PCP regarding diet order. Diet ordered as Regular Minced, Thin Liquids.</p>	<p style="text-align: center;">1/13/22</p> <p style="text-align: center;">22 JAN 18 P4:02</p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #2 – Hold parameters for Midodrine state, “Hold for systolic blood (SBP) greater than 130;” however, medication was held with SBP of exactly 130 on multiple days.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;">Nurses and HS were educated about hold parameters. Oncoming nurse or HS will check blood pressures of previous shift at shift change to ensure no error were made.</p>	<p style="text-align: center; vertical-align: top;">1/13/22</p> <p style="text-align: center; vertical-align: bottom;">.22 JAN 18 P 4 :02</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><b><u>FINDINGS</u></b> Resident #2 – Hold parameters for Midodrine state, “Hold for systolic blood (SBP) greater than 130;” however, medication was held with SBP of exactly 130 on multiple days.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Re-educated nurses on hold parameters of a medication order and to review and understand definitions of parameters to ensure all components of medication orders are followed. Nurse Managers to audit MARs quarterly to ensure accuracy and completion.</p>	<p style="text-align: right;">1/13/22 &amp; ongoing</p> <p style="text-align: right;">'22 JAN 18 P4:02</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Readmission heights from 8/26/2021 and 10/5/2021 inconsistent. 8/26/2021 = 4’11 and 10/5/2021 = 4’2.</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 style="text-align: center;">Corrected height information to state correct height at 4’11”.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DON ORDA STATE LICENSING</p>	<p style="text-align: center;">1/13/22</p> <p style="text-align: center;">*22 JAN 18 P 4 :02</p>

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Licensee's/Administrator's Signature: *J Garcia*

Print Name: Lora Garcia

Date: 1/13/22

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