STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Eono, LLC	**CHAPTER 100.1**
Address: **45-338 Makalani Street, Kaneohe, Hawaii 96744**	**Inspection Date: December 2, 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.

	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 – Physical examination does not have SCG's name on it.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, SCG #1 (Lexy Farm) obtained her physical examination on December 4, 2021 with her name listed (see attached)	12/4/21

	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 – Physical examination does not have SCG's name on it.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** HR will first receive required documentation from new hires. After reviewing. HR will send documentation to PCG to reconcile before staff starts working on the floor. This will ensure forms are filled out accurately & all required documents have been received.	N/A

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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** SCG #2 – Tuberculosis clearance not signed by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. SCG #2 (Kimberly Jackson) obtained her TB clearance on 12/28/21 with the appropriate signature by Physician/APRN	12/28/21

STATE OF HAWAII
DOH/FLORIDA
STATE LICENSING

'22 JAN 14 P4:11

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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** SCG #3 – No documented evidence of initial (2-Step) tuberculosis skin test. Only one skin test in record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. SCG # 3 (Sally Lee) provided documentation of both skin test on December 10, 2021. (see attached)	12/10/21

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

'22 JAN 14 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DOH-OHSA
STATE LICENSING

'22 JAN 14 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute Care Giver #4 – No documented evidence of first aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. CCG #4 (Michelle Pascual) went to get her First aid on December 3, 2021. (see attached)	12/3/21

STATE OF HAWAII
DOH-DHSA
STATE LICENSING

'22 JAN 14 P4:12

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STATE OF HAWAII
DEPT. OF HUMAN SERVICES
STATE LIBRARY

22 JAN 14 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Signed medication order for Lorazepam on 9/25/2021 incomplete. Order states, "Lorazepam 1 mg – ½ tab (0.5 mg) orally PRN mild anxiety/agitation." Order does not specify a frequency.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. this was a clerical error. The original order does state the frequency clarification.	12/6/21

STATE OF HAWAII
DOH-AHDA
STATE LICENSING

'22 JAN 14 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DOH-OCCQA
STATE LICENSING

'22 JAN 14 P4:12

	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. **FINDINGS** Resident #1 – 9/16/2021 order for MSir states, "0.5 ml 3 times a day orally." Medication administration record (MAR) states, "0.25 ml orally 3 times daily for pain." Order and MAR are not consistent.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, this deficiancy was corrected on December 2, 2021. DC orders for morphine 0.6 mg 3 times a day oral and the start of morphine 0.26 ml orally 3 times daily for pain was placed in the residents binder under physicians orders.	12/2/21

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STATE OF HAWAII
BOH DHHA
STATE LICENSING

'22 JAN 14 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; **FINDINGS** Resident #1 – Height and weight measurements not taken upon admission.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPT OF HCA STATE LICENSING	N/A '22 JAN 14 P4:13

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STATE OF HAWAII
DOH-OHCA
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'22 JAN 14 P4:13

Licensee's/Administrator's Signature: _____

Print Name: Kawena Kahui

Date: 12/30/21

'22 JAN 14 P4:13

STATE OF HAWAII
DCCA/OFCA
STATE LICENSING