

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kahuanani Hale	CHAPTER 100.1
Address: 94-284 Kahuanani Place Waipahu, Hawaii 96797	Inspection Date: August 17, 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.

NOV 22 4:3:17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> PCG, SCG#1, SCG#2 – No documented evidence of fieldprint verification.</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><i>SEE ATTACHED</i></p>	<p>22 NOV 22 08:17</p>

11.100.1-3 Licensing. (B)(1)(i)
Application.
Page 2

Yes, the deficiency has been corrected. All fingerprint documentation has been filed accordingly in appropriate binder.

Completion date: 9/9/22

Karen Sim

'22 NOV 22 10:17

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> PCG, SCG#1, SCG#2 – No documented evidence of fieldprint verification.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">SEE ATTACHED</p>	<p style="text-align: right;">22 NOV 22 18:17</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS STAFF DEVELOPMENT</p>

In the future, Kahuanani Hale will perform the following steps to ensure Fieldprint Verification is completed:

1. Kahuanani Hale will issue verbal and written reminder to all caregivers and staff 45 days prior to their Fieldprint verification renewal.
2. Kahuanani Hale will be utilizing an appointment wall calendar system for tracing and monitoring all Fieldprint annual verifications.
3. In addition, Kahuanani Hale will continue to use their e-calendar for tracing and monitoring all Fieldprint annual verifications.
4. All required documents pertaining to Fieldprint will be filed in the appropriate binder in a timely manner.

Completion date: 9/13/22

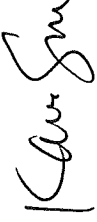
Kahuanani Hale

22 NOV 22 10:17

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

	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><u>FINDINGS</u> SCG #1 – No documented evidence of initial tuberculosis clearance.</p>	<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 style="text-align: center;">SEE ATTACHMENT</p>	<p style="text-align: center;">22 NOV 22 AS:17</p>

Yes. Tuberculosis clearance for all care givers have been recorded and filed in the appropriate binder.

Handwritten signature in cursive script, appearing to read "Karen Sun".

NOV 22 10:18

STATE OF HAWAII
DOMINICA
STATE ELECTING

	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><u>FINDINGS</u> SCG #1 – No documented evidence of initial tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>SEE ATTACHMENT</i></p>	<p style="text-align: center;">72 NOV 22 AS:18</p>

STATE OF CONNECTICUT
 DEPARTMENT OF
 SOCIAL SERVICES

11.100.1-9 Personnel, staffing and family requirements.(b)

Page 5

In the future, Kahuanani Hale will perform the following steps to ensure tuberculosis clearances are completed in a timely manner:

1. Kahuanani Hale will issue verbal and written reminder to all caregivers forty-five (45) days prior to their renewal for tuberculosis screening.
2. Kahuanani Hale will utilize an appointment wall calendar system for tracing and monitoring all caregivers' annual TB clearances.
3. In addition, Kahuanani Hale will continue to use their e-calendar for tracing and monitoring all caregivers' annual TB clearances.
4. All required documents pertaining to tuberculosis screening will be filed in the appropriate binder in a timely manner.

Completion date: 9/13/22

Kam Sun

22 NOV 22 08:18

STATE OF HAWAII
DOWNSIDE
STATE LICENSING

	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><u>FINDINGS</u> Resident #1:</p> <ul style="list-style-type: none"> • MD order on 1/15/22 for “Ensure PO” is incomplete. Order is missing specific type of nutritional supplement, dose in the form of ounces or milliliters, and frequency. For example, “Ensure original 8oz PO with breakfast.” • On 7/29/22, Emergency department ordered a change to resident’s Acetaminophen order of “Acetaminophen 650mg TID” to “Acetaminophen 325mg tab take 2 tabs PO q 6h as needed for pain”, however, order was not transcribed to the medication administration order record. New order for Acetaminophen needed to resume original order. 	<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 style="text-align: center;"><i>SEE ATTACHMENT</i></p>	<p style="text-align: right;">22 NOV 22 08:18 S-PHARMACY S-PHARMACY</p>

11-100.1-15 Medications. (e)

Page 6

In the future, Kahuanani Hale will take these steps to ensure the medication orders from all physicians are documented in the resident's Medication Administration Record accurately:

1. Review medication order with physician. Ensure medication order is complete.
2. Ensure all instructions are complete, thorough and accurate on the physician order's form.
3. In a timely manner, Transfer new medication orders to resident's M.A.R.; double check order reflects the physician's orders on the form. ^{PCG will}
4. If there are discrepancies, confusion or inquiry regarding any medication orders, contact the prescribing physician immediately

Date completed: 9/13/22

Kamari Sun

22 NOV 22 18:18

STATE OF HAWAII
DOH/ONCA
STATE LICENSING

	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><u>FINDINGS</u> Resident #1:</p> <ul style="list-style-type: none"> • MD order on 1/15/22 for “Ensure PO” is incomplete. Order is missing specific type of nutritional supplement, dose in the form of ounces or milliliters, and frequency. For example, “Ensure original 8oz PO with breakfast.” • On 7/29/22, Emergency department ordered a change to resident’s Acetaminophen order of “Acetaminophen 650mg TID” to “Acetaminophen 325mg tab take 2 tabs PO q 6h as needed for pain”, however, order was not transcribed to the medication administration order record. New order for Acetaminophen needed to resume original order. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>SEE ATTACHED</i></p>	<p style="text-align: right;">22 NOV 22 4:5:18</p> <p style="text-align: right; font-size: small;">OFFICE OF THE STATE CLERK</p>

Findings:

Resident #1:

- Yes. The nutritional supplement was reviewed with the MD; MD order was double checked for accuracy, ensuring all required specifications were listed in the order. PCCG double checked for accuracy in the resident's M.A.R.
Date completed: 9/13/22
- Yes. A stop/discontinue order from the MD, was received for the Emergency department's order of Acetaminophen. A new order from the MD to resume the original Acetaminophen order has been received.
All records have been filed in the resident's binder.
Date completed: 9/13/22

Cam Sun

22 NOV 22 18:18

STATE OF HAWAII
DOH HHS
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>FINDINGS Resident #1: No standard start orders for “Gentamicin sulfate 0.1%” and “Mupirocin 2% ointment”. Medications have since been discontinued.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>22 NOV 22 45:15</p> <p>STATE BOARD OF NURSING</p>

	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><u>FINDINGS</u> Resident #1: No standard start orders for "Gentamicin sulfate 0.1%" and "Mupirocin 2% ointment". Medications have since been discontinued.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>SEE ATTACHMENT</i></p>	<p style="text-align: center;">22 NOV 22 48:18</p> <p style="text-align: center; font-size: small;">STATE LICENSING</p>

11-100.1-15 Medications. (e)

Page 9

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1. Review all medication orders with the physician. Ensure medication order is complete.
2. Ensure all instructions are complete, thorough and accurate on the physician order's form.
3. In a timely manner, transfer new medication orders to resident's M.A.R.; double check order reflects the physician's orders on the form. *A PG will*
4. If there are discrepancies, confusion or inquiry regarding any medication orders, contact the prescribing physician immediately for resolution.

Date completed: 9/13/22

K. Awa Sui

'22 NOV 22 08:18

STATE OF HAWAII
DOH-SDCA
STATE LICENSING

Licensee's/Administrator's Signature: Kanani Stone

Print Name: Kanani Stone

Date: 09-17-22

22 NOV 22 4 6:18
STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING