

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Nohea	CHAPTER 100.1
Address: 5071 Maunalani Circle, Honolulu, Hawaii 96816	Inspection Date: April 11 & 12, 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.

STATE OF HAWAII
BOH-0104
STATE LICENSING

22 JUL 21 09:25

	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) #3 and #4 – No annual physical exam.</p>	<p style="text-align: center;">PART I</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;">SCG #3 completed annual physical exam on 6/23/22. SCG #4 no longer employed with facility.</p>	<p style="text-align: center;">6/23/22</p>

STATE OF HAWAII
BOH-DHCA
STATE LICENSING
22 JUL 21 09:25

	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) #3 and #4 – No annual physical exam.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING 22 JUL 21 19:25</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>Calendar reminders have been updated using Outlook e-mail to provide auto-reminders to staff the previous month before requirements expire. Quarterly reviews goal planning to include physical and other staffing requirements to ensure they are updated in a timely manner.</p>	<p>5/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG #1 and #2 – No current first aid certification.</p>	<p style="text-align: center;">PART I</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>SCG #1 completed first aid on 4/30/22. SCG #2 put inactive until first aid certification is provided.</p>	<p>7/1/22</p>

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BOH-CHCA
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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG #1 and #2 – No current first aid certification.</p> <p style="text-align: right;">STATE OF HAWAII GOV-0804 STATE LICENSING</p> <p style="text-align: right;">22 JUL 21 09:26</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>Calendar reminders have been updated using Outlook e-mail to provide auto-reminders to staff the previous month before requirements expire. Quarterly reviews goal planning to include first aid certification to ensure they are updated in a timely manner.</p>	<p style="text-align: center;">5/2/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2 – Medication label for Gabapentin 100 mg states, "...Take 1 cap orally qhs prn insomnia." No active order for this prn administration.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">22 JUL 21 A9:26</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>Medication has been labeled with "Directions Changed - Refer to Chart" sticker.</p>	<p style="text-align: center;">4/19/22</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>FINDINGS Resident #1 – Sodium Chloride order from 9/28/2021 states, "Increase NaCL to 1 gm TID – start today." Order not reflected on September medication administration record (MAR), nor physician order sheet which was reviewed by the primary care giver on 9/29/2021.</p> <p style="text-align: right;">STATE OF HAWAII DSH-ONCA STATE-LICENSEES 22 JUL 21 A9:26</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">✓</p>

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in office. RN Manager to follow up with physician on phone orders and have physician fill out "Provider's Orders or Phone Orders Template" for documentation

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #2 – No documented evidence that the facility followed-up on or provided the nutrition intervention recommendations made by the Consultant RD on 11/29/2021.</p> <p style="text-align: right;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p> <p style="text-align: right;">22 JUL 21 A9:26</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>Per RD's recommendation: "daily additional night time snack per resident preference: 1 C ice cream." Ice cream and other night time snacks purchased from Costco. See Receipt #7317297047434117</p>	<p style="text-align: center;">4/26/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1- No documented evidence that the facility followed-up on or provided the nutrition intervention recommendations made by the Consultant RD 10/25/2021.</p> <p style="text-align: right;">STATE OF HAWAII 68th-DCHA STATE LICENSING</p> <p style="text-align: right;">22 JUL 21 09:26</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>Per RD's recommendation:</p> <p>"Honoring food preferences" and</p> <p>"8oz Ensure Plus or 8oz ensure clear plus QD PRN if PD intakes \leq 50% of meals."</p> <p>Oatmeal per resident preference (breakfast) purchased from Costco. Meal percentages above 50%. PCP did not request Ensure order from PCP. See Receipt #7317297047434117</p>	<p style="text-align: center;">4/24/22</p>

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<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>FINDINGS Resident #1 – Physician marked “ARCH” on level of care form from 2/23/2021; however, points add up to expanded level of care. No new level of care obtained since then.</p> <p>STATE OF HAWAII BOH-CHDA STATE LICENSING</p> <p>22 JUL 21 A9:26</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>Requested LOC update from PCP on 4/14/22. LOC updated : ICF. Case management assessment scheduled for 4/27/22.</p>	<p>4/20/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 – Documentation for 9 hours of continuing education available within the last year; missing 3 hours.</p> <p style="text-align: right; color: blue;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; color: blue;">22 JUL 21 09:26</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>SCG #1 completed 3 CEUs on 4/15/22.</p>	<p style="text-align: center;">4/15/22</p>

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - No case management services being provided for expanded resident.</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: center;">22 JUL 21 09:26</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>Notified family of need for case management for increased care needs on 4/14/22. Recommended case management services used for previous residents. Case management admission assessment scheduled for 4/27/22. Case management services start on 5/1/22.</p>	<p style="text-align: center;">5/1/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident:</p> <p>FINDINGS Resident #1 - No case management services being provided for expanded resident.</p> <p style="text-align: center;">STATE OF HAWAII BOH-OHCA STATE LICENSING</p> <p style="text-align: center;">22 JUL 21 09:26</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>Resident Admission / Readmission Check List" includes level of care (LOC) and LOC updated with point system for reference on expanded criteria. RN Manager to verify LOC and case management services prior to admission or have interim care plan developed within 48 hours of admission. For current residents, LOC changes must be followed up within 24 hours, interim care plan developed within 48 hours, and case manager</p>	<p style="text-align: center;">7/21/22</p>

to be secured within 1 week and
27 develop care plan.

Licensee's/Administrator's Signature: Amy M.K.G. Teixeira

Print Name: Amy M.K.G. Teixeira

Date: 7/1/2022

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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