

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale O Meleana	CHAPTER 100.1
Address: 2230 Liliha Street, Honolulu, Hawaii 96817	Inspection Date: August 24 – 25 & 29, 2022

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
DEPARTMENT OF
HEALTH
DIVISION OF
LICENSING

22 NOV 28 PM 1:04

	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> Employee #3, #4, and #8 – No documented evidence of a current annual physical examination clearance signed by a physician or advanced practice registered nurse (APRN).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Employee #3 and #4 have completed their annual physical exam (see attached). Employee #8 is no longer employed with Hale O Meleana.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:04</p> <p>STATE OF ALABAMA DOH-00000000 STATE LICENSING</p>

	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> Employee #3, #4, and #8 – No documented evidence of a current annual physical examination clearance signed by a physician or advanced practice registered nurse (APRN).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current employees compliance with annual physical examines has been completed to configure root cause and analysis for future plan.</p> <p>New Hiring Process was developed using a new computer system (ADP). The Business Office Manager (BOM) has been trained on this process. The BOM has developed a tracking compliance tool for ongoing annual compliance with physical examinations and will review this tracking tool weekly. BOM added to the HR file checklist to place new hires onto compliance spreadsheet; this form is completed with in their first 30 days.</p> <p>Hale O Meleana has partnered with OPM to conduct our employee physical examinations. Change of Administrator and PCG was done in July 2022 and have knowledge of annual physical examination compliance.</p> <p>The Administrator and/or PCG will manage the process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 11:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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>FINDINGS Employee #2, #3, #4, #6, and #8 – No documented evidence of a current annual tuberculosis clearance signed by a physician or APRN.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Employees #2 and #6 has completed chest x-ray (see attached). Employee #3, and #4 have completed their TB tests (see attached). Employee #8 is no longer employed at Hale O Meleana.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:05</p> <p>STATE OF HAWAII DOH CHCA STATE LICENSING</p>

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<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> Employee #2, #3, #4, #6, and #8 – No documented evidence of a current annual tuberculosis clearance signed by a physician or APRN.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current employees compliance with annual tuberculosis clearance (TB) has been completed to configure root cause and analysis for future plan.</p> <p>New Hiring Process was developed using a new computer system (ADP). The Business Office Manager (BOM) has been trained on this process. The BOM has developed a tracking compliance tool for ongoing annual TB compliance and will review this tracking tool weekly. BOM added to the HR file checklist to place new hires onto compliance spreadsheet this form is completed with in their first 30 days.</p> <p>Hale O Meleana has partnered with OPM to help with TB test along with hiring new Resident Care Managers that will conduct TB tests at Hale O Meleana.</p> <p>Change of Administrator and PCG was done in July 2022 and have knowledge of TB compliance.</p> <p>The Administrator and/or PCG will manage the process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:05</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><u>FINDINGS</u> Employee #8 – No documented evidence of a current first aid certification on file.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Employee #8 no longer works for Hale O Meleana.</p>	<p>9/7/22</p> <p>22 NOV 28 AM 1:05</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><u>FINDINGS</u> Employee #8 – No documented evidence of a current first aid certification on file.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current employees compliance with first aid certification has been completed to configure root cause and analysis for future plan.</p> <p>New Hiring Process was developed using a new computer system (ADP). The Business Office Manager (BOM) has been trained on this process. The BOM has developed a tracking compliance tool for compliance with first aid certification and will review this tracking tool weekly. BOM added to the HR file checklist to place new hires onto compliance spreadsheet; this form is completed with in their first 30 days.</p> <p>Hale O Meleana has established 2 employees that are certified first aid and CPR trainers along with securing a third party vendor. Routine classes have been established.</p> <p>Change of Administrator and PCG was done in July 2022 and have knowledge with first aid compliance.</p> <p>The Administrator and/or PCG will manage the process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§II-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Employee #8 – No documented evidence of a current cardiopulmonary resuscitation (CPR) certification on file.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Employee #8 no longer is employed with Hale O Meleana.</p>	<p>9/7/22</p> <p>22 NOV 28 AM 11:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.I-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Employee #8 – No documented evidence of a current cardiopulmonary resuscitation (CPR) certification on file.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current employees compliance with cardiopulmonary resuscitation (CPR) has been completed to configure root cause and analysis for future plan.</p> <p>New Hiring Process was developed using a new computer system (ADP). The Business Office Manager (BOM) has been trained on this process.</p> <p>The BOM has developed a tracking compliance tool for compliance with cardiopulmonary resuscitation (CPR) certification and will review this tracking tool weekly. BOM added to the HR file checklist to place new hires onto compliance spreadsheet; this form is completed with in their first 30 days.</p> <p>Hale O Meleana has established 2 employees that are certified first aid and CPR trainers along with securing a third party vendor. Routine classes have been established.</p> <p>Change of Administrator and PCG was done in July 2022 and have knowledge with CPR compliance.</p> <p>The current Administrator and/or PCG will manage the process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:05</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 – Admission medication orders from 1/17/2022 did not include a route for the medications. In addition, there was no dose specified for the Calcium Carbonate with Vitamin D.</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 28 AM 1:06</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><u>FINDINGS</u> Resident #1 – Admission medication orders from 1/17/2022 did not include a route for the medications. In addition, there was no dose specified for the Calcium Carbonate with Vitamin D.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Vice President of Clinical developed an Admission Coordinator position to manage the admission process. This person has been trained and will oversee the Department of Health requirements and admission process.</p> <p>The current admission form has been revised to provide clarity on route and dose for the medication.</p> <p>Vice President of Clinical developed a Move in Admission checklist to ensure the compliance of DOH documents and move in process. The form is started prior to admission and completed day of admission.</p> <p>Admission Coordinator and/or PCG will be responsible for compliance of admission orders.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:06</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><u>FINDINGS</u> Resident #1 – On 6/1/2022 signed medication orders, Hydrocortisone had a start date of 3/17/2022 and Vitamin B Complex had a start date of 4/12/2022 listed; however, there was no documented evidence of these orders being received prior to 6/1/2022.</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 28 AM 1:06</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><u>FINDINGS</u> Resident #1 – Per 3/12/2022 nursing note (clinical view report), “Received visit summary via fax from Dr. Patricia Borman: Add = Vitamin D 2000 IU po daily and Multivitamin with minerals increased orally daily; Stop = Calcium and Vitamin D 600 mg/400 IU, Famotidine, Icosapent, and Vitamin C.” The new orders were not reflected on the February or March medication administration records (MARs), and there were no documents available with the orders to stop medications.</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>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>22 NOV 28 AM 11:06</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><u>FINDINGS</u> Resident #1 – Vitamin C, Vitamin D, and a multivitamin were included on the admission medication orders; however, they did not appear on the MAR. No documented evidence the medications were given or 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>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 NOV 28 AM 1:06</p>

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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><u>FINDINGS</u> Resident #3 – Boost/Ensure supplement 1 bottle per day PO between meals was ordered on 5/6/22 but was not made available until 5/9/22.</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>STATE OF HAWAII DOH OHCA STATE LICENSING</p>	<p>22 NOV 28 AM 10:06</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><u>FINDINGS</u> Resident #1 – On 6/1/2022 signed medication orders, there were two (2) prn orders for Acetaminophen 325 mg. The first was Acetaminophen 325 mg orally every 4 hours as needed for pain/fever. The second was Acetaminophen 325 mg orally every 8 hours as needed for pain. No documented evidence the physician was contacted for clarification.</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>STATE OF HAWAII DOH-DICA STATE LICENSING</p>	22 NOV 28 AM 1:06

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #3 – Medication not reevaluated and signed every four (4) months from 11/3/2021 to 7/8/2022.</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 28 AM 1:06</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Progress notes for April 2022 to May 2022 did not include observations on the resident's response to "regular, chopped/easy to chew" diet and Ensure supplement.</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>STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p>22 NOV 28 AM 10:06</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #2 – May 2022 monthly progress missing.</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 28 AM 1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – May 2022 monthly progress missing.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current residents compliance with monthly Progress notes has been completed to configure root cause and analysis for future plan.</p> <p>Vice President of Clinical added Resident Care Manager (RCM) positions to coordinate a caseload of residents. Each RCM have been trained and will oversee that the Department of Health requirements and daily management of their assigned residents along with training on Hale O Meleana policies, department of Health requirements and procedures which includes monthly progress notes.</p> <p>RCM duty checklist has been developed and training provided for ongoing compliance with monthly progress notes.</p> <p>Monthly progress notes have been added to the acuity tracking tool to ensure compliance with monthly progress notes and is reviewed on a daily basis while in the community.</p> <p>The Director of Clinical will manage this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 10:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #2 – Monthly progress notes did not include observations of the resident's response to medications.</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>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>22 NOV 28 AM 1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Monthly progress notes did not include observations of the resident's response to medications.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current residents compliance with Progress notes response to medication has been completed to configure root cause and analysis for future plan.</p> <p>Vice President of Clinical added Resident Care Manager (RCM) positions to coordinate a caseload of residents. Each RCM have been trained and will oversee that the Department of Health requirements and daily management of their assigned residents along with training on Hale O Meleana policies, department of Health requirements and procedures which includes response to medications.</p> <p>RCM duty checklist has been developed and training provided for ongoing compliance of monthly progress notes which includes observations of resident's response to medications.</p> <p>Director of Clinical will oversee this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:06</p>

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	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><u>FINDINGS</u> Resident #1 – Per 5/4/2022 note to resident's physician, "Resident exhibits physical aggression – hitting her head, demanding 1:1 care. 3/16/2022 Lorazepam new dose = "0.5 mg po qpm and 0.25 mg po qam." Physician's response: "Resident is not tolerating Lorazepam taper. Return to prior dose, "0.5 mg po bid." Resident's 5/2022 progress note states, "Tolerating all her current medications without any untoward effects."</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>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 NOV 28 AM 11:06</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><u>FINDINGS</u> Resident #1 – Per 5/4/2022 note to resident's physician, "Resident exhibits physical aggression – hitting her head, demanding 1:1 care. 3/16/2022 Lorazepam new dose = "0.5 mg po qpm and 0.25 mg po qam." Physician's response: "Resident is not tolerating Lorazepam taper. Return to prior dose, "0.5 mg po bid." Resident's 5/2022 progress note states, "Tolerating all her current medications without any untoward effects."</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Vice President of Clinical added Resident Care Manager (RCM) positions to coordinate a caseload of residents. Each RCM have been trained and will oversee that the Department of Health requirements and daily management of their assigned residents along with training on Hale O Meleana policies, department of Health requirements and procedures.</p> <p>RCM duty checklist has been developed and training provided for ongoing compliance of monthly progress notes which includes observations of resident's response to medications, behaviors, and medication tolerance.</p> <p>A SMART meeting (System Monitoring and Resident Tracking meeting Checklist) has been developed and initiated for the Resident Care Managers to ensure compliance in the management of Health Services and department of Health requirements which includes running progress note report to review daily charting, responses to medication, behavior plans, and monthly progress notes. This is completed daily while in the community.</p> <p>Director of Clinical will oversee this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:07</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><u>FINDINGS</u> Resident #1 – Monthly progress notes state resident is stand by assist with all activities of daily living (ADLs); however, under ambulation, it states resident ambulates independently with four-wheel walker. Conflicting information.</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 28 AM 1:07</p> <p>STATE OF HAWAII DOH-CHCA 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><u>FINDINGS</u> Resident #1 – Monthly progress notes state resident is stand by assist with all activities of daily living (ADLs); however, under ambulation, it states resident ambulates independently with four-wheel walker. Conflicting information.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current residents compliance with Progress notes response to ADL's has been completed to configure root cause and analysis for future plan.</p> <p>Vice President of Clinical added Resident Care Manager (RCM) positions to coordinate a caseload of residents. Each RCM have been trained and will oversee that the Department of Health requirements and daily management of their assigned residents along with training on Hale O Meleana policies, department of Health requirements and procedures.</p> <p>RCM duty checklist has been developed and training provided for ongoing compliance of monthly progress notes which includes accurate reporting of ADL's and conflicting information.</p> <p>Director of Clinical will manage this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 11:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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> Employee #1, #2, #3, #4, #7, #8, #10, and #11 – No documented evidence of completion of twelve (12) continuing education hours within past twelve (12) months.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Employee #1 and #8 no longer working at Hale O Meleana. Employee #2, #3, #4, #7, #10, and #11 have completed their 12 continuing education hours (see attached).</p>	<p>10/30/22</p> <p>22 NOV 29 AM 1:35</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Employee #1, #2, #3, #4, #7, #8, #10, and #11 – No documented evidence of completion of twelve (12) continuing education hours within past twelve (12) months.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current employees compliance with continuing education hours has been completed to configure root cause and analysis for future plan.</p> <p>New Hiring Process was developed using a new computer system (ADP). The Business Office Manager (BOM) has been trained on this process.</p> <p>The BOM has developed a tracking compliance tool for ongoing annual compliance with 12 hours of continuing education.</p> <p>BOM added to the HR file checklist to place new hires onto compliance spreadsheet; this is completed within 30 days of hire. Upon hire BOM will schedule annual continuing education. Weekly review of training will be conducted by the BOM.</p> <p>Change of Administrator and PCG was done in July 2022 and have knowledge with continuing education compliance.</p> <p>Current Administrator and/or PCG will manage the process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><u>FINDINGS</u> Resident #1 – Admission medication orders from 1/17/2022 not signed by a physician or APRN.</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>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	22 NOV 28 AM 1:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><u>FINDINGS</u> Resident #1 – Admission medication orders from 1/17/2022 not signed by a physician or APRN.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Vice President of Clinical developed an Admission Coordinator position to manage the admission process. This person has been trained and will oversee that the Department of Health requirements and move in admission process.</p> <p>Sales Manager position have been replaced with current position staff member trained on the process.</p> <p>Vice President of Clinical developed Move in Admission checklist to ensure the compliance of DOH documents and admission paperwork which includes signed physician orders; this is started pre-move in and completed upon move in.</p> <p>The Admission Coordinator and/or Primary Caregiver will manage this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 11:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #3 – Note in resident's record states, "Per son's recollection, resident refused to take Pneumovax." No documented evidence that the PCG and case manager tried to make arrangements for the expanded ARCH resident to get their pneumococcal vaccine, or actual confirmation from the physician that the resident refused it.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Physician order received that resident does not want the pneumovax (see attached).</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p>8/31/22</p> <p>22 NOV 28 AM 1:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services</u>. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #3 – Note in resident's record states, "Per son's recollection, resident refused to take Pneumovax." No documented evidence that the PCG and case manager tried to make arrangements for the expanded ARCH resident to get their pneumococcal vaccine, or actual confirmation from the physician that the resident refused it.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Vice President of Clinical developed an Admission Coordinator position to manage the admission process. This person has been trained and will oversee that the Department of Health requirements and admission process.</p> <p>Vice President of Clinical has hired an EARCH Licensed Nurse to oversee the compliance of Department of Health Requirements along with changing the Primary Care Giver individual. These staff members have been trained on DOH regulations, compliance, and Hale O Meleana policies and procedures regarding EARCH residents.</p> <p>Admission physician order has been revised to include pneumovax.</p> <p>EARCH Pneumovax has been added to the move in checklist and acuity report for compliance which is started pre-move in and completed day of move in.</p> <p>Director of Clinical will manage this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:08</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><u>FINDINGS</u> Resident #2 – No nutrition care plan developed for resident with special diet and significant weight changes.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Resident #2 nutritional care plan was received by Case Manager and reviewed (see attached).</p>	<p>9/9/22</p> <p>22 NOV 28 AM 1:08</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</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><u>FINDINGS</u> Resident #2 – No nutrition care plan developed for resident with special diet and significant weight changes.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current case managers compliance with nutritional care plans has been completed to configure root cause and analysis for future plan.</p> <p>Vice President of Clinical has hired an EARCH Licensed Nurse to oversee the compliance of Department of Health Requirements along with changing the Primary Care Giver individual. These staff members have been trained on DOH regulations, compliance, and Hale O Meleana policies and procedures regarding EARCH residents.</p> <p>EARCH nurse has coordinated monthly meetings with the case managers to review residents care plan, changes, and needs.</p> <p>Vice President of Clinical has coordinated weekly dietitian consults for additional support.</p> <p>EARCH nurse and/or Director of Clinical will manage this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:08</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</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><u>FINDINGS</u> Resident #2 – Aspiration risk care plan was not reviewed by the case manager for August 2022.</p>	<p>PART 1</p> <p>EARCH Nurse received August Case Managers review notes of aspiration risks (see attached) which was completed on 8/11/22</p> <p>STATE OF HAWAII DOH-010-CA STATE LICENSING</p>	<p>8/30/22</p> <p>22 NOV 28 AM 1:08</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><u>FINDINGS</u> Resident #2 – Aspiration risk care plan was not reviewed by the case manager for August 2022.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Review of current case managers compliance with nutritional care plans has been completed to configure root cause and analysis for future plan.</p> <p>Vice President of Clinical has hired an EARCH Licensed Nurse to oversee the compliance of Department of Health Requirements along with changing the Primary Care Giver individual. These staff members have been trained on DOH regulations, compliance, and Hale O Meleana policies and procedures regarding EARCH residents.</p> <p>EARCH nurse has coordinated monthly meetings with the case managers to review residents care plan, changes, and needs.</p> <p>Vice President of Clinical has coordinated weekly dietitian consults for additional support.</p> <p>EARCH nurse and/or Director of Clinical will manage this process.</p>	<p>10/30/22</p> <p>22 NOV 28 AM 1:09</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

Licensee's/Administrator's Signature: [Signature]
Print Name: Garrett Brunk
Date: 11/18/22

22 NOV 28 AM 11:09
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