

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Huapala Senior Care B, LLC	<b>CHAPTER 100.1</b>
<b>Address:</b> 2649 B Huapala Street, Honolulu, Hawaii 96822	<b>Inspection Date:</b> December 21 & 22, 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.**

22 JAN 18 P 4:03  
STATE OF HAWAII  
DOH-DHCA  
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> (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><b><u>FINDINGS</u></b> Employee #1 – First aid certification completed online only.</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;">Completed in person First Aid certification on 1/5/2022.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHF-ONCA STATE LICENSING</p>	<p style="text-align: center;">1/13/22</p> <p style="text-align: right; font-size: small;">22 JAN 18 P4:03</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><b><u>FINDINGS</u></b> Employee #1 – First aid certification completed online only.</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>Educated nurse that for staff qualifications on First Aid, staff must complete an in-person skills practice and testing session with an Instructor. Online courses alone are not acceptable. Human Resources to audit quarterly to ensure accuracy and completion of staff qualifications.</p>	<p style="text-align: right;"><i>1/13/22 &amp; ongoing</i></p> <p style="text-align: right;">22 JAN 18 P4:03</p>

STATE OF HAWAII  
DOH-ORCA  
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> (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><b><u>FINDINGS</u></b> Employee #1 – Cardiopulmonary resuscitation certification (CPR) completed online only.</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;">Completed in person CPR certification on 1/5/2022.</p> <div style="text-align: right; font-size: small; margin-top: 20px;">       STATE OF HAWAII        DPH-DHCA        STATE LICENSING     </div>	<p style="text-align: center; font-size: large;">1/13/22</p> <p style="text-align: right; font-size: small; margin-top: 20px;">22 JAN 18 P 4:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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><b><u>FINDINGS</u></b> Employee #1 – Cardiopulmonary resuscitation certification (CPR) completed online only.</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>Educated nurse that for staff qualifications on CPR staff must complete an in-person skills practice and testing session with an instructor. Online courses alone are not acceptable. Human Resources to audit quarterly to ensure accuracy and completion of staff qualifications.</p>	<p style="text-align: right;">1/13/22 * ongoing</p> <p style="text-align: right;">22 JAN 18 P 4:03</p>

STATE OF HAWAII  
DHI-ONCA  
STATE LICENSING

	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><b><u>FINDINGS</u></b> Resident #1 – Second (2<sup>nd</sup>) page 6/28/2021 medication reevaluation not signed by physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">22 JAN 18 P 4:03</p>

	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><b><u>FINDINGS</u></b> Resident #1 – Second (2<sup>nd</sup>) page 6/28/2021 medication reevaluation not signed by physician.</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;">Educated house nurses to double check and verify each page of reconciled MARs after requesting signatures. Nurse to ensure each page of the MAR is signed and dated. Nurse Managers to audit quarterly for accuracy.</p>	<p style="text-align: right;"><i>1/13/22</i> <i>&amp; ongoing</i></p> <p style="text-align: right;">22 JAN 18 P4:03</p> <p style="text-align: right;">STATE OF HAWAII DHP/DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Height not taken on 11/1/2021 readmission.</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;">Height taken and recorded in Height/Weight section.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-DHCA  STATE LICENSING</p>	<p style="text-align: center;">1/13/22</p> <p style="text-align: right;">22 JUN 18 P 4:03</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Height and weight measurements taken:</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Height not taken on 11/1/2021 readmission.</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 house nurses to use the re-admission checklist provided by MSC to ensure all steps have been completed.  Nurse partner to double check each section of chart during and after endorsement from her nurse partner. Nurse Managers to audit quarterly for accuracy and completion.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH+OHCA  STATE LICENSING</p>	<p style="text-align: right;"><i>1/13/22  &amp; ongoing</i></p> <p style="text-align: right;">22 JAN 18 P4:03</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 – Documents related to Tuberculosis clearance not accurate. Two (2) forms say “Positive PPD/CXR on 12/27/2018.” Another form has this same information crossed out with “error” written, and lists the 2-Step TB clearance dates as 1/9/2020 and 1/11/2020.</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>Dates for initial PPD/CXR were noted in the wrong section of the physician admission orders. Clarified with PCP that there was no history of positive PPD. 1st step PPD was on 12/27/18 and read on 12/29/18. 2nd step PPD was implanted on 1/11/19 and read on 1/13/19.</p> <p>Errors corrected on the physicians admission orders.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">1/13/22</p> <p style="text-align: center;">22 JAN 18 P4:03</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 – Documents related to Tuberculosis clearance not accurate. Two (2) forms say “Positive PPD/CXR on 12/27/2018.” Another form has this same information crossed out with “error” written, and lists the 2-Step TB clearance dates as 1/9/2020 and 1/11/2020.</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 house nurses to use the admission and re-admission checklist provided by MSC to ensure all documents have been completed accurately including the physician admission orders. Nurse partner to double check each section of the admission orders during and after endorsement from her nurse partner. Nurse Managers to audit charts quarterly for accuracy and completion.</p>	<p style="text-align: right;"><i>1/13/22 &amp; ongoing</i></p> <p style="text-align: right;">22 JAN 18 P4:03</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence of pneumococcal vaccine.</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;">POA declined pneumococcal vaccine.</p>	<p style="text-align: center;">1/13/22</p> <p style="text-align: center;">22 JAN 18 P4:03</p> <p style="text-align: center;">STATE OF HAWAII DHHS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence of pneumococcal vaccine.</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 house nurses to use the admission and re-admission checklist provided by MSC to ensure all documents have been completed accurately including the physician admission orders which include pneumococcal vaccine information. Nurse partner to double check each section of the admission orders during and after endorsement from her nurse partner. Nurse Managers to audit charts quarterly for accuracy and completion.</p>	<p style="text-align: right;">1/13/22 &amp; ongoing</p> <p style="text-align: right;">'22 JAN 18 P4:03</p>

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

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

Print Name: Lora Garcia

Date: 1/13/22

'22 JAN 18 P4:03

STATE OF HAWAII  
DCH-OMCA  
STATE LICENSING