

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Malamalama Mauka	CHAPTER 100.1
Address: 246 Moomuku Place Honolulu, Hawaii 96821	Inspection Date: May 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.**

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

22 AUG -5 A 9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-8 Primary care giver qualifications (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current.</p> <p><u>FINDINGS</u> PCG No documented evidence of six (6) hours of continuing education credits available for review.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG six hours of continuing education credits completed on 5/30/22. Copy of completed credits provided.</p>	<p>5/30/22</p>

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 STATE LICENSING

22 AUG -5 A9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-8 Primary care giver qualifications (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current.</p> <p><u>FINDINGS</u> PCG - No documented evidence of six (6) hours of continuing education credits available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have updated my PCG checklist to include a reminder to obtain six hours of continuing education credits yearly. I will refer to this checklist annually.</p>	<p>5/30/22</p>

STATE OF HAWAII  
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 STATE LICENSING

22 AUG -5 A9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100 1-10 Admission policies (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, IHR, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 Care home is an ARCH type I, however, level of care on annual physical exam dated 5/6/22 states she is ICF level.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 level of care was reassessed and corrected by PCP on 5/26/22. Corrected annual physical exam is located in the resident's chart and provided.</p>	<p>5/26/22</p>

STATE OF HAWAII  
NON-CHINA  
STATE LICENSING

22 AUG -5 A9:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100 I-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 Care home is an ARCH type I, however, level of care on annual physical exam dated 5-6-22 states she is ICI level.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have updated my annual checklist to include reminder when obtaining resident's annual physical exam to verify level of care is ARCH level. I will refer to this checklist during annual requirements.</p>	<p>5/27/22</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

22 AUG -5 09:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Residents #3 and #4 - Special diet menus not available.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Current diet menus for resident #3 and #4 was assessed and updated to include no concentrated sweets (NCS) options for diabetic residents by PCG and dietitian Kasey Kawamoto email consultation on 5/12/22. copy of updated menu provided.</p>	<p>5/12/22</p> <p>STATE OF HAWAII DOM-0123 STATE LICENSING</p>

22 AUG -5 19:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Residents #3 and #4 – Special diet menus not available.</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>I have implemented a medical appointment checklist that includes following up with dietician promptly to train on dietary restrictions and assist with menu. I will follow this checklist everytime the resident has a medical appointment. See attached</p>	<p>11/1/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-13 Nutrition (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 - Diet order "low salt, NCS" needs clarification by Physician or APRN MD should specify number of grams of salt resident is allowed to have.</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>Resident #3 current diet order of no added salt (NAS) was assessed by PCP on 2/22/22. Copy of Physician order for resident #3 dated 2/22/22 provided.</p>	<p>5/18/22</p> <p>STATE OF HAWAII DGH-CHFA STATE LICENSING</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Diet order “low salt, NCS” needs clarification by Physician or APRN. MD should specify number of grams of salt resident is allowed to have.</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>I have implemented a medical appointment checklist that includes following up with dietician promptly to train on dietary restrictions and assist with menu. I will follow this checklist everytime the resident has a medical appointment. See attached</p>	<p>11/1/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100 1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - On 1/27/22 Physician ordered "Omega-3 fatty acid fish oil supplement", however, supplement was not provided to resident.</p>	<p style="text-align: center;"><b>PART I</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>Resident #1 physician order of Omega-3 fatty acid/fish oil supplement was assessed and discontinued by PCP on 5/26/22. Documentation is located in resident's chart and provided.</p>	<p>5/26/22</p> <p style="text-align: right;">STATE OF HAWAII DOR-CHESA STATE LICENSING</p>

22 AUG -5 A9:47

	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><b><u>FINDINGS</u></b> Resident #1 – On 1/27/22 Physician ordered “Omega -3 fatty acid/fish oil supplement”, however, supplement was not provided to resident.</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>I have implemented a medical appointment checklist that includes following up with dietician promptly to train on dietary restrictions and assist with menu. I will follow this checklist everytime the resident has a medical appointment. See attached</p>	<p style="text-align: right;">11/1/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 Records and reports, (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies:</p> <p><b>FINDINGS</b> Resident #2 – Proof of positive tuberculosis history not available for review.</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>Resident #2 step 1 tuberculosis clearance completed on 5/17/22 read on 5/19/22 positive test result in duration 15mm. Resident #2 had a chest xray on 12/11/13. Resident's positive PPD test was assessed by PCP on 5/25/22 no additional chest xray needed. Documentation located in resident's chart and provided.</p>	<p style="text-align: right;">5/25/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – Proof of positive tuberculosis history not available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I have updated my admission checklist to include a reminder to obtain size of induration (mm) for any positive tuberculosis skin test prior to admission. I will refer to this checklist during all future admissions.</p>	<p>5/27/22</p> <p>STATE OF HAWAII DPT-CHIA STATE LICENSING</p>

22 AUG -5 09:47

Licensee's/Administrator's Signature: Pauline Y. O. Fukumura

Print Name: Pauline Y.O. Fukumura

Date: 05/30/2022


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Licensee's/Administrator's Signature: Pauline Yofuku

Print Name: Pauline Y.O. Fukumura

Date: 08/20/22

Licensee's/Administrator's Signature: 

Print Name: Kieran Corvalho Kivana

Date: 11/1/22

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