

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaamilo Hale LLC	CHAPTER 100.1
Address: 98-570 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: April 5 &6, 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.

22 MAY 19 P 2:53
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	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 #1 – Medication label for Metoprolol does not include hold parameters as ordered.</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>Placed "Order's Changed & Placed "Hold Parameters" label on side of Rx bottle, where visible and not obstructing medication info. Notified Islands Hospice team, to request them to send the Full detailed order to designated Pharmacy</p>	<p>4/6/22</p> <p>22 MAY 19 P2:53</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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 #1 – Medication label for Metoprolol does not include hold parameters as ordered.</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>New Policy created for which : with any new Rx bottle delivery 2 scg's will double check that the label matches the order exactly.</p> <p>Additionally, Monthly Audits are scheduled where 2 caregivers check orders and labels, to ensure matches. Any inconsistencies noted will result in a call to Pharmacy, a "changed order" label on the bottle, and notify PCG.</p>	<p>4/6/22</p> <p>STATE OF INDIANA DOH-CHC STATE L MAY 19 P2:53</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 – Ipratropium Bromide/Albuterol Sulfate ordered every six hours as needed; however, medication label states every six hours, and does not reflect as needed status.</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>Called Resident's MD that ordered Medication. Clarified with APRN the order should be PRN Q4h, NOT Scheduled. Placed "order change" label on medicine</p> <p>Notified 5-min Pharmacy that their label is incorrect. I received the copy of Rx. 5-min pharmacy Reached out to MD for Rx order correction</p>	<p>4/6/22</p> <p>4/7/22</p> <p>22 MAY 19 P2:53</p> <p>STATE OF HAWAII DOH-ONCA STAFF TRAINING</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 – Ipratropium Bromide/Albuterol Sulfate ordered every six hours as needed; however, medication label states every six hours, and does not reflect as needed status.</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>Any new medication delivery 4/6/22 will be double checked against the written order by 2-people.</p> <p>*Medications will be double checked on day of delivery</p>	<p style="text-align: right;">22 MAY 19 P2:53</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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 – Aspirin bottle states, “enteric coated;” however, handwritten label states, “chewable.” Enteric coated tablets are not to be chewed.</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>immediately obtained chewable Aspirin from the pharmacy OTC. Removed and wasted “enteric coated” Educated staff on importance of never crushing enteric coated. 2 person Plan initiated for future Med checks</p>	<p>4/16/22</p> <p style="text-align: right;">22 MAY 19 P2:53</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>§11-100.1-15 <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 – Aspirin bottle states, “enteric coated;” however, handwritten label states, “chewable.” Enteric coated tablets are not to be chewed.</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>Policy initiated that all new bottles/Rx are checked by 2 person for medication accuracy & double check all crushable meds are not enteric coated. Flag placed on Resident's MAR's that need med crushed.</p>	<p>4/7/22</p> <p>22 MAY 19 P2:53</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</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 #2 – October 2021 through January 2022 medication administration record (MAR) listed Tylenol 650 mg orally every six hours as needed for pain, not to exceed 3000 mg per day; however, no active order for it during that time.</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>	

	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 #2 – October 2021 through January 2022 medication administration record (MAR) listed Tylenol 650 mg orally every six hours as needed for pain, not to exceed 3000 mg per day; however, no active order for it during that time.</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>All orders via Phone/Verbal/ Written, are Written @ time of order. Written & confirmed/ checked order prior to any medication written in MAR. (Unsure cause of event as prior owner).</p> <p>- Medication orders, MARs, and labels will be checked by the PCG or 2 SCGs on the 28th of ea month, to ensure there is an order written for all meds, and Labels/MAR matches order</p>	<p>4/16/22</p> <p>22 MAY 19 P2:53</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 #2 No documented evidence that Ensure supplement, take 2-3 cans by mouth daily, was provided as ordered (2/5/22).</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>Order clarification written in chart on quantity of ensure order</p> <p>- Added Ensure order to the MAR that reflects exactly the MD order.</p> <p>- Instructed SCGs to ensure to document on Ensure given in the MAR</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>4/6/22</p> <p>22 MAY 19 P2:53</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 #2 No documented evidence that Ensure supplement, take 2-3 cans by mouth daily, was provided as ordered (2/5/22).</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>In future, any supplements ordered will be added to the MAR immediately and two caregivers check on the day the order is received.</p> <p>- New Policy that: Night shift double checks all new orders for the day match exactly the MAR</p>	<p>4/6/22</p> <p>22 MAY 19 P2:53</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>FINDINGS Resident #1 – Medications not reevaluated and signed by a physician or APRN every four months. Last medication orders signed on 10/7/2021 – six months ago.</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>Faxed Medication "Physician order" form to Primary provider on 4/11/22. Received signed medication orders on 4/19/22</p>	<p>4/11/22 4/19/22</p> <p>22 MAY 19 P2:53</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed by a physician or APRN every four months. Last medication orders signed on 10/7/2021 – six months ago.</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>Put note on front of chart for renewal items including - Medication Re-eval, - Physical, - PPD. Assigned staff member to check Resident tracker every 1st of the month. (Thessie). Place any faxed item that needs a signature in front of chart until followed up signature response received.</p>	<p>22 MAY 19 P2:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – According to 2/25/2022 progress note, Melatonin dose increased; however, this increase was not reflected on MAR until 3/1/2022.</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>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p>22 MAY 19 P 2:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – According to 2/25/2022 progress note, Melatonin dose increased; however, this increase was not reflected on MAR until 3/1/2022.</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>After all Orders, order Changes, and new bottles of medications; New policy of two-person check that bottle reflects MAR & Orders. Changes will receive a "order change" label. Changes in MAR will have highlighted "Dc'd" and a new Order. Immediately after new orders entered, they will be inputted into MAR, if meds available Educated Staff.</p>	<p>4/6/22</p> <p>STATE OF HAWAII DOH-OSCA STATE LICENSING 22 MAY 19 P2:53</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 #1 No care plan developed for expanded level resident to address services related to oropharyngeal stage dysphagia diagnosis, history of pneumonitis due to inhalation of food and vomit, and active coughing, pocketing of food, and increased salivary secretions when eating.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Notified CM Daryle Ann Ho. Via Phone on 4/7/22. Daryle Ann came in person to collaborate with CTO. Care Plan was created initially on 7/12/21, however was never placed in chart and was in CM File unsigned. CTO Reviewed / collaborated / and Signed Dysphagia Care Plan on 4/12/22</p>	<p>4/7/22 and 4/12/22 - in person visit with CM</p> <p align="right">22 MAY 19 P2:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 care plan developed for expanded level resident to address services related to oropharyngeal stage dysphagia diagnosis, history of pneumonitis due to inhalation of food and vomit, and active coughing, pocketing of food, and increased salivary secretions when eating.</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>make sure all care plans are double checked 2-person (CM & CTO) that they are</p> <ol style="list-style-type: none"> 1: Present in chart and not loose 2: All primary problems are addressed and care plans present 3: Care plans signed by CM & CTO <p>These items are done prior to CM leaving facility</p>	<p>4/12/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 MAY 19 P2:52</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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 Weight parameters in nutrition care plan not updated to reflect resident's current weight status.</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;">Notified CM on 4/7/22 via Telephone. CM^{acth} updated care plan to reflect current weight status on 4/12/22, and weight change parameter of 3lb loss/gain</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> </div>	<p>4/7/22</p> <p>4/12/22</p> <p style="text-align: right;">22 MAY 19 P2:52</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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 Weight parameters in nutrition care plan not updated to reflect resident's current weight status.</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>Prior to every monthly visit from CM, this writer (CHC) will re-review care plans and make notes of changes and items to review and clarify, so that collaboration is more efficient. If any errors, PCG/CHC will point out immediately & have fixed immediately. Will also recommend realistic expectation on weight gain/loss if resident</p>	<p>4/12/22</p> <p>22 MAY 19 2022 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

weighs <100 lbs (3lb difference)

Licensee's/Administrator's Signature:



Print Name:

Kristy Vasconich

Date:

4/19/22

22 MAY 19 P2:52
STATE OF HAWAII
DOH-OHCA
STATE LICENSING