

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Kina Ole Estate Ekolu, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 45-219 William Henry Road, Kaneohe, Hawaii 96744</b>	<b>Inspection Date: September 29 &amp; 30, 2022 Annual</b>

**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  
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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b>            Resident #2 – Medication label for Acetaminophen 500 mg does not include a frequency or the “Do not exceed 3000 mg per 24 hours.” instructions as ordered.</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>Yes, PCG made a new medication label with the correct instructions as ordered.</p>	<p style="text-align: center;">10/13/2022</p> <p style="text-align: center;">22 NOV -3 P12:27</p> <p style="text-align: center;">STATE OF CONNECTICUT            DOH-DHCA            STATE LICENSING</p>

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☒	<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 – Order for Prochlorperazine discontinued on 4/19/22; however, medication was included on signed medication orders from 4/27/2022.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	
		<p>YES, PCG sent a request to Navian Hospice and received a fax back with the “back dated” D/C order.</p>	<p>10/07/2022</p>

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		<p>As soon as PCG receives a verbal or written order change, PCG will update POS sheets &amp; MAR immediately.</p> <p>If there is a change in order while POS sheets are in transit to the doctor's office, PCG will call the office to ensure that corrections to the orders are made before MD signs.</p>	<p>10/24/2022</p> <p style="text-align: right;">22 NOV -3 P12:27</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #2 – Medications not reevaluated and signed by a physician or APRN every four (4) months. Only available signed medication orders in resident’s record from 8/11/2022.</p>	<p style="text-align: center;"><b>PART 1</b></p>	
		<p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>22 NOV -3 P12:27</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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		<p>PCG will make a checklist with the month’s (every 4 months) that the POS sheets need to be sent to the PCP for review and add it to the spine of binder so it is easily viewable.</p>	<p>10/13/2022</p> <p style="text-align: right;">22 NOV -3 P12:27</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>	PART 1	
	<p><b>FINDINGS</b> Resident #1 – Robafen order date listed on April and May 2022 medication administration record (MAR) is 4/6/2022; however, no documented evidence of order from that date in resident's record. In addition, June MAR lists order date as 5/2/2022.</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: center;">22 NOV -3 P12:27</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>



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	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 align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></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><b><u>FINDINGS</u></b>            Resident #2 – No nutrition care plan developed for expanded ARCH resident's nutritional needs. Resident on modified consistency diet: regular, chopped diet.</p>	<p>YES, PCG notified resident's CM. CM has created a care plan to address resident's nutritional needs.</p>	<p>10/10/2022</p> <p align="right">22 NOV -3 P12:27</p> <p align="right">STATE OF HAWAII            DOIH-OHCA            STATE LICENSING</p>

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	<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><b><u>FINDINGS</u></b>            Resident #2 – No nutrition care plan developed for expanded ARCH resident's nutritional needs. Resident on modified consistency diet: regular, chopped diet.</p>	<p>PCG will review the plan of care monthly with resident's CM to ensure that it is up to date and address' all of the resident's current needs.</p>	<p>10/24/2022</p> <p style="text-align: right; color: blue;">22 NOV -3 P12:27</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Taylor Weeks

Print Name: Taylor Weeks

Date: 11/02/2022

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