

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Elima, LLC	CHAPTER 100.1
Address: 1368 Kuloaa Place, Kailua, Hawaii 96734	Inspection Date: May 4-5, 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  
DEPARTMENT OF  
STATE LICENSING

22 JUN -9 PM 2:11

	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><b><u>FINDINGS</u></b> Resident #1 – Acetaminophen 500 mg – 2 tabs orally every 8 hours as needed for pain or fever &gt;100F ordered for resident; however, Acetaminophen bottle for resident is 650 mg, not 500 mg.</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>Regarding this deficiency, I contacted family and had them bring new bottle to house. RCM relabeled bottle and put back into PRN cabinet. RCM discarded other bottle with incorrect medication.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII D&amp;H-3132A STATE LICENSING</p>	<p>05/06/2022</p> <p style="text-align: right; font-size: small;">'22 JUN -9 P12:12</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><b>FINDINGS</b> Resident #2 – Signed order for Vitamin C from 9/27/2021 stated, “500 mg orally once daily;” however, medication administration record (MAR) stated, Vitamin C 500 mg twice daily. Medication order and MAR did not match.</p>	<p style="text-align: center;"><b>PART 1</b></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 DGH-ORCA STATE LICENSING</p>	<p style="text-align: center;">22 JUN -9 P12 :12</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><b><u>FINDINGS</u></b> Resident #1 – April progress note not accurate. Under ADL, independent and minimal are marked, despite the resident requiring maximum assistance with activities of daily living. Also, under ambulation, cane is marked despite the resident being bedbound.</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>Regarding this deficiency, RCM went back into progress notes, made corrections' RCM highlighted incorrect ADL's to begin with. RCM made corrections and Progress notes reflect accurate ADL plans for resident.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>05/06/2022</p> <p style="text-align: right;">'22 JUN -9 P12 :12</p>

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Licensee's/Administrator's Signature: Mary L. Carvalho

Print Name: Mary L. Carvalho

Date: 05/10/2022

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STATE OF HAWAII  
DHF-DELA  
STATE LICENSING