

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina 'Ole Estate Elua, LLC	CHAPTER 100.1
Address: 45-225 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 26-27, 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
DCH-ORCA
STATE LICENSING

22 JUN 23 AM 11:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No annual physical exam clearance. On physical exam form where it says, “Is the individual able to cope with the responsibilities of caring for elderly and disabled persons?” physician checked “No.”</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>YES, SCG had an appointment on May 15, 2022 and had a new physical done.</p>	<p>05/15/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No annual physical exam clearance. On physical exam form where it says, “Is the individual able to cope with the responsibilities of caring for elderly and disabled persons?” physician checked “No.”</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 style="text-align: center;">SCG's will review form before leaving the doctor's office to assure that all forms are filled out accurately. PCG will also check forms turned in by staff to assure that it is filled out accurately.</p>	<p style="text-align: center;">05/11/2022</p> <p style="text-align: center;">22 JUN 23 A11 :11</p> <p style="text-align: center;">STATE OF HAWAII BERNARD A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 49F upon inspection. Liquid measured from refrigerator using a metal stem thermometer read 47F.</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>YES, a technician came on 04/28/2022 to check and repair refrigerator.</p>	<p style="text-align: center;">04/28/2022</p> <p style="text-align: right;">22 JUN 23 AM 11:11</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	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 – PRN Salopas not available for resident’s use.</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;">YES, PCG received PRN medication, Salopas, that was dropped off by family on April 28, 2022.</p>	<p style="text-align: center;">04/28/2022</p> <p style="text-align: center;">22 JUN 23 AM 11:11</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<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>FINDINGS Resident #1 – Medications reevaluated on 12/15/2021 and 4/13/2022 state, “Continue current Rx,” and “Continue all Rx,” respectively. No current list of medications provided.</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>22 JUN 23 AM 11:11</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #2 – Verbal order from physician for Cephalexin received on 6/24/2021. Order was signed; however, it was not dated. Form was faxed to the physician on 3/22/2022 and received back on 3/24/2022; more than four months after order was received.</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>22 JUN 23 AM 11:11</p> <p>STATE OF HAWAII DOH OHA STATE LICENSING</p>

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<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 #2 – No initial on medication administration record for Cephalexin administration on 6/25/2021 at 1:00 pm.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">22 JUN 23 AM 1:11</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1 – No documented evidence that recommendations on diet texture made by the speech therapist was followed-up on with the physician.</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>YES, PCG sent a request physician's order form to change diet orders that daughter requested to PCP on 3/28/2022. PCG followed up with multiple times via fax and phone call.</p> <p>*PCG received fax back with NEW diet orders on 4/28/2022.</p>	<p style="text-align: center;">04/28/2022</p> <p style="text-align: center;">22 JUN 23 AM 11:11</p> <p style="text-align: center;">STATE OF HAWAII BOB-ONICA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – Level of care form “signed” on 11/14/2021 appears to have been tampered with.</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>YES, PCG and DON redid a Level of Care form and sent it with daughter to his doctor’s appointment on May 4, 2022.</p> <p>PCG received NEW level of care form on May 4, 2022</p>	<p>05/04/2022</p> <p style="text-align: right;">22 JUN 23 AM 1:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-82 <u>Primary care giver requirements.</u> (c) The licensee shall provide staff on duty twenty four hours of each day sufficient and trained to meet the needs of expanded ARCH residents and to carry out the responsibilities based on the expanded ARCH resident's care plan.</p> <p>FINDINGS Resident #1 – Inadequate staff as noted in 11/22/2021 progress note, “SCG reported that resident is upset this morning. He is requesting to come out and eat breakfast now, however, there is only one staff and [sic] shift and they are unable to transfer him alone using Hoyer.”</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>22 JUN 23 11:12 22 JUN 23 11:11</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	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 – Nutrition care plan did not include measurable goals and outcomes for weights.</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>YES, PCG contacted resident's CM. CM has revised the nutritional care plan to address resident's nutritional needs.</p>	<p>05/10/2022</p> <p style="text-align: right;">22 JUN 23 11:10 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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	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 – Aspiration care plan did not state specific procedures for interventions and services including the current diet order, “Regular diet, minced soft texture, nectar thickened liquids (ordered on 11/18/2021) and speech therapy recommendations.</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>YES, PCG contacted resident's CM. CM has revised the aspiration care plan to address resident's risk for aspiration.</p>	<p>05/10/2022</p> <p style="text-align: right;">.22 JUN 23 AM 1:10</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-OHCA STATE IDENT. SHCS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	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 – Nutrition care plan was not updated to reflect the current diet order, “Regular diet, minced soft texture,” ordered on 11/18/2021.</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>YES, PCG contacted resident’s CM. CM has revised the nutritional care plan to address resident’s nutritional needs.</p>	<p>05/10/2022</p>

STATE OF OHIO
DEPARTMENT OF HEALTH
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
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 22 JUN 23 AM 1:10

Licensee's/Administrator's Signature: Taylor Weeks

Print Name: Taylor Weeks

Date: 06/21/2022

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

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