

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Kina Ole Estate, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 45-225 William Henry Road, Kaneohe, Hawaii 96744</b>	<b>Inspection Date: November 9, 10 &amp; 14, 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  
DEPARTMENT OF  
HEALTH SERVICES

23 JAN -5 PM 2:35

	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><b><u>FINDINGS</u></b>  Resident #1 – Medication order for Gabapentin 300 mg = 1 cap orally as needed for nerve pain twice daily. No medication bottle or blister pack available with “as needed” medication instructions.</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 style="text-align: center;"><b>RCM faxed over a physician order form to the residents PCP and asked him to send over a new order that states the correct label for the Gabapentin 300 “ as needed”</b></p> <p style="text-align: center;"><b>Pharmerica was updated with the correct label on 11/18/22</b></p>	<p>11/14/22</p> <p style="text-align: right;">23 JAN -5 P12:35</p>

STATE OF MICHIGAN  
DEPARTMENT OF  
LICENSING  
STATE BUILDING

	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><b><u>FINDINGS</u></b>  Resident #1 – Medication order for Gabapentin 300 mg = 1 cap orally as needed for nerve pain twice daily. No medication bottle or blister pack available with “as needed” medication instructions.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><b>RCM will go over the medications twice a month to make sure the correct labels are on the medication</b></p> <p><b>RCM will make a to-do list to remind her at the end of the month.</b></p>	<p>11/14/22</p> <p style="text-align: right; font-size: small;">23 JAN -5 P12:35  STATE OF CONNECTICUT  HUMAN SERVICES  OFFICE OF 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><b><u>FINDINGS</u></b> Resident #1 – Medication order for Clotrimazole discontinued on 3/23/2022; however, medication still listed on signed orders from 4/26/2022. On medication administration record (MAR), medication discontinue date = 3/23/2022, and medication did not reappear again after that. No documented evidence of an order after 4/26/2022, to discontinue medication again.</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 style="text-align: center;"><b>RCM contacted PCP and faxed over a physician order form that discontinued Clotrimazole medication on 11/14/22 D/C date will be for 4/27/22</b></p>	<p>11/14/22</p> <p style="text-align: right;">23 JAN -5 PM 2:05</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF 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><b><u>FINDINGS</u></b> Resident #1 – Medication order for Clotrimazole discontinued on 3/23/2022; however, medication still listed on signed orders from 4/26/2022. On medication administration record (MAR), medication discontinue date = 3/23/2022, and medication did not reappear again after that. No documented evidence of an order after 4/26/2022, to discontinue medication again.</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 style="text-align: center;"><b>RCM will check the MAR at the end of the month and the start of the month to assure that all orders matched and that all orders have a date for them.</b></p> <p style="text-align: center;"><b>RCM will go over POS once a week to update doctors on any changes</b></p>	<p>11/14/22</p> <p style="text-align: right;">23 JAN -5 P12:35</p>

DIVISION OF HEALTH SERVICES  
 STATE OF MISSISSIPPI

	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> Two different signed medication orders for Acetaminophen from 6/27/2022. 1<sup>st</sup> order = Acetaminophen 500 mg orally every six (6) hours as needed. 2<sup>nd</sup> order = Acetaminophen 500 mg orally – two (2) tabs every six hours as needed. No documented evidence the physician was contacted for clarification.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;"><b>RCM contacted PCP and faxed over a physician order form that discontinued Acetaminophen 500 mg medication on 11/14/22 D/C date will be for 6/28/22</b></p>	<p style="text-align: center;">11/14/22</p> <p style="text-align: right; vertical-align: bottom;"> <small>STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</small>        '23 JAN -5 P12:35     </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><b><u>FINDINGS</u></b> Resident #1 – Two different signed medication orders for Ofloxacin 0.3% on 6/27/2022. 1<sup>st</sup> order = One (1) drop both eyes twice daily x two (2) weeks. 2<sup>nd</sup> order = 1 drop both eyes daily x two (2) weeks. No documented evidence the physician was contacted for clarification.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
STATE LICENSING

	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 – Medication order for Wixela on 11/30/2021 = Increase dose from 250-500, still take twice daily. Signed medication order from 12/1/2021 = Fluticasone-Salmeterol 250-500 mcg. No documented evidence the physician was contacted for clarification regarding the incorrect dose.</p>	<p style="text-align: center;">PART 1</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;">23 JAN -5 P12:35</p> <p style="text-align: center;">STATE OF HAWAII DOH DIVISION STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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> Signed order for Albuterol HFA 90 mcg from 12/27/2021 = Inhale two (2) puffs every four (4) hours as needed for shortness of breath (SOB). Per January 2022 MAR, there was a new order from 12/1/2021 that changed the medication to every six (6) hours instead of every four (4) hours; however, no documented evidence of order change until April 2022.</p>	<p>PART 1</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>'23 JAN -5 P12:35</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-816.5 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF CONNECTICUT  
 DEPARTMENT OF HEALTH  
 STATE LICENSING

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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 #1 – Naloxone ordered 6/27/2022 appears on June 2022 MAR only. No documented evidence of order to discontinue medication available.</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 style="text-align: center;"><b>RCM contacted PCP and faxed over a physician order form that discontinued Naloxone medication on 11/14/22 D/C date will be for 10/28/22</b></p>	<p>11/14/22</p> <p style="text-align: right;">23 JAN -5 P12 35</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ARCA 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><b><u>FINDINGS</u></b> Resident #1 – Naloxone ordered 6/27/2022 appears on June 2022 MAR only. No documented evidence of order to discontinue medication 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 style="text-align: center;"><b>RCM will check the MAR at the end of the month and the start of the month to assure that all orders matched and that all orders have a date for them.</b></p> <p style="text-align: center;"><b>RCM will go over POS once a week to update doctors on any changes</b></p>	<p style="text-align: center; font-size: 1.2em;">11/14/22</p> <div style="text-align: right; font-size: 0.8em; margin-top: 20px;">       23 JAN -5 P12:35        STATE OF HAWAII        DEPARTMENT OF HEALTH        STATE LICENSING     </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Admission assessment from 11/1/2021 missing primary care giver (PCG) signature and date.  Readmission assessment from 6/27/2022 missing second page with PCG signature and date.</p>	<p>PART 1</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>23 JAN -5 PM 2:35</p> <p>STATE OF HAWAII  DON STICKA  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Admission assessment from 11/1/2021 missing primary care giver (PCG) signature and date.  Readmission assessment from 6/27/2022 missing second page with PCG signature and date.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><b>RCM will make a to-do list when she has an admission to ensure that all proper documents are properly filled out.</b></p> <p><b>RCM will create a packet for admission to have all the paperwork in one area of the binder .</b></p>	<p>11/14/22</p> <p style="text-align: right;">23 JAN -5 P12:35</p>

STATE OF ILLINOIS  
DEPARTMENT OF  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #1 and #2 – No height taken on admission (missing on both admission assessments).</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;">'23 JAN -5 P2:35</p> <p style="text-align: right; font-size: small;">STATE LICENSING  DOH-0111-A  01/05/2023 11:00 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)            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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>            Resident #1 and #2 – No height taken on admission (missing on both admission assessments).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><b>RCM will make a to-do list when she has an admission to ensure that all proper documents are properly filled out.</b></p> <p><b>RCM will create a packet for admission to have all the paperwork in one area of the binder .</b></p>	<p>11/14/22</p> <p style="text-align: right;">'23 JAN -5 P12:35</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN            DEPT. OF            STATE LICENSING</p>

	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 – Progress note dated 6/24/2022 states resident was a readmission from Castle Hospital. Resident was actually readmitted on 6/27/2022.</p>	<p>PART 1</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>'23 JAN -5 11:2:35</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE LICENSING DOH-BHCA STATE LICENSING</p>

	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 – Progress note dated 6/24/2022 states resident was a readmission from Castle Hospital. Resident was actually readmitted on 6/27/2022.</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 style="text-align: center;"><b>RCM will make a to-do list when she has an admission to ensure that all proper documents are properly filled out.</b></p> <p style="text-align: center;"><b>RCM will compare documents and progress notes to ensure that all forms are correct.</b></p>	<p>11/14/22</p> <p style="text-align: right;">23 JAN -5 P12:35</p> <p style="text-align: right; font-size: small;">SECRET DOUGLAS STATE LICENSING</p>

Licensee's/Administrator's Signature: Wenhui Aluli

Print Name: WENHUI ALULI

Date: December, 29, 2022

STATE OF HAWAII  
JOH-JICA  
STATE LICENSING

'23 JAN -5 P12:35