STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Korean Care Home	**CHAPTER 100.1**
Address: **525 Kiapu Place, Honolulu, Hawaii 96817**	**Inspection Date: September 9 & 12, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Primary Care Giver (PCG) – No current first aid certification.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG's first aid certification was renewed and filed in the employee record See attached	9/12/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid: **FINDINGS** Primary Care Giver (PCG) – No current first aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG has been added to the current tracking system, which fosters recertification within the expected renewal time frame. **Reminder Plan:** • All certifications are up to date and filed. • All employees currently listed on the tracking chart are compliant • Copy of a tracking chart is posted on employee board. A reminder note is placed in employee mail box one month prior to due date by Office manager. • Employees are responsible to monitor board and mail box. • Charge RN (PCG/SCG), office manager ensures the completion of requirements at the end of each month by signing off on tracking chart. Please see the attached examples.	9/12/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #2 – Level of care form dated 6/27/2022 has resident marked down as "ARCH," however, the points add up to intermediate care facility or expanded level of care. Facility is not licensed for expanded residents.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** This facility requests a waiver to allow resident #2 to age in place as the current staff has effectively and safely managed this patient's care needs, with documented improvements to overall functionality and condition. Bristol Hospice Hawaii (Ben Gomez, RNCM, Clarie Ann, Social Worker, and Dr. Wong) recommends that this patient be allowed to remain at KCH, where she has resided for the last five and a half years. Her family has also requested that she be allowed to stay at KCH, specifically related to the care she receives and her familiarity with the environment. Please see attached letters from the family and Bristol Hospice. See attached.	**11/23/22**

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☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #2 – Level of care form dated 6/27/2022 has resident marked down as "ARCH," however, the points add up to intermediate care facility or expanded level of care. Facility is not licensed for expanded residents.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, we will not admit residents who are not ARCH-level appropriate. For current residents, we will ensure compliance with state guidelines and request a waiver in advance to determine if residents will be allowed to age in place. If a waiver is approved we understand that provider approval and case management are required.	12/17/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Per physician order dated 11/28/2020, "Check blood sugar (BS) in the morning before meal. Call if FBS <70 or >200." Order changed on 3/10/2022 to only call if FBS <70; however, resident's BS was >200 on numerous days prior to order change but there was no documented evidence that the resident's physician was notified during these instances.	**PART I** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required**	

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Per physician order dated 11/28/2020, "Check blood sugar (BS) in the morning before meal. Call if FBS <70 or >200." Order changed on 3/10/2022 to only call if FBS <70; however, resident's BS was >200 on numerous days prior to order change but there was no documented evidence that the resident's physician was notified during these instances.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** There is documented evidence of communication between Dr. Kurata and KCH via phone call and fax when FBS exceeded 200. Additionally, notes are available that demonstrate changes to DM medication dosing as a result of these communications. We have instituted a process whereby any and all communication between the facility and providers will also be notated within the nurse's note section in patient charts. See attached for facsimile communications, order change specifying to call for BG <70, to report q month, and initialed MAR by Dr. Kurata.	11/21/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #2 – Chest x-ray obtained for resident on 6/11/2022, but there was no indication to rule out tuberculosis (TB), and the results did not indicate the resident was free from TB. A TB attestation form was filled out; however, the resident has no prior positive history of TB.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** CXR was done at the discretion of Kuakini Medical Center while inpatient. Post discharge Pt #2 was taken to Lanakila Health Center where we received a consultation. Clinic staff advised us that the resident requires one TB skin test. TST was placed on 11/23/22, and read on 11/25/22, the result was negative. See attached.	11/25/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs. **FINDINGS** Resident #1 – Progress notes did not include observations of the resident's tolerance to 1.5 L fluid restrictions (ordered 7/20/2022)	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Fluid Restriction was ordered on 2/2/21 due to increasing edema. The order was DC'd on 7/2/21 as his condition improved and stabilized. See attached Fax confirmation received on 7/12/21. These findings were observed and documented, contributing to the fluid restriction order being DC'd. However, the order was not removed from the PO by PharMerica despite the DC order being sent. It has been removed from the PO and resolved as of November 2022. We continue to monitor and document daily weight and acknowledge a lack of specificity in using the term "tolerance to 1.5 fluid restrictions."	11/25/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence. records shall include: Progress notes that shall be written on a monthly basis. or more often as appropriate. shall include observations of the resident's response to medication. treatments. diet. care plan. any changes in condition. indications of illness or injury. behavior patterns including the date. time. and any and all action taken. Documentation shall be completed immediately when any incident occurs: **FINDINGS** Resident #1 – Progress notes did not include observations of the resident`s tolerance to 1.5 L fluid restrictions (ordered 7/20/2022).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The plan is to improve the integrity of timely and accurate documentation to effectively support appropriate outcomes as ordered. New orders including observation of resident's response are managed by caregiver in charge. Caregiver in charge documents orders and findings within the progress note at time of incidence. Nursing progress notes are subject to ongoing review by charge RN (PCG/SCG), addendum documented PRN, and feedback provided to staff where improvements are needed by: • monthly chart reviews • after doctor's visit or calls • after any condition changes • and PRN This ensures all orders are carried out correctly, and that observations are documented and followed up appropriately.	11/25/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Progress notes for June 2022 stated resident had a "good appetite," but also stated that the resident had a "5 lb. weight loss since last month." Progress notes did not include observations related to the 5 lb. weight loss from May 2022 to June 2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Current plan is to improve the clarity of documentation. New orders including observation of resident's response are managed by caregiver in charge. Caregiver in charge documents orders and findings within the progress note at time of incidence. Nursing progress notes are subject to ongoing review by charge RN (PCG/SCG), addendum documented PRN, and feedback provided to staff where improvements are needed by: • monthly chart reviews • after doctor's visit or calls • after any condition changes • and PRN this ensures all orders are carried out correctly, and that observations are documented and followed up appropriately. Caregiver and RN in charge now utilizes a monthly nursing summary template made based on OHCA ARCHIR 22C to comprehensively monitor residents. Please see the attached sample.	11/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered. **FINDINGS** Resident #1 – No documented evidence that the 1.5 L fluid restrictions (ordered 7/20/2022) were provided as ordered.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered: **FINDINGS** Resident #1 – No documented evidence that the 1.5 L fluid restrictions (ordered 7/20/2022) were provided as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We utilize a standard document (attached) for the I/O. We will ensure to improve our charting by documenting the actions taken. When intake and output monitoring is ordered, I/O flow sheet is utilized by caregiver in charge and caregivers who assist resident's meals and toileting. The flow sheet will be reviewed daily by charge RN (PCG/SCG) to ensure the resident's condition is within normal range (WNR) as defined by the provider.	11/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered. FINDINGS Resident #1 – No documented evidence that the facility followed up with the physician regarding clarifying the diet order from "regular, NCS, low fat, low cholesterol diet," to "cardiac/consistent carbohydrate diet," as per Consultant Registered Dietitian.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Dr. Kurata was contacted for clarification of the diet order. The current diet order as written was verified and correct; "Regular diet with NCS, low saturated fat/ cholesterol diet." Will continue to follow order as written. See attached. Acceptable.	11/28/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) 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. **FINDINGS** Resident #1 – Physician ordered Metoprolol included hold parameter, "Hold for systolic blood pressure <100 or pulse <60." Medication administration record appears to have been "tampered" with on multiple days the medication should have been held. An "H" for held, was written over care givers initials on three different dates. Unable to determine if medication was actually held on those days.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required**	

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☒	§11-100.1-17 Records and reports. (g) 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. **FINDINGS** Resident #1 – Physician ordered Metoprolol included hold parameter, "Hold for systolic blood pressure <100 or pulse <60." Medication administration record appears to have been "tampered" with on multiple days the medication should have been held. An "H" for held, was written over care givers initials on three different dates. Unable to determine if medication was actually held on those days…	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will continue to teach and reinforce standards of documentation practices to avoid cause for misinterpretation. We will also verbally endorse information (e.g., vitals and holding medication(s)) to oncoming staff and charge nurse to improve the flow of information and improve outcomes. Charge RN (PCG/SCG) will check the MAR for accurate documentation when it is reported that medications are held and at random times weekly. We will initial and date on the MAR when it is audited weekly.	9/13/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-55 Nutrition and food sanitation. (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency: **FINDINGS** No documented evidence that the facility utilized the Consultant Registered Dietitian to provide special diet training for food preparation staff.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Registered Dietician, Stacy Ching conducted a "special diet" in-service on 11/14/22 for all staff in-house. A signature sheet of attendance is attached and the materials presented are available in-house for review upon request. For those staff who were unable to attend the live event, materials were supplied, and verification of review was done.	11/4/22 - 11/28/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #1 – No case management services being provided for expanded ARCH resident.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 has not required case management services as he is designated ARCH level appropriate since time of admission.	9/12/22

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☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #1 – No case management services being provided for expanded ARCH resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Resident #1 has been ARCH level since admission and does not require case management services.	9/12/21

Licensee's/Administrator's Signature: R. Kanani Ornellas

Print Name: R. Kanani Ornellas

Date: 12.20.2022

Licensee's/Administrator's Signature: R. Kanani Ornellas

Print Name: R. Kanani Ornellas

Date: 2.8.2023

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STATE OF HAWAII
DEPT. OF
STATE LICENSING