

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Kunia Hale LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-695 Kaaka Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: July 1, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING SECTION  
22 JUL 18 AM 10:33

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b>FINDINGS</b> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, and SCG #2 – No Fieldprint results.</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, I corrected the deficiency. I scheduled myself (PCG) and the 2 SCG's on that day. (Results came today. Printed out and attached to PCG's record in the chart.)</p> <p>→ SCG's went on their scheduled date. (Results came &amp; printed out)</p>	<p>07/12/22</p>

22 JUL 10 AM 23  
 STATE OF MICHIGAN

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (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.</p> <p><b>FINDINGS</b> Resident #2 – Level of Care (LOC) is “ICF” in physical exam form dated 5/30/2022 and Physician’s order form dated 5/30/2022. This care home is not an Expanded Adult Residential Care Home.</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, I corrected the deficiency. I called her PCP right away and scheduled an earliest appointment date for the resident so she can evaluate/assess her.</p> <p>(As of now, she is on ARCH level resident. Her PCP just faxed me the papers that she's an ARCH level resident )</p> <p>2 papers are attached to her chart</p>	<p>7/13/22</p> <p style="text-align: right;">22 JUL 18 PM 1:23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (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.</p> <p><b>FINDINGS</b> Resident #2 – Level of Care (LOC) is “ICF” in physical exam form dated 5/30/2022 and Physician’s order form dated 5/30/2022. This care home is not an Expanded Adult Residential Care Home.</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>I will avoid admitting a resident over ARCH level by reading the Hawaii Administrative Rules. I will go personally and assess the resident before admitting to see if he/she is an ARCH/EARCH level. I will do pre-admission level evaluation first like let her walk/stand etc. I will review also the Level of care assessment by the physician. IF the resident is an ICF level, I will not admit. I will</p>	<p>08/26/22</p>
		<p>review also her papers to determine the level of care. I will also read &amp; familiarize or know the rules at the Hawaii Administrative packet.</p>	

72 AUG 31 P2:54

COURT REPORTER  
808-935-1111

	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><u>FINDINGS</u>  Resident #1 – No labels for resident's name and dosing instructions on Folate 1,333mg DFE and Vitamin D3 25mcg (1000IU) bottles.</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, I corrected the deficiency. I immediately put the label of the medication bottle with <sup>the</sup> resident's name, frequency + dosage of the medication.</p> <p>- I also told the SCG's that whenever they see a medication bottle that doesn't <sup>have</sup> have label on it, put a <sup>new</sup> label on the patient's name, frequency + dosage of the medication.</p>	<p>7/13/22</p> <p style="text-align: right;">72 JUL 18 AM 12:23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><u>FINDINGS</u> Resident #1 – No labels for resident's name and dosing instructions on Folate 1,333mg DFE and Vitamin D3 25mcg (1000IU) bottles.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>I will always check to see if the resident's medication <sup>name</sup> label bottles has labels. If not, then I will put a label right away with the resident's name, frequency and dosage of the medication.</p> <p>-I will tell also the SCG's to put label on the medication bottles if they see that it doesn't have one.</p>	<p style="text-align: center;">7/13/22</p> <p style="text-align: center;">22 JUL 18 AM 1:23</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 – Per medication administration record (MAR), “Oystercal 500mg TAB BUG 1 tab daily” was started on 5/6/2022. Physician’s order dated 5/26/2022 was “Calcium Supplement.” Dosage and frequency not provided.</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>Yes, I corrected the deficiency. I called her PCP to send me a complete prescription with <sup>the</sup> medicine's name, frequency and dosage of the Calcium supplement he ordered dated 5/26/2022. (We faxed the order)</p>	<p style="text-align: right;">7/13/22</p> <p style="text-align: right;">'22 JUL 18 AM 1:23</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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<p>22 AUG 31 P 2:51</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><u>FINDINGS</u></b> Resident #1 – Physician’s order was “Multivitamin with folic acid 400mg tab, take 1 tablet by mouth daily.” Medication available was “Folate 1,333mg DFE (Folic Acid 800mg).”</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, I corrected the deficiency. I called her PCP, talked to his nurse and informed about it. He placed a telephone order to the pharmacy. Pharmacy called + I picked it up. I discarded the old one and replaced it the new one (multivitamins + folic acid 400 mcg). I also explained to the resident + she understood.</p> <p>→ I also fld the SCG's that her existing vitamins was replaced by multivitamins + folic acid 400 mcg.</p>	<p>7/13/22</p> <p style="text-align: right;">22 JUL 18 AM 1:23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – There was a “Plan of Care and Activities Schedule” form for the resident, but no schedule noted.</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, I corrected the deficiency. I made her Plan of care and activities right away and put the time of her scheduled activity of that day.</p> <p>I told the SCG's to follow the scheduled time of her activity of that day</p>	<p style="text-align: center;">7/13/22</p> <p style="text-align: center;">22 JUL 18 AM 1:23</p> <p style="text-align: center;">STATE OF CONNECTICUT  DEPARTMENT OF  SOCIAL SERVICES  STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – There was a “Plan of Care and Activities Schedule” form for the resident, but no schedule noted.</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>what will I do complete plan of care and activities <sup>and</sup> schedule at admission is to make their activities with specific day and time right away. I have to identify the residents special needs areas that includes their behavioral symptoms, mobility and cognitive impairment. For example if the resident has dementia, buy books that makes her mind working, buy books, let her read the newspaper, take a walk, play games, reminisce about old photos etc. make a copy and post it in the visible area so the family can see what the residents activities are. I will include this also on my checklist so as not to forget it. I will also read the Hawaii Administrative Rules so as not to forget the rules.</p>	<p>8/26/22</p>

22 AUG 31 P 2:31

SOP FOR CHAIRMAN

	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 – Medication list in Emergency Information Sheet not up to date.</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>Yes, I corrected the deficiency. I updated the medication list in Emergency Information on the residents charts.</p> <p>I told the SCG's to to check the papers if they are updated &amp; complete.</p>	<p>7/13/22</p> <p style="text-align: right;">22 JUL 18 11:23</p> <p style="text-align: right; font-size: small;">STATE DEPARTMENT OF HEALTH STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: *[Signature]*

Print Name: MARIA CRISTINA B. VICENTE

Date: 07/13/22

Licensee's/Administrator's Signature: *[Signature]*

Print Name: MARIA CRISTINA B. VICENTE

Date: 08/26/22

22 JUL 18 AM 11:23  
STATE BOARD OF  
NURSING  
STATE LICENSING