

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Paperbark House	CHAPTER 100.1
Address: 1038 Mokapu Boulevard, Kailua, Hawaii 96734	Inspection Date: April 7, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Cabinet under kitchen sink storing bleach, unlocked upon initial inspection. Staff unable to engage lock.</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;">New lock purchased to replace the old lock that could not "engage"</p>	<p style="text-align: center;">4/9/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Cabinet under kitchen sink storing bleach, unlocked upon initial inspection. Staff unable to engage lock.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Form created to have staff check and acknowledge that at start of each shift the cabinet under the sink is closed and that the lock is in place and engaged. If staff unable to lock, the form instructs the staff member to notify management team (PCG and/or licensed nurse) who will correct the issue or replace the lock entirely.</p>	5/21/22

	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 #1 – PRN ordered “Benzonatate,” not available.</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>Hospice team & RN case manager and provider notified and received updated orders to discontinue the PRN benzonatate.</p>	<p style="text-align: right;">4/19/22</p> <p style="text-align: right;">22 MAY 27 AM 1:37</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA 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> (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 not reevaluated and signed by a physician or APRN every four months, from 3/31/2021 to 4/1/2022.</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 MAY 27 AM 1:37</p> <p>STATE OF HAWAII DOH-OSCA 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> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – PRN Tylenol expired 07/2021.</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>PRN Tylenol supply purchased from Longs Pharmacy.</p>	<p>4/7/22</p> <p style="text-align: right;">22 MAY 27 AM 1:38</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 #1 – Risperidone ordered 7/29/2021. Post-it note found on second page of July 2021 medication administration record (MAR) states, "New medication Risperidone started this evening." However, no date on post-it note, and medication was not added to July 2021 MAR.</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 MAY 27 AM 1:38</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> No documented evidence of annual physical exam for Resident #2, #3, and #4.</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>Scheduled or coordinated w/these residents' families to do residents' annual physical exam if overdue. Also contacted ^{error} one of the residents' PCP for documentation of residents' last documented physical exam to determine when next due.</p>	<p>5/20/22</p> <p style="text-align: right;">22 MAY 27 AM 1:38</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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><u>FINDINGS</u> Resident #1 – Records not current as last level of care obtained for resident was upon admission. Per SCG #1, resident requires moderate to maximum assistance with activities of daily living. Level of care must be reassessed.</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>New level of care evaluation filled out and reviewed / signed 4/8/22 by provider certifying as EARCH.</p>	<p style="text-align: right;">22 MAY 27 AM 1:38</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions not updated since resident's admission in 2019.</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;">Inventory updated for all residents on current belongings.</p>	<p style="text-align: right;">4/15/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of pneumococcal or influenza vaccine required for expanded ARCH resident.</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>Notification to hospice team as they are the main providers at this time. Resident discharged from the care home on prior to being able to complete Pneumococcal & Influenza was not available or not the season yet.</p>	<p style="text-align: right;">4/18/22</p> <p style="text-align: right;">22 MAY 27 AM 1:38</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <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>FINDINGS Resident #1 – No case management services obtained for expanded ARCH resident.</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>- Obtained new LOC eval that certified resident as E-ARCH (reviewed & signed by provider).</p> <p>- While working on submitting a waiver to have hospice as the case management team, resident was discharged from the care home.</p>	<p>4/8/22</p> <p>22 MAY 27 AM 1:38</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____



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5/22/22

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