

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: March 28 & 29, 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
DOH-ORCA
STATE LICENSING

22 JUN 24 PM 2:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual first clearance.</p> <p>FINDINGS Substitute Care Giver (SCG) #1 and #2 – No current tuberculosis (TB) clearance.</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><i>Substitute caregiver (SCG) #1 and #2 has a current TB but State of Hawaii TB Form F was not completed. To correct this deficiency, TB Form F was submitted to them and signed by their primary care physician.</i></p>	<p><i>5/16/22</i></p> <p>22 JUN 24 PM 2:07</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual first clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and #2 – No current tuberculosis (TB) clearance.</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><i>To ensure this does not happen again, a column for State of Hawaii TB Form F has been added to the certification check list. The primary caregiver (PCG) with the help of the administrative human resource (HR) team will check this list at least monthly to ensure all necessary certifications are completed and obtained prior to due date.</i></p>	<p>5/6/22</p> <p>22 JUN 24 P12:07</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG #1 and #2 – No current first aid certification.</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><i>SCG #1 and #2 had po been certified in First Aid by an online course so did not fulfill the certification requirement. They have been enrolled in a hands-on course to correct this deficiency.</i></p>	<p><i>5/20/22</i> <i>6/7/22</i> <i>6/21/22</i></p> <p>22 JUN 24 PM 12:07</p> <p>STATE OF HAWAII DOH-OTICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG #1 and #2 – No current first aid certification.</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><i>Certifications from new and current caregivers will be checked by the HR administrative team prior to working at the home to ensure the certification was a hands-on course. The PCor will do a 2nd check when receiving the certificate to verify the hands-on course prior to upon receiving the certification.</i></p>	<p><i>5/26/22</i></p> <p>22 JUN 24 P12:08 STATE OF HAWAII FSH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 and #2 – No current cardiopulmonary resuscitation certification.</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>SCG #1 and #2's cardiopulmonary resuscitation (CPR) certification was completed online and did not full the requirement. To fix this deficiency, SCG #1 and #2 have been enrolled in a hands-on course for CPR Certification.</p>	<p>5/26/22 6/7/22 6/21/22</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>22 JUN 24 PM 2:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 and #2 – No current cardiopulmonary resuscitation certification.</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><i>To ensure this does not happen again, all certifications for caregivers working and interested in working in the home will be verified by the HR administrative team to be a hands-on course prior to working. As a 2nd check, the PCR will also check the certification to be a hands-on certification upon receiving the certification.</i></p>	<p>5/16/22</p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII DOH-CHCA 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><u>FINDINGS</u> Resident #1 – Calcium with Vitamin D3 being administered; however, Vitamin D3 not included in Calcium supplement order.</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><i>A signed order was obtained from Resident #1's primary care physician (PCP) to discharge the original order order. A new order complete with calcium and vitamin D was obtained to complete this deficiency.</i></p>	<p><i>5/16/22</i></p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</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><u>FINDINGS</u> Resident #2 – No signed medication orders for Potassium Chloride or Finasteride. In addition, no signed order for current dose of Tamsulosin (0.8 mg) currently being administered.</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><i>To correct this deficiency a signed order was obtained from the resident's PCP.</i></p>	<p><i>5/26/22</i></p> <p>22 JUN 24 PM 12:08</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – No initials listed for 2100 administration of Pravastatin on 3/31/2021.</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>5/16/22</p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII BOH-ORCA 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 not reevaluated and signed every four (4) months from 4/7/2021 until 3/16/2022.</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>5/16/22</p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<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 #1 – Preservision ordered on 6/28/2021; however, it was not written on physician order sheet until 2/22/2022.</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>5/26/22</p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII DOH OFFICE STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #2 – No current inventory of possessions.</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;"><i>An inventory was taken of resident #2's possessions. A check box ^{with date} was added to the resident's monthly summary form to prompt the PCG when an inventory needs to be taken annually.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;"><i>5/16/22</i></p> <p style="text-align: right;">22 JUN 24 P12:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #2 – No current inventory of possessions.</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><i>To prevent this in the future an 'inventory taken' checkbox has been added to the as assess admission assessment to ensure it gets completed.</i></p>	<p><i>5/26/22</i></p> <p style="text-align: right;">22 JUN 24 P12:08</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – No documented evidence that fluid restriction order from 3/16/2022, “Fluid limit 40 oz daily,” is followed as ordered.</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><i>To correct this deficiency, a flow sheet was created to document Resident's daily fluid intake.</i></p>	<p><i>5/16/22</i></p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – No documented evidence that fluid restriction order from 3/16/2022, “Fluid limit 40 oz daily,” is followed as ordered.</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><i>To ensure this does not happen again, an administrative nurse will be auditing resident's MAR, Progress notes, new orders, monthly summary every month. they will check for any necessary additional documentation or follow up is completed for existing or new orders.</i></p>	<p><i>5/6/22</i></p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII DOH-CHCA 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>FINDINGS Resident #1 – Records not accurate. On physician order sheet, under “Activity/Mobility Status,” it states resident walks without assistance and uses walker. It also states resident is not ambulatory.</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><i>To correct this deficiency, Physician order sheets have been reprinted corrected and reprinted.</i></p>	<p><i>5/26/22</i></p> <p>22 JUN 24 P12:08</p> <p>STATE OF HAWAII DOH-CHCA 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><u>FINDINGS</u> Resident #1 – Records not accurate. On physician order sheet, under “Activity/Mobility Status,” it states resident walks without assistance and uses walker. It also states resident is not ambulatory.</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><i>At a PCh will review physician order sheets to ensure they are up to date. A 'changes to physician order sheet' has been added to the monthly summary to prompt the PCh to double check the and update the if there is a change in condition. An administrative nurse will also be auditing the resident's chart monthly to ensure records are accurate.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p><i>5/16/22</i></p> <p>22 JUN 24 P12:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Possessions not updated since admission over one (1) year ago.</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><i>Inventory for resident #1 was taken to correct this deficiency.</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>5/30/22</p> <p>22 JUN 24 P12:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Possessions not updated since admission over one (1) year ago.</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><i>To ensure this does not happen in the future, 'Annual Inventory Due' check box has been added to Monthly Summary to help prompt PCA to update inventory at least annually.</i></p>	<p><i>5/16/22</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 JUN 24 P12:09</p>

Licensee's/Administrator's Signature: _____



Print Name: Larisa D. Sazon

Date: 5/26/22

22 JUN 24 P12:09
STATE OF HAWAII
DOH-CHCA
STATE LICENSING