

Office of Health Care Assurance

'23 MAR 29 P1:56

State Licensing Section

STATE OF HAWAII  
MAR 29 2023

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: 15 Craigside</b>	<b>CHAPTER 90</b>
<b>Address: 15 Craigside Place, Honolulu, Hawaii 96817</b>	<b>Inspection Date: March 17, 2023 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>                      Resident #1 – Medication bottle prescription label and medication administration record (MAR) do not match. MAR for 3/2023 states, "Escitalopram Oxalate Oral Tablet 10mg Give 1 tablet by mouth in the morning"; however, medication bottle prescription label states, "take one tablet by mouth once daily at bedtime". MAR shows medication being administered between 5:00p-6:00p on 3/16/23, 3/13/23, 3/9/23, 3/8/23, and 3/4/23.</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>Deficiency was corrected on 3/17/2023. Resident's medication order was clarified with MD/Psychiatrist to be administered in the evening. A "direction change refer to chart" label was applied to the blister pack of Escitalopram. Nurse requested resident's MD to update pharmacy of the change in order to the prescription. Updated medication instructions will be made by next med refill.</p>	<p style="text-align: center;">3/17/2023</p>

STATE OF MARYLAND  
 BOARD OF NURSING  
 STATE OF MARYLAND

MAR 29 2023 1:18 PM

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medication bottle prescription label and medication administration record (MAR) do not match. MAR for 3/2023 states, "Escitalopram Oxalate Oral Tablet 10mg Give 1 tablet by mouth in the morning"; however, medication bottle prescription label states, "take one tablet by mouth once daily at bedtime". MAR shows medication being administered between 5:00p-6:00p on 3/16/23, 3/13/23, 3/9/23, 3/8/23, and 3/4/23.</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>Moving forward, each nursing staff will be assigned residents to review and audit on a monthly basis. This includes reviewing active MAR and the corresponding medication bottle/blister packs. During order review in EMAR, nurses will check "Scheduling Details" to match with medication label. On 3/28/2023, nursing staff were trained on the process to review and audit active MARs and medication bottles/blister packs. (Please see attached training attachment A</p>	<p style="text-align: center;">3/28/2023</p>

23 MAR 29 P1:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medication bottle prescription label and medication administration record (MAR) do not match. MAR for 3/2023 states, “Levothyroxine Sodium Oral Tablet 75mcg Give 1 tablet by mouth in the morning”; however, medication bottle prescription label states, “take one tablet by mouth once daily before breakfast”.</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>Deficiency was corrected on 3/17/2023. Resident’s medication order was clarified with MD to be administered before breakfast. The medication order (in the MAR) was changed with additional instructions to take one tablet by mouth once daily before breakfast. Current order (in the MAR) now matches the label on the medication bottle.</p>	<p>'23 APR -5 A11 :46</p> <p>STATE OF HAWAII  DOMestic  STATE LICENSING</p> <p>3/17/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>                      Resident #1 – Medication bottle prescription label and medication administration record (MAR) do not match. MAR for 3/2023 states, "Levothyroxine Sodium Oral Tablet 75mcg Give 1 tablet by mouth in the morning"; however, medication bottle prescription label states, "take one tablet by mouth once daily before breakfast".</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>Moving forward, each nursing staff will be assigned residents to review and audit on a monthly basis. This includes reviewing active MAR and the corresponding medication bottle/blister packs. During order review in EMAR , nurses will check "Scheduling Details" to match with medication label. On 3/28/2023, nursing staff were trained on the process to review and audit active MARs and medication bottles/blister packs. (Please see attached training attachment A)</p>	<p style="text-align: center;">3/28/2023</p>

STATE BOARD OF NURSING  
 23 MAR 29 11:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>                      Resident #1 – MAR does not match medication order. MAR for 3/2023 states, "Ipratropium Bromide Nasal Solution 0.03% 1 spray in both nostrils two times a day"; however, medication bottle prescription label states, "spray one spray into nostrils 3 times a day".</p> <p style="text-align: right;">STATE OF HAWAII                      DOH-0000                      STATE LICENSES                      MAR 29 2023 P1:15</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>Deficiency corrected on 3/17/2023. The medication bottle of Ipratropium Bromide nasal solution was labelled with a "direction change refer to chart" label. This new label follows the current active order of 2x a day.</p>	<p style="text-align: center;">3/17/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><b>FINDINGS</b>                      Resident #1 – MAR does not match medication order. MAR for 3/2023 states, "Ipratropium Bromide Nasal Solution 0.03% 1 spray in both nostrils two times a day"; however, medication bottle prescription label states, "spray one spray into nostrils 3 times a day".</p> <p style="text-align: right;">STATE OF HAWAII                      DPH-DHQA                      STATE LICENSING</p> <p style="text-align: right;">23 MAR 29 P 1:19</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>Moving forward, each nursing staff will be assigned residents to review and audit on a monthly basis. This includes reviewing active medications and confirming the label on the medication bottle matches the active medication order. Nurses will request resident's physician to update pharmacy of the change in order to the prescription. During order review in EMAR, nurses will check "Scheduling Details" to match with medication label</p> <p>On 3/28/2023, Nurses were trained on the process to review and audit medication bottles and active medication orders. (Please see attached training attachment A)</p>	<p style="text-align: center;">3/28/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><b>FINDINGS</b>                      Resident #5 – Medication bottles (e.g. Robitussin, melatonin, eye drops, ear drops) found unsecured on resident's nightstand. Resident receives medication management services from the facility.</p> <p style="text-align: right;">STATE OF MARYLAND                      DEPARTMENT OF HEALTH                      STATE LICENSING                      MAR 29 11:18 AM '23</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>Deficiency corrected on 3/21/23. Resident was made aware of community practice for storage and administration of medication on 3/17/23. Resident was assessed and MD order was provided on 3/21/23 to allow resident to store and self-administer medications.</p>	<p style="text-align: center;">3/21/2023</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><b><u>FINDINGS</u></b>                      Resident #5 – Medication bottles (e.g. Rofitussin, melatonin, eye drops, ear drops) found unsecured on resident's nightstand. Resident receives medication management services from the facility.</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>Moving forward, nursing staff (Licensed, CNA and NAs) and Housekeeping was trained on 3/28/2023 to be aware of residents enrolled into the medication management program. If staff identify residents with medication being stored in the room, they will notify Clinic Nurses to review the Service Plan for medication administration. (Please see attached training attachment A)</p>	<p style="text-align: center;">3/28/2023</p>

STATE OF HAWAII  
 DIVISION OF  
 STATE LICENSING

MAR 29 11:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(1)                      The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service listing which details the services available, the base rates, the services included in the base rate, and the fees for all other additional services. A service listing shall also describe services which the facility does not provide, but will assist to arrange or coordinate;</p> <p><b>FINDINGS</b>                      Resident #4 – Documented evidence shows resident received notification of charges after admission on 8/7/20. Admission date: 8/6/20.</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>	

STATE OF MICHIGAN  
 DEPT. OF HEALTH  
 STATE LICENSING

MAR 29 11:20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(1)                      The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service listing which details the services available, the base rates, the services included in the base rate, and the fees for all other additional services. A service listing shall also describe services which the facility does not provide, but will assist to arrange or coordinate:</p> <p><b><u>FINDINGS</u></b>                      Resident #4 – Documented evidence shows resident received notification of charges after admission on 8/7/20. Admission date: 8/6/20.</p> <p style="text-align: right;">STATE OF MONTANA                      DON CHASE                      STATE LICENSING</p> <p style="text-align: right;">23 MAR 29 P1:20</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>To ensure a similar deficiency does not reoccur, Clinic Manager (CM) or Social Worker (SW) or designee will meet with resident and/or resident representative prior to or by admission day. During this meeting, designated staff will have the printed forms (AL charges, AL Handbook, handbook acknowledgement form) ready for review and will have resident and/or resident representative sign forms. To ensure the forms are signed and completed, the forms will then be reviewed, scanned and attached to the residents Electronic Medical Records by the Clinic Ward Clerk. This process will ensure that the resident received notification of charge prior to or by admission day.</p> <p>On 3/28/2023 Clinic staff (Licensed Nurses, SW, Administration, and Ward Clerks) were in-serviced on process for having the resident's handbook acknowledgment signed prior to or by admission day. (Please see attached training attachment A)</p>	<p style="text-align: center;">3/28/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(2)                      The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>Handbook or house rules which state the assisted living philosophy and clearly define the privileges and responsibilities of the resident and the conditions under which apartment units may be occupied by the residents:</p> <p><b><u>FINDINGS</u></b>                      Resident #4 – Documented evidence shows resident received a copy of the resident handbook after admission on 8/7/20. Admission date: 8/6/20.</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>	

STATE OF ILLINOIS  
 DEPARTMENT OF HEALTH  
 DIVISION OF SENIOR SERVICES  
 MAR 29 11:18 AM '23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(2)                      The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>Handbook or house rules which state the assisted living philosophy and clearly define the privileges and responsibilities of the resident and the conditions under which apartment units may be occupied by the residents:</p> <p><b><u>FINDINGS</u></b>                      Resident #4 – Documented evidence shows resident received a copy of the resident handbook after admission on 8/7/20. Admission date: 8/6/20.</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>To ensure a similar deficiency does not reoccur, Clinic Manager (CM) or Social Worker (SW) or designee will meet with resident and/or resident representative prior to or by admission day. During this meeting, designated staff will have the printed forms (AL charges, AL Handbook, handbook acknowledgement form) ready for review and will have resident and/or resident representative sign forms. To ensure the forms are signed and completed, the forms will then be reviewed, scanned and attached to the residents Electronic Medical Records by the Clinic Ward Clerk. This process will ensure that the resident received a copy of the resident handbook prior to or by admission day.</p> <p>On 3/28/2023 Clinic staff (Licensed Nurses, SW, Administration and Ward Clerks) were in-serviced on process for having the resident's handbook acknowledgment signed on admission day. (Please see attached training attachment A)</p>	<p>3/28/2023</p>

STATE OF HAWAII  
 DEPARTMENT OF HEALTH  
 STATE LICENSING

MAR 29 11:20 AM '23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(5)            The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>The resident shall be informed of his or her rights, including steps for complaints and appeals upon admission;</p> <p><b>FINDINGS</b>            Resident #4 – Documented evidence shows resident received notification of his/her rights and responsibilities after admission on 8/7/20. Admission date: 8/6/20.</p> <p>STATE OF MICHIGAN            DOH-CODA            STATE LICENSING</p> <p>MAR 29 11:20</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
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(5)            The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>The resident shall be informed of his or her rights, including steps for complaints and appeals upon admission;</p> <p><b><u>FINDINGS</u></b>            Resident #4 – Documented evidence shows resident received notification of his/her rights and responsibilities after admission on 8/7/20. Admission date: 8/6/20.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>To ensure a similar deficiency does not reoccur, Clinic Manager (CM), Social Worker (SW) or designee will meet with resident and/or resident representative prior to or by admission day. During this meeting, designated staff will have the printed forms (AL charges, AL Handbook, handbook acknowledgement form) ready for review and will have resident and/or resident representative sign forms. Resident rights and responsibilities and steps for complaints and appeals are located within the AL handbook and are available for public viewing. To ensure the forms are signed and completed, the forms will then be reviewed, scanned and attached to the residents Electronic Medical Records by the Clinic Ward Clerk. This process will ensure that the resident received notification of his/her rights and responsibilities on admission day.</p> <p>On 3/28/2023 Clinic staff (Licensed Nurses, SW, Administration and Ward Clerks) were in-serviced on process for having the resident's handbook acknowledgment signed prior to or by admission day. (Please see attached training attachment A)</p>	<p style="text-align: right;">'23</p> <p style="text-align: right;">3/28/2023</p>

APR -5 11:46

STATE OF HAWAII  
DOR  
STATE LICENSING

Licensee's/Administrator's Signature:



Print Name:

Keleka Hui Kanu

Date:

3/28/2023

STATE OF HAWAII  
DOH-SDCA  
STATE LICENSING  
23 MAR 29 P1:20



Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*[Handwritten Signature]*

*Keleka HOOKAWA*

*4/5/2023*

23 APR -5 11:46

STATE OF HAWAII  
DOR-CLCA  
STATE LICENSING