

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalaupapa Care Home	CHAPTER 100.1
Address: 814 Damien Road, Kalaupapa, Hawaii 96742	Inspection Date: December 2, 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 LICENSING
SECTION
OFFICE OF LICENSING

23 JUN -3 P 4:28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1 – The following medications were not available to the resident: - “Gaviscon ES liquid two teaspoons 10mL by mouth 3x a day as needed for heartburn” - “Fleet mineral oil enema use one rectally daily as needed for constipation. May repeat 1x/day.</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>*The staff and nursing supervisor checked the area where medication supplies are stored, after the inspection. There was no available Gaviscon ES liquid PRN.</p> <p>*The staff immediately filled out the Medication Ordering/Tracking Form for PharmMerica and faxed it to the pharmacy. *12/5/22 - The Gaviscon is on back order until 12/28/22.</p> <p>*The Fleet Mineral Oil enema was ordered on 12/4/22 and received on 12/12/22.</p>	<p>12/2/22</p> <p>12/4/22</p> <p>12/4/22</p>

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	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>FINDINGS Resident #I – The following medications were not available to the resident: - “Gaviscon ES liquid two teaspoons 10mL by mouth 3x a day as needed for heartburn” - “Fleet mineral oil enema use one rectally daily as needed for constipation. May repeat 1x/day.</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>The future plan will include:</p> <p>*On a weekly basis, staff will monitor to ensure that all PRN medications are ordered two weeks ahead of time from the pharmacy and are readily available for residents.</p> <p>*To ensure completion of this plan, the nursing supervisor assigned night shift nurse to do the monitoring, ordering, and documenting the availability of medications and report to the nursing supervisor.</p>	<p style="text-align: center;">12/4/22</p> <p style="text-align: center;">12/8/22</p> <p style="text-align: center;">23 JUN -3 PM :28</p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE ETHICS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 – Registered Nurse case manager care plan does not consistently indicate (with date and initial) that it was reviewed monthly.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">23 JUN -3 P4:28</p> <p style="text-align: right; font-size: small;">STATE ARCHIVE DATE LINK IMG</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – Registered Nurse case manager care plan does not consistently indicate (with date and initial) that it was reviewed monthly.</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>The future plan include:</p> <p>*As the Registered Nurse case manager reviews and updates the care plans, she will date and initial each plan consistently on a monthly basis.</p> <p>*The nursing supervisor will monitor to ensure that each care plan is dated and initialed each month and will document.</p>	<p style="text-align: center;">12/5/22</p> <p style="text-align: center;">12/8/22</p>

STATE OF IOWA
DEPARTMENT OF
STATE LICENSING

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Licensee's/Administrator's Signature: Veronica G. Mitchell, RN, MSW

Print Name: Veronica G. Mitchell

Date: 12/28/22

STATE OF DELAWARE
DEPARTMENT OF
STATE LICENSING
23 JAN -3 P4:28