

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|--|--|
| Facility's Name: Pohai Nani Good Samaritan | CHAPTER 90 |
| Address: 45-090 Namoku Street, Hawaii 96744 | Inspection Date: February 16, 2023 Biennial |

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
OH-COA
STATE OF HAWAII

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> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p>FINDINGS Resident #1 – Interdisciplinary progress notes show multiple entries of wandering incidents (2/25, 22, 3/1/22, 3/13/22, 5/28/22, 7/15/22, 7/27,22, 1/10/23, and 1/30/23). However, the comprehensive assessment dated 9/10/22 did not reflect the wandering behavior, and no further assessments were completed to address the resident's need for increased safety monitoring.</p> <p>STATE OF PENNSYLVANIA DCB-CALCA STATE LICENSING</p> <p>23 MAR 29 P1:17</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>3.27.2023</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1 – Interdisciplinary progress notes show multiple entries of wandering incidents (2/25, 22, 3/1/22, 3/13/22, 5/28/22, 7/15/22, 7/27/22, 1/10/23, and 1/30/23). However, the comprehensive assessment dated 9/10/22 did not reflect the wandering behavior, and no further assessments were completed to address the resident's need for increased safety monitoring.</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">23 MAR 29 P1 17</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 style="text-align: center;">3.27.23</p> |

Part 1:

11-90-8 Range of Services (a) (1)

Part 1:

- Service Plan dtd 9-10-22 has been updated to reflect episodes of behaviors and/or wandering and need for re-direction noted in progress notes that were not previously documented.
- A service plan was updated and completed for change in condition d/t continuing behaviors and wandering with need for re-direction.

Completed 3-20-2023

Part 2:

To prevent this deficiency from recurring in the future all Assisted Living RNs responsible for assessments and updates to service plans has been re-trained. In the event behavior(s) and /or wandering behavior is noted, a service plan re-assessment will be completed to determine course of action d/t change of condition. RN will determine based on reassessment if behaviors and/or wandering is manageable and if additional services are considered necessary incl consults w/ PCP, resident and POA. Re-assessment(s) will be completed every 30 days to ensure that resident's needs are being met and either behaviors resolved or higher level of care is necessary.

Completed 3-27-2023

Licensee's Administrator's Signature



Print Name

Justine E. Mathew (SLS B)

Date

3.28.23

STATE OF HAWAII
 LICENSING DIVISION
 1001 KALANIANA'OLA
 DRIVE, SUITE 1000
 HONOLULU, HI 96813

MAR 29 2023
 1:17 P

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to address wandering behavior and elopement risk.</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;">3.1-23</p> <p style="text-align: right;">STATE REGISTRY DEPT OF HEALTH STATE OF CONNECTICUT 23 MAR 13 PM 2:18</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to address wandering behavior and elopement risk.</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 style="text-align: right;">3/1/23</p> <p style="text-align: right; font-size: small;">23 MAR 13 12:48 STATE OF MICHIGAN STATE DEPARTMENT</p> |

Part 1:

11-90-8 Range of Services (a) (3)

23 MAR 13 PM 2:18

Deficiency was corrected as follows:

Service Plan was updated to address wandering behavior and elopement risk

STATE OF MISSISSIPPI
DIVISION OF
STATE LICENSING

Part 2:

To prevent this deficiency from recurring in the future all RNs will be required to have training in the definition of service plans and process for completing service plan, according to regulations. Incident report completion log has been revised to include a section that RN will be required to initial when service plan updated. We will refer to this log when completing all future incident reports

Completed date 3.1.23

Licensee Administrator Signature 

Print Name Judith E. Matthews BSN RN

Date 3.2.23

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident;</p> <p>FINDINGS Resident #2 – Admission order dated 3/23/23 shows PT referral 2x/week for strengthening. No documentation that PT services were provided or arranged by the facility.</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>23 MAR 13 P12:18</p> <p>STATE OF MICHIGAN</p> <p>STATE OF MICHIGAN</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident;</p> <p><u>FINDINGS</u> Resident #2 – Admission order dated 3/23/23 shows PT referral 2x/week for strengthening. No documentation that PT services were provided or arranged by the facility.</p> <p style="text-align: right;">STATE OF HAWAII DOH DEPT STATE LICENSING</p> <p style="text-align: right;">23 MAR 29 P1:18</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 style="text-align: center;">3.27.23</p> |

Part 1:

1.1-90-8 Range of Services (b) (2) (B)

Referral for PT was completed in 2022 as ordered by physician and request for Physical Therapy Plan of Care and Treatment notes were provided by Genesis Rehab.

Completed 3-25-23

Part 2:

To prevent this deficiency from recurring in the future RNs will f/u up with the rehab team after 24 hours to confirm receipt of referral/orders. RNs have been in-serviced to ensure they know and understand instructions for f/u and this includes requesting copies of Therapy Plan of Care and Treatment notes from rehab for all PT, OT & ST referrals and treatment completed. Rehab team has been notified that when they provide therapy and when treatment is completed that they will document in the progress notes.

Completed date 3-27-23

Licensee Administrator Signature

Print Name

Juanita F. Matthews BSN RN

Date

3-28-23

STATE OF HAWAII
DOH-COLA
STATE LICENSING

23 MAR 29 P 1:17

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(2)(C) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Services for residents who have behavior problems requiring ongoing staff support, intervention, and supervision;</p> <p><u>FINDINGS</u> Resident #1 – Interdisciplinary progress notes show multiple entries of wandering incidents (2/25, 22, 3/1/22, 3/13/22, 5/28/22, 7/15/22, 7/27,22, 1/10/23, and 1/30/23). The facility did not provide services to reduce the occurrence of wandering and to address the risk of unsafe wandering or elopement.</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;">3.1.23</p> <p style="text-align: right; font-size: small;">23 MAR 13 PM 12:19 STATE OF MONTANA DEPARTMENT OF STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(2)(C) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Services for residents who have behavior problems requiring ongoing staff support, intervention, and supervision;</p> <p><u>FINDINGS</u> Resident #1 – Interdisciplinary progress notes show multiple entries of wandering incidents (2/25, 22, 3/1/22, 3/13/22, 5/28/22, 7/15/22, 7/27/22, 1/10/23, and 1/30/23). The facility did not provide services to reduce the occurrence of wandering and to address the risk of unsafe wandering or elopement.</p> <p style="text-align: right;">STATE OF MICHIGAN NON-CORRECTIONAL STATE LICENSING</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 style="text-align: center;">3-24-23</p> |

23 MAR 29 P1:17

Part 1:

11-90-8 Range of Services (b) (2) (C)

RN completed a "change in condition" assessment and updated service plan. Additional reassurance checks and supervision included in services. Service plan updated with entries of wandering documented in progress notes

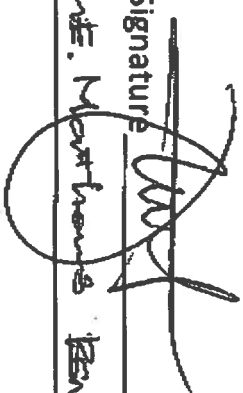
Completed 3-25-2023

Part 2:

To prevent this deficiency from recurring in the future RN will f/u with any incidents of wandering and/or behaviors and reevaluate need for additional services with each event. RN will notify POA /responsible party and discuss options for additional services necessary to ensure resident safety. RNS will update service plan and re-evaluate services and resident needs every 30 days.

RN team was provided an in-service regarding their responsibility for follow-up of incident(s).

Completed date 3-27-23

Licensee Administrator Signature 

Print Name Michelle M. Matthews RN

Date 3-28-23

STATE OF HAWAII
DOH-CDL
STATE LICENSING

23 MAR 29 P1:17

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(v) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents who self-medicate with prescription drugs or maintain over-the-counter drugs in their units shall have all their medications reviewed by either a registered pharmacist, registered nurse, or physician at least every 90 days.</p> <p><u>FINDINGS</u> Resident #2 has the order to self-administer medications on 3/23/22. No documentation that medications were reviewed at least every 90 days by an RN, registered pharmacist, or physician.</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;">3.2.23</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH & GENERAL SERVICES STATE LICENSING</p> <p style="text-align: right;">23 MAR 13 PM 19</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(v) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents who self-medicate with prescription drugs or maintain over-the-counter drugs in their units shall have all their medications reviewed by either a registered pharmacist, registered nurse, or physician at least every 90 days.</p> <p>FINDINGS Resident #2 has the order to self-administer medications on 3/23/22. No documentation that medications were reviewed at least every 90 days by an RN, registered pharmacist, or physician.</p> <p style="text-align: right;">STATE OF MARYLAND NON-CORRECTIONAL STATE LICENSING</p> <p style="text-align: right;">MAR 29 P1:17 '23</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 style="text-align: center;">3.28.23</p> |

Part 1:

11-90-8 Range of Services (b)(3)(A)(v)

Medication reviewed by RN and responsible party 3-1-2023

Part 2:

To prevent this deficiency from recurring in the future, departmental policy will now include a 90-day review of medication by pharmacist effective 4-1-2023. The pharmacist will review medication every 90 days for AL residents that have physician's orders to self-medicate. Pharmacist has been provided guidelines regarding the state regulations and what is required for the 90-day review. Pharmacist will provide RN detailed explanation of review process and schedule reviews every 90 days.

Completed date 3-27-2023

Licensee Administrator Signature

Print Name

Julie E. McQuinn BSN, RN

Date

3-28-23

STATE OF HAWAII
GOV. JENNY
STATE LICENSING

23 MAR 29 P1:17

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p>FINDINGS Resident #1 – No incident reports were generated for wandering episodes as noted in interdisciplinary progress notes dated 2/25, 22, 3/1/22, 3/13/22, 5/28/22, 7/27,22, 1/10/23, and 1/30/23).</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>3.3.23</p> <p>23 MAR 13 P12:19</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #1 – No incident reports were generated for wandering episodes as noted in interdisciplinary progress notes dated 2/25, 22, 3/1/22, 3/13/22, 5/28/22, 7/27,22, 1/10/23, and 1/30/23).</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 style="text-align: center;">3.3.23</p> <p style="text-align: right;">23 MAR 13 12:19</p> |

Part 1:

11-90-8 Range of Services (a) (4)

23 MAR 13 PM 2:19

- Correcting this deficiency after-the-fact is not practical and appropriate. For this deficiency, only a future plan s required

STATE OF INDIANA
DOH-0000A
STATE LICENSING

Part 2:

To prevent this deficiency from recurring in the future all Assisted Living CNAs & RNs responsible for documentation of progress notes and completing Incident Reports will be provided training including when an incident report is required. Training will include the immediate documentation of the incidents involving behaviors, i.e. wandering, need for re-direction and/or increased level of supervision in the service plan. A reference tool has been created that includes policy & procedure for completing Incident Reports and a log for all reports and documentation required. This tool will include the requirement that RN documents service plans during the Incident Report completion process, including interventions and then signs off on log acknowledging that service plan completed. We will refer to this tool for all future Incident Reports.

Completed date 3.3.23

Licensee Administrator's Signature

Print Name

 Luella E. Matthews

BSN RN

Date

3-3-23

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

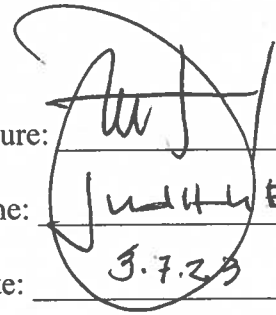
Justine Matthews Benita

Date:

3.28.23

STATE OF ILLINOIS
DONOR
STATE LICENSING
MAR 29 11:17

Licensee's/Administrator's Signature:



Print Name:

JUDITH E. MATHIAS BSN RN

Date:

3.7.23

STATE OF HAWAII
DHP-PSA
STATE LICENSING

23 MAR 13 P12:19