

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Blue Ocean Care Home	CHAPTER 100.1
Address: 91-1030 Keoneae Place, Ewa Beach, Hawaii 96706	Inspection Date: March 3, 2023 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-OHCA
STATE LICENSING

73 JAN 20 AM 51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Signed telehealth visit from 11/19/2022 lists diet order as, “No added salt, no concentrated sweets/starch, low saturated fat/cholesterol.” Per PCG, diet should have been, “regular.” No clarification obtained from physician as parts of diet ordered are non-standard.</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>I received the physician's order form from resident #1's doctor (Lance M. Kurata).</p> <p>The physician's order form notate type of diet and resident #1's diet is regular.</p>	<p>March 3 2023</p> <p style="text-align: right;">23 JUN 20 AM 1:51</p> <p style="text-align: right;">STATE OF HAWAII DOM-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Signed telehealth visit from 11/19/2022 lists diet order as, “No added salt, no concentrated sweets/starch, low saturated fat/cholesterol.” Per PCG, diet should have been, “regular.” No clarification obtained from physician as parts of diet ordered are non-standard.</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>In the future, before leaving the physician's office, I will review the annual physical exam form to ensure the diet type is standard and accurate / appropriate for the resident.</p> <p>I will also review each residents diet order every quarter when the medications are reevaluated and signed just as an extra measure.</p>	<p>June 7 2023</p> <p style="text-align: right;">23 JUN 20 AM 51</p> <p style="text-align: right;">STATE OF HAWAII DOH-QHEA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – No special diet menu available for special diet ordered on 11/19/2022.</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>I received the physician's order form, dated 3/3/2023, from resident #1's doctor (Lance M Kurata). The physician's order form notate type of diet and resident #1's diet is regular.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>June 7 2023</p> <p style="text-align: right;">23 JUN 20 AM 51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – No special diet menu available for special diet ordered on 11/19/2022.</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>In the future, I'll review each residents diet order every quarter. If there are any special diets, I'll create a special diet menu immediately, and if I have questions or need any help, I will contact the OHCA dietitian for assistance.</p>	<p>June 7 2023</p> <p style="text-align: right;">23 JUN 20 AM 1:51</p> <p style="text-align: right;">STATE OF HAWAII DHHS-ORCA 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 – Medication order for Lisinopril 20 mg includes hold parameter, "Systolic is over 110, if over, hold off on Lisinopril." Medication label states, "Hold if systolic blood pressure is over 110." No clarification obtained from physician regarding hold parameters.</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>I received the physician orders form from resident #1's doctor (Lance M Kurata).</p> <p>The physician orders form verify medication order for Lisinopril 20mg includes hold parameter, "take lisinopril 20mg systolic is over 110 if under hold off on lisinopril".</p> <p>Also, I received the medication for Lisinopril 20mg. The medication label states shows " Hold if systolic blood pressure is under 110".</p>	<p>MAY 18 2023</p> <p style="text-align: right;">23 JUN 20 AM 51</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA SITE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Lantus Solostar medication order changed on 11/19/2022; however, no initials on medication administration record (MAR) for medication from 6 pm administration on 11/20/2022 to the end of the month.</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 JUN 20 AM 50</p> <p>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> (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 – Lantus Solostar medication order changed on 11/19/2022; however, order change not reflected on MAR until January 2023.</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; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">29 JUN 20 AM 50</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> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #2 – Monthly weights not taken.</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;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">73 JUN 20 AM 50</p>

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