

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|---|
| Facility's Name: Ilima at Leihano | CHAPTER 90 |
| Address: 739 Leihano Street, Kapolei, Hawaii 96707 | Inspection Date: May 26, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> | <p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Employee #1,2 – First aid certification unavailable for review. Submit a copy with plan of correction.</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>The first-aid certification for Employee #1 was completed on 5/30/2023 and the first-aid certification for Employee #2 was completed on 6/11/2023. Valid copies of the first-aid certification documents are in the facility's records (employees' personnel files).</p> | <p>5/30/2023 & 6/11/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Employee #1,2 – First aid certification unavailable for review. Submit a copy with plan of correction.</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 Human Resources Director has been in-serviced (trained) on the new Relias automated email reminder process. The employees will receive automated email reminders starting 60-days prior to the CPR & First Aid certification expiration.</p> <p>These email reminders will continue on a regular basis until the certification renewal is provided to the Human Resources Director whereupon the Human Resources Director will mark it as completed in the Relias system and file a copy of the certification in their personnel file.</p> | <p>5/30/2023</p> |

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| <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 – Resident admitted to hospital on 2/12/23-2/16/23 and 3/31/23-4/3/23; however, nursing assessments unavailable for readmission into facility upon discharge from hospital on both occasions.</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>See future plan on page 5.</p> | |

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| <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 – Resident admitted to hospital on 2/12/23-2/16/23 and 3/31/23-4/3/23; however, nursing assessments unavailable for readmission into facility upon discharge from hospital on both occasions.</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 Assisted Living Director is a registered nurse (RN). The Assisted Living Director (RN) and the RNs on duty have been in-serviced on performing nursing assessments and care planning. Our RNs have been in-serviced on the new plan of correction and apprised of their role in the new process. An RN will do a readmission assessment and update the service plan of the resident returning from the hospital. The facility will ensure that the care provided is noted in the service plan.</p> | <p>6/01/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 – Per medication administration record (MAR), physician's order dated 1/17/23 states, "Gabapentin cap 100mg Take 3c (300mg) PO HS"; however, medication unavailable for administration.</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>Medications for Resident #1 Gabapentin was ordered through the family on 5/26/2023 and received on 6/01/2023. Medication administered on 6/01/2023.</p> | <p style="text-align: center;">5/26/2023</p> |

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| <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>FINDINGS Resident #1 – No documented evidence health monitoring was provided after the following incidents occurred:</p> <ul style="list-style-type: none"> • Scrotum abrasion requiring emergency department (ED) visit on 8/7/22 • Hip pain/injury from fall requiring ED visit on 9/28/22 • Bloody stools/UTI/Sepsis requiring ED visit on 2/12/23 | <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>See future plan on page 19</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #3,4,5 – Annual physical examination unavailable for review. Submit a copy with plan of correction.</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>All new residents are required to have an annual physical examination as part of the physician's form (assessment by physician) prior to admission. All current residents are required to have an annual physical examination scheduled in their service plan.</p> <p>Note: History and physical form faxed to Residents #3, #4, #5 on 5/29/2023 and follow-up with a telephone call on 6/05/2023 but no physical examination completed as yet.</p> | <p style="text-align: center;">5/29/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #3,4,5 – Annual physical examination unavailable for review. Submit a copy with plan of correction.</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 service plan will include the requirement for an annual physical examination and will automatically display a reminder 30-days prior to the examination due date. The Assisted Living Director and/or RN will work with the resident's PCP to complete the annual physical examination.</p> | <p style="text-align: center;">6/01/2023</p> |

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|-------------------------------------|--|--|-----------------|
| <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 – Incident reports unavailable for the following incidents:</p> <ul style="list-style-type: none"> • (8/7/22) – ED visit for scrotum abrasion • (2/12/23) – ED visit for bloody stools • (3/31/23) – ED visit for cerebrovascular accident | <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>See future plan on page 25</p> | |

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JUN 21 2023

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: 6/21/2023

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: 6/08/2023

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