

State Licensing Section

STATE OF HAWAII  
DEPARTMENT OF HEALTH

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Ka Malama Home II	<b>CHAPTER 100.1</b>
<b>Address:</b> 45-332 Ka Hanahou Circle, Kaneohe, Hawaii 96744	<b>Inspection Date:</b> February 24, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 23 APR 12 P2:24	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b>FINDINGS</b> Primary Caregiver (PCG), Substitute Caregiver (SCG) #1-5, Household Member (HHM) #1,2 – Valid FieldPrint clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, our Care Home Administrator, Prom facilitated the scheduling March 7- of our finger printing for April 11, 2023 all Care Home staff and House Hold members Field Print clearance.</p> <p>Forms were filled-up on-line, some with individual current as above personal information.</p> <p>Each individual staff, as scheduled &amp; House hold member went for finger printing as scheduled.</p> <p>Attached are copies of the scheduled appointments and the results of the Field Print clearance will be sent to DAA - OHEA department directly</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #3,5 and HHM #1 – Current physical exam 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>YES, PCB met with the SCGs (#3 &amp; #5) together with HHM (#1) and discussed the immediate need for their Annual Physical Exam. An immediate appointment was set with their Primary Care Physician (PCP).</p> <p>Attached are copies of their Physical Examination</p>	<p>March 3/23 (Friday)</p> <p>Annual P.E. SCG #3 5/24/22 SCG #5 3/28/23 HHM #1 2/9/23</p> <p>STATE LICENSING</p> <p>P.2:28</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #3,5 and HHM #1 – Current physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>&gt; To prevent this from happening again in the future the PCG shall:</p> <p>1) Post in the CH Staff Bulletin Board a reminder stating that they are due for their Annual Physical Exams. including all the HH members.</p> <p>2) Review of the checklist of Employment Requirements that includes the Annual Physical Exams.</p>	<p>&gt; Annually (every year)</p> <p>23 APR 12 P 2:28</p> <p>&gt; Quarterly</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2-4 and HHM #1 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>&gt; TB clearances obtained for SCG # 2-4</i></p> <p><i>&gt; HHM #1 Physician contacted for a copy of the initial positive PPD. Waiting for response from physician.</i></p>	<p>5/22/20</p> <p>STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF PUBLIC HEALTH MAY 22 2020 11:54</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b>FINDINGS</b> Resident #1 – Special diet menu (regular chopped) unavailable for review</p> <p>Resident #2 – Special diet menu (cardiac diet) unavailable for review</p> <p>Submit a copy of special diet menus with plan of correction.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, PCG AND CH NURSE CONSULTANT GOT IN TOUCH WITH THE CH DIETITIAN CONSULTANT. I ALSO INQUIRED FROM DOH NUTRITION DEPARTMENT ABOUT THE DEFINITIONS OF THESE SPECIAL DIETS.</p> <p>ATTACHED IS A COPY OF EXCHANGED COMMUNICATIONS AMONG US (THE DIETITIAN CONSULTANT, THE DEPARTMENT NUTRITION REPRESENTATIVE AND THE CARE HOME NURSE CONSULTANT AND THE PCG)</p> <p>SPECIAL DIET MENU FOR REGULAR CHOPPED IS ON THE PROCESS OF BEING FINALIZED, ON-GOING AND WILL BE SUBMITTED TO THE DEPARTMENT AS SOON AS IT IS DONE BY OUR DIETITIAN CONSULTANT.</p>	<p>'23 MAY 12 P2:02</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>APRIL 26, 2023</p> <p>APRIL 27, 2023</p> <p>MAY 3, 2023</p> <p>present</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Two refrigerators in detached garage containing food served to residents was not equipped with a thermometer</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>&gt; YES, the four (4) refrigerators 7 Feb. 24, 2023 are all equipped with thermo- meters however, the two (2) new ones at the garage are being used not only for the CH residents but also for the HH members.</p> <p>&gt; It was found out later Feb. 25, 2023 that the thermometers of the two (2) new refrigerators were pushed at the back when the new items purchased by the marketer.</p> <p>&gt; the two (2) thermometers are in good working condition at 40°F.</p>	<p>same date as above</p>

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☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Two refrigerators in detached garage containing food served to residents was not equipped with a thermometer</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that it doesn't happen again in the future...</p> <ol style="list-style-type: none"> <li>1) I will check all the four (4) refrigerators and ensure that each has a thermometer in good working condition.</li> <li>2) Each thermometer will be placed in an area inside the refrigerator visible for everyone to see.</li> <li>3) A caregiver will be assigned to check the daily temperature after giving orientation on how to fill-up the refrigerator monitoring log form.</li> <li>4) The Monitoring log form will be posted on the front door of each refrigerator and will be filled up everyday at the same time (8:00 a.m.)</li> <li>5) At the end of each month, I will file the filled up form in the folder designated for the Monitoring of the temperature of the Refrigerator.</li> </ol>	<p>P2 01</p> <p>ALL</p> <p>ING</p> <p>Monthly</p> <p>DAILY</p> <p>Monthly</p> <p>Monthly</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – PCG assessment incomplete; missing resident representative's signature. Submit a signed 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>YES, PCG called the Family &gt; Feb. 24, 2023 Representative / POA of Res. #1 and explained to her that her signature is needed to signify that she confirms the information are current and factual at the Admission assessment form.</p> <p>&gt; Attached is a signed, Feb. 25, 2023 copy of the Assessment Report.</p>	<p>23 APR 12 P2:27</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 23 APR 12 P2:31	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drills performed between 4/2022-2/2023 did not include the time of day drills were performed</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>	



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b> Hot water unavailable for use. Water temperature measured at 80°F.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Water heater technician came on 4/2/23 and adjusted the water heater timer to turn on @ 6:00 so hot water is available when the residents wake up.</i></p>	<p>5/22/23</p> <p>23 MAY 22 P1:53</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> SCG #4 – No documented evidence of 12 hours of annual continuing education courses completed. Submit evidence of 12 hours of completed continuing education with plan of correction.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>&gt; YES, the PCA requested SCG #4 to submit copies of training documents as evidence of April 12 hrs. of continuing education courses completed.</p> <p>&gt; It was also included as part of the Annual requirements for staff to be completed and submitted to the CH at the end of the year</p> <p>&gt; Attached are copies of the certificates of trainings attended / completed for the year 2022.</p>	<p>January 2023 to December 2022 of each year</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 23 APR 12 P 2:33 §11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. <b>FINDINGS</b> Resident #1 – Care plan dated 2/18/23 states, “turning and repositioning every 2 hours and PRN”; however, no documented evidence resident is being repositioned every 2 hours		PART 1  <b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 2/18/23 states, "turning and repositioning every 2 hours and PRN"; however, no documented evidence resident is being repositioned every 2 hours</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that this won't happen again in the future...</i></p> <ol style="list-style-type: none"> <li><i>1) I will meet and discuss with 1/2/28/23 the Case Manager about this concern regarding Res. #1.</i></li> <li><i>2) Come up with an in-service training regarding turning and repositioning of the resident every 2 hrs. as needed. 3/29/23</i></li> <li><i>3) The use of "turning clocks" methods for pressure ulcer prevention and improve circulation.</i></li> <li><i>4) Request a doctor's order for 3/29/23 T &amp; P (Turning &amp; Positioning) to include an order to use the 2 hours repositioning chart.</i></li> <li><i>5) Develop an appropriate documentation system using traditional manual methods. 3/29/23</i></li> </ol>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  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>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's diet order dated 1/23/23 states, "chopped regular, thin liquids, no dietary restrictions"; however, care plan dated 2/18/23 states, "caregiver will comply with dietary plan, limiting intake of sugar, fat, salt, and alcohol; eating complex carbohydrates especially those high in fiber such as fruits, vegetables, whole grains". Care plan contradicts physician's orders. Submit updated care plan with plan of correction.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, PCG obtained a Revised 7 from Care Plan from the Case Manager April 15, 2023 after several consultation conferences with the MD, the POA/Family Representative, the CM and the PCG.</p> <p>In the Revised Care Plan, the Physician's orders were incorporated in the Plan of Corrections.</p> <p>To signify the approval of the 7 April 27, 2023 Plan, signatures were affixed by all parties involved.</p> <p>A copy of the approved Care Plan is filed in the Res. #1 Folder for review during the monthly monitoring visit of the CM. 7 April 27, 2023</p> <p>(Note: Attached is an updated CP with Plan of Correction)</p>	<p>April 15, 2023</p> <p>23 MAY 12 11:01 AM</p> <p>April 27, 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(5)</p> <p>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>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><b>FINDINGS</b></p> <p>Resident #1 – No documented evidence the resident's case manager provided caregiver training to SCG #2,4,5. Submit documented evidence of training completed with plan of correction</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, PCA called the CM, set a meeting with SCGs #2,4, and 5.</p> <ul style="list-style-type: none"> <li>&gt; Discussed the training needs of these three (3) SCGs.</li> <li>&gt; Scheduled the training with the CM during one of his monthly visit to the CB.</li> <li>&gt; Actual training conducted at the CM. Certificate of completion was provided.</li> <li>&gt; Attached are copies of documents as evidence that they completed training session for the delegation of special skills for SCGs #2,4 &amp; 5 with their signatures affixed to the summary report.</li> </ul>	<p>March 4, 2023</p> <p>March 10, 2023</p> <p>March 13, 2023</p> <p>March 29, 2023</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)(5)  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>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence the resident's case manager provided caregiver training to SCG #2,4,5. Submit documented evidence of training completed with plan of correction</p>	<p><b>PART 2</b></p> <p><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><i>- I will add the caregivers training by the Case Manager on the Admission check list for Expanded Care residents.</i></p>	<p>5/22/20</p> <p>23 MAY 22 P1:53</p>

'23 APR 12 P2:38

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

Licensee's/Administrator's Signature: *Heaven Grace Enzalde*

Print Name: HEAVEN GRACE ENZALDE

Date: 3/29/2023



Licensee's/Administrator's Signature: Heven M. Elizalde

Print Name: HEVEN M. ELIZALDE

Date: MAY 10, 2023

23 MAY 12 P1:59  
STATE OF ARIZONA  
DIVISION OF  
STATE LICENSING

Licensee's/Administrator's Signature: Humberto

Print Name: HUBERT M. BUZACUE

Date: 5/22/23

STATE OF TEXAS  
DEPT. OF TRANSPORTATION  
STATE LICENSING

23 MAY 22 P1:53