Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Kokua Gardens | CHAPTER 100.1 |
|---|---|
| Address:<br>340-B Kawainui Street, Kailua, Hawaii 96734 | Inspection Date: November 16, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-3 Licensing. (b)(1)(I)<br>Application.<br><br>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:<br><br>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;<br><br>**FINDINGS**<br>Primary Care Giver (PCG), Substitute Care Giver (SCG)#1, #2, #3, and Household members (HHM) #1 and #2 – No evidence of fieldprint background checks available for review. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>- FIELD PRINT RESULT HAVE BEEN OBTAINED AND ARE IN THE CARE HOME BINDER. | 5/24/23 |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (f)<br>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.<br><br>**FINDINGS**<br>"Tylenol ER 650mg 1tab TID PRN" was listed on orders dated 7/1/22, however, for the months of July 2022 and August 2022 medication is not listed on the MAR | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |



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| ☒ | §11-100.1-15 Medications. (f)<br>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.<br><br>**FINDINGS**<br>"Tylenol ER 650mg 1tab TID PRN" was listed on orders dated 7/1/22, however, for the months of July 2022 and August 2022 medication is not listed on the MAR | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>- AFTER ALL APPOINTMENTS, I WILL HAVE MY SUBSTITUTE CARE GIVER CHECK THAT ALL MEDICATION CHANGES HAVE BEEN CORRECTLY TRANSFERRED TO THE MAR. | |

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STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | §11-100.1-15 Medications. (n)<br>Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.<br><br>**FINDINGS**<br>"Trulicity SQ soln pen injector 0.75mg/0.5ml, give 0.75mg SQ weekly" was ordered 7/1/22 and discontinued 7/27/22. Resident was self-administering medication, however, there is no POA and Physician authorization to do so. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-15 Medications. (m)<br>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.<br><br>**FINDINGS**<br>Resident #1 – "Melatonin 3mg tab, give 1 – 2 tabs daily at night" was ordered on 7/1/22. Medication administration record (MAR), where initialed as given, did not indicate if 1 tab or 2 tabs were administered. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>- CORRECT NUMBER OF TABLETS WAS ADDED ON THE MEDICATION RECORD WITH THE INITIAL ON IT. | 11/16/22 |



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Licensee's/Administrator's Signature: Lyndon G. Odunia

Print Name: LYNDON G. ODUNIA

Date: 11/30/22



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Licensee's/Administrator's Signature: [signature]

Print Name: LYNDON G. OORUNIA

Date: 5/24/23

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