

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The ARC of Kona – Kona Krafts	CHAPTER 89
Address: 82-1055 Kiloa Road, Captain Cook, Hawaii 96704	Inspection Date: March 31, 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

JUN 22 12:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – On 8/2/22, Physician’s order for “Loratadine 10mg, give 1 tab by mouth QHS” was changed to “Loratadine 10mg, give 1 tab by mouth QHS as needed for allergy symptoms”, however, medication is being administered every night for the months of August 2022 to November 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>There were 3 days during the 4-month period (9/26-9/28) where the Loratadine was administered. On the days the medication was not given, staff wrote an "N" and also initialed above the "N" which gives the impression that the medication was in fact administered when it was not. This finding was corrected by putting a line through the staff initials on each day there was an "N", meaning not given, during the months of August through November 2022.</p>	<p>6/13/23</p> <p style="text-align: right;"> 23 JUN 22 11:11 <small>STATE OF HAWAII ODH-CHCA STATE LICENSING</small> </p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – On 8/2/22, Physician's order for "Loratadine 10mg, give 1 tab by mouth QHS" was changed to "Loratadine 10mg, give 1 tab by mouth QHS as needed for allergy symptoms", however, medication is being administered every night for the months of August 2022 to November 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>All applicable staff will be retrained no later than July 1st on documenting prn medications on the MAR's which included the following:</p> <ul style="list-style-type: none"> *Print an N in the applicable box on the MAR for each day the prn is not administered but do not initial. *Only initial on the days on the MAR that the prn was administered and include the time the prn was administered. <p>In addition, the contracted RN will review all resident MARs on a monthly basis to ensure accuracy and provide re-training as needed on findings.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Regarding the administration of Loratadine 10mg nightly from August 2022 to November 2022, there are no progress notes or other evidence justifying the needed to administer the medication nightly.</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>There are brief notes for the 3 days the prn was administered on the bottom left hand side of the MAR under the section "Write ANY Reactions/Changes to Medications". The heading of this section is misleading and some of the notes provided for the prn administration are not completely legible or detailed. This finding was corrected by adding "...and justification for PRN administration" to the section title/ statement and is available for review in the resident's file</p>	<p>6/13/23</p> <p style="text-align: right;">73 JUN 22 P12:11 STATE OF HAWAII DON-ONCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Regarding the administration of Loratadine 10mg nightly from August 2022 to November 2022, there are no progress notes or other evidence justifying the needed to administer the medication nightly.</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 revised MAR template will be implemented with new month in July as follows: The section title/statement on the lower left hand side of the MAR was reworded from "Write ANY Reactions/ Changes to Medications" to "Document medication changes, reactions, and justification for PRN's administered". Training will be provided to all applicable staff on documenting notes legibly including the justification for prn's administered as well as providing more detail on the need for prn administration by July 1st.</p>	<p style="text-align: right;"> 29 JUN 22 11:21:10 STATE OF HAWAII DOH-016A STATE LICENSING </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>		<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: right;">23 JUN 22 11:2:10</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>		<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>20 JUN 22 P12:10</p> <p>STATE OF HAWAII 08H-0HCA STATE LICENSING</p>

Licensee's/Administrator's Signature:



Print Name: Michele L. Ku, President/CEO

Date: June 20, 2023

STATE OF HAWAII
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STATE LICENSING

23 JUN 22 PM 2:10