

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Nohea	CHAPTER 100.1
Address: 5071 Maunalani Circle, Honolulu, Hawaii 96816	Inspection Date: April 17 & 18, 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.

23 JUL 19 10:13
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and #2 – No Fieldprint background check available.</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>SCG #1 and #2 completed background checks with green light determination.</p>	<p>7/19/2023</p> <p style="text-align: right;">23 JUL 19 10:13 STATE OF HAWAII DOH- OHCA 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>. (c) 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 – Calmoseptine listed on physician order sheet states, "07/26/2018 Apply Calmoseptine twice daily to affected blistered area." Medication administration record (MAR) states, "03/07/2020 Apply to affected area each perineal hygiene PRN redness." Medication label also indicates as needed use only. MAR and medication label do not reflect physician's medication order.</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>Updated medication order with APRN via myChart and will reflect in April MAR. "4/20/23 Apply to affected area each perineal hygiene PRN redness". See attached.</p>	<p>4/20/2023</p> <p style="text-align: right;">23 JUL 19 AM 0:13 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 and #2 – Monthly progress notes do not include observations of the residents' response to medications.</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-CHCA STATE LICENSING</p>	<p style="text-align: right;">23 JUL 19 AM 13</p>

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<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><u>FINDINGS</u> Resident #2 – No weight recorded for March 2023.</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>For residents unable to weigh on scale, arm circumference from same arm will be taken each month moving forward or until able to properly weigh on scale again.</p>	<p>4/20/2023</p> <p style="text-align: right;">23 JUL 19 AM 0:13</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the consultant registered dietitian to provide training for food preparation staff.</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>Requested inservice on 4/20/23 on nutrition risk signs and diet refresher (minced and moist, pureed). RD able to provide inservice on 4/27/23. See attached.</p>	<p style="text-align: center;">4/20/2023</p> <p style="text-align: center;">23 JUL 19 AM 10:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Amy M.K.G. Teixeira

Print Name: Amy M.K.G. Teixeira

Date: 4/27/2023

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