

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

23 JUL -7 AM 57

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| Facility's Name: Huapala Senior Care D, LLC               | CHAPTER 100.1                           |
| Address:<br>2649 D Huapala Street, Honolulu, Hawaii 96822 | Inspection Date: May 24-25, 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.**

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date  |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (b)<br/>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b><br/>Menu was not followed. Lunch meal did not include low fat milk.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> | <p style="text-align: right;">STATE OF HAWAII<br/>DOH-DHCA<br/>STATE LICENSING</p> <p style="text-align: right;">23 JUL -7 AM 57</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (b)<br/>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b><br/>Menu was not followed. Lunch meal did not include low fat milk.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Care Home staff reeducated by DON that all components of the daily menu in the care home needs to be served to the residents whether they drink/eat the food or not. To ensure that this does not happen again all care home staff have been reminded on the need to serve all portions of the menu. DON/ADON/NM will additionally do periodic audits of meal times during our weekly house visits.</p> | <p>5/25/23<br/>JV<br/>Ongoing</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII<br/>DOH-ONICA<br/>STATE LICENSING</p> <p>23 JUL -7 AM 57</p> </div> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (b)<br/>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b><br/>Portion sizes on the menu were not followed. Standardized serving utensils were initially not used until the department notified staff to use the standardized serving utensils.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Type text here</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> | <p style="text-align: right;">STATE OF HAWAII<br/>DOH-ORCA<br/>STATE LICENSING</p> <p style="text-align: right;">23 JUL -7 AM 57</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (b)<br/>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b><br/>Portion sizes on the menu were not followed. Standardized serving utensils were initially not used until the department notified staff to use the standardized serving utensils.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>DON reeducated Care Home staff of the importance of proper portion sizes and residents health. To ensure this doesnt happen again all staff were reeducated on the use of the standardized serving utensils additionally DON went to each care home and checked to be sure each home had the correct standardized serving utensils for use. DON/ADON/NM will additionally do periodic audits of meal times during our weekly house visits.</p> | <p style="text-align: right;">JV 5/25/23<br/>ongoing</p> <p style="text-align: right;">23 JUL -7 AM 57</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII<br/>DOH-CHCA<br/>STATE LICENSING</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (l)<br/> Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Diet order (4/25/2023) stated, “Regular, minced, okay for chopped bread products, honey thick by use of Thick It;” however, parts of the lunch entrée (kamaboko fish cake, vegetables, and ramen noodles) were not consistently cut to minced sized pieces (1/4 inch) until the department notified the staff to ensure foods are cut to correct size.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> | <p style="text-align: center;">23 JUL -7 AM 57</p> <p style="text-align: center;">STATE OF HAWAII<br/> DOH-ONCA<br/> STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (1)<br/> Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Diet order (4/25/2023) stated, “Regular, minced, okay for chopped bread products, honey thick by use of Thick It;” however, parts of the lunch entrée (kamaboko fish cake, vegetables, and ramen noodles) were not consistently cut to minced sized pieces (1/4 inch) until the department notified the staff to ensure foods are cut to correct size.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>DON reeducated nurse aide on proper diet consistencies. Care home nurse and/or DON/ADON/NM will do audits of meals being prepared to make sure that this does not happen again.</p> | <p>6/12/23<br/> JV5/25/23</p> <p style="text-align: right;">23 JUL -7 AM 57</p> <p style="text-align: right;">STATE OF HAWAII<br/> DOH-ORCA<br/> STATE LICENSING</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 Food sanitation. (a)<br/>All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b><br/>Previously opened bottle/jars of parmesan cheese, strawberry preserves and grape jelly stored on pantry shelves, despite “refrigerate after opening” on each label.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Previously opened bottle/jars were discarded at time of DOH visit.</p> | <p>JV<br/>5/25/23</p> <p style="text-align: right;">23 JUL -7 AM 57</p> <p style="text-align: right;">STATE OF HAWAII<br/>DOH-OHCA<br/>STATE LICENSING</p> |



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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a)<br/>All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b><br/>Previously opened bottle/jars of parmesan cheese, strawberry preserves and grape jelly stored on pantry shelves, despite “refrigerate after opening” on each label.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>DON redudcated staff on reading food labels. Labels that state refridgerate after opening must be placed in the refridgerater after opening. Additionally staff NA amd RN will look at discard dates and labels every week on grocery delivery day. DON/ADON/NM will additionally do periodic audits of meal times during our weekly house visits.</p> | <p>5/25/23<br/>JV<br/>Ongoing</p> <p style="text-align: right;">23 JUL -7 AM 57<br/>STATE OF HAWAII<br/>DOH-CHCA<br/>STATE LICENSING</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h)<br/> 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><u>FINDINGS</u><br/> Oxygen tank in Bedroom #1 standing upright, unsecured without a stand.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Bristol Hospice was contacted and a stand was delivered to Care Home</p> | <p>5/25/23<br/> JV</p> <p style="text-align: right;"> STATE OF HAWAII<br/> DUFORCA<br/> STATE LICENSING<br/> 23 JUL -7 AM 1:57 </p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h)<br/>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><b><u>FINDINGS</u></b><br/>Oxygen tank in Bedroom #1 standing upright, unsecured without a stand.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>DON reeducated all Care Home staff on the need for oxygen stand for oxygen tanks. To ensure this does not happen again Bristol Hospice was made aware of ARCH regulations to make sure stands are delivered upon hospice admission if O2 is ordered RN/LPN will check each O2 tank upon receival for O2 that the tank has a stand, if it does not the RN/LPN will request stand at that time before accepting the O2.</p> | <p style="text-align: center;">5/25/23<br/>JV</p> <p style="text-align: center;">23 JUL -7 AM 57</p> <p style="text-align: center;">STATE OF HAWAII<br/>DOR-ORCA<br/>STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-86 <u>Fire safety.</u> (a)(3)<br/> A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b>FINDINGS</b><br/> No documented evidence of monthly fire drill conducted in June/July 2022 and February 2023.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII<br/> DOH-ORCA<br/> STATE LICENSING</p> | <p style="text-align: right; font-size: small;">23 JUL -7 AM 56</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date  |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-86 <u>Fire safety.</u> (a)(3)<br/> A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b><br/> No documented evidence of monthly fire drill conducted in June/July 2022 and February 2023.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>DON reeducated Care Home staff on monthly fire drills and how they must be conducted each month at varying times of day. To ensure this does happen again, staff to review fire drill log each month when they do their monthly summary. DON/ADON/NM will monthly audits of fire drill binders to be sure that policy is being followed and fire drills are not being missed.</p> | <p>JV<br/> 5/25/23</p> <p style="text-align: right;">23 JUL -7 AM 56</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII<br/> DOH-OHCA<br/> STATE LICENSING</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/> 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><br/> Nutrition care plan, "Nutritional Needs Related to Aging and Dysphagia" did not include measurable goals and outcomes for weight.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Care Home was sent a revised "Nutritional Needs Related to Aging and Dysphagia" care plan per conversation with Case Manager</p> | <p style="text-align: center;">6/20/23<br/>JV</p> <p style="text-align: center;">23 JUL -7 AM 56</p> <p style="text-align: center;">STATE OF HAWAII<br/>DOH-ONCA<br/>STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/>           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><br/>           Nutrition care plan, "Nutritional Needs Related to Aging and Dysphagia" did not include measurable goals and outcomes for weight.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Case Managment company was contacted and asked to include measurable goals and outcomes for weight rather than a weight percentage on care plans for expanded care residents. Care plan now reads "residents weights monitored with 5 +/- change call RN/MD. To ensure this does not happen again DON/ADON/NM will do periodic Case Managment binder checks and sign off on them while in the home. This will be done every month.</p> | <p>6/12/23<br/>JV</p> <p style="text-align: right;"><b>23 JUL -7 AM 5:56</b></p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII<br/>DOH-DHCA<br/>STATE LICENSING</p> |

Licensee's/Administrator's Signature: *[Handwritten Signature]*  
Print Name: JoAnna Victor  
Date: 7/3/23

23 JUL -7 AM 11 56  
STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING