

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Elima, LLC	CHAPTER 100.1
Address: 1368 Kuloaa Place, Kailua, Hawaii 96734	Inspection Date: May 22-23, 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
DOR-DRDA
STATE LICENSING

23 JUL 25 P 1:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current first aid certification. Certification obtained online instead of in person.</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 style="text-align: center;">SCG #1 set an appointment to recertify her first aid certification. Appointment set for June 08, 2023. Once class is completed. SCG #1 will provide proof of updated certification to Human Resources and update her personal file.</p>	<p style="text-align: center;">06/01/2023</p> <p style="text-align: center;">23 JUL 25 P1:08</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORREPART 2 <u>FUTURE PLAN CTION</u>	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current first aid certification. Certification obtained online instead of in person.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward, Human Resources will confirm that all needed documents are acceptable and also double check that all certifications are available and up to date, just so that in case something is missed, I am able to catch it. Kina'ole Estate is also offering that all new employees get their certifications that are needed through the company. Course to be taught by a certified first aid trainer.</p>	<p>06/01/2023</p> <p>23 JUL 25 P 1:08</p> <p>STATE OF HAWAII DOH-DHQA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – No current cardiopulmonary resuscitation certification. Certification obtained online instead of in person.</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 set an appointment to recertify her Cardiopulmonary Resuscitation certification. Appointment set for June 08, 2023. Once class is completed. SCG #1 will provide proof of updated certification to Human Resources and update her personal file.</p>	<p style="text-align: center;">06/01/2023</p> <p style="text-align: right;"> <small>STATE OF HAWAII DHHS DIVISION OF STATE LICENSING</small> 23 JUL 25 P 1:08 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – No current cardiopulmonary resuscitation certification. Certification obtained online instead of in person.</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>Going forward, Human Resources will confirm that all needed documents are acceptable and also double check that all certifications are available and up to date, just so that in case something is missed, I am able to catch it. Kina'ole Estate is also offering that all new employees get their certifications that are needed through the company. Course to be taught by a certified Cardiopulmonary Resuscitation trainer.</p>	<p style="text-align: center;">06/01/2023</p>

STATE OF HAWAII
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 STATE LICENSING

23 JUL 25 P 1:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-10 Admission policies. (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p>FINDINGS No 2-step tuberculosis skin test available. Upon admission, resident had a chest x-ray and completed one single step skin test, instead of two.</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>Resident #1 was given his Quantiferon Blood test By Bristol Hospice Registered Nurse on June 06, 2023. Test results came back negative. Per Hospice, they will continue as needed annually while resident in on their services.</p> <p style="text-align: right;">STATE OF HAWAII DHEC STATE LICENSING</p>	<p style="text-align: center;">06/01/2023</p> <p style="text-align: right;">23 JUL 25 P 1:08</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><u>FINDINGS</u> No 2-step tuberculosis skin test available. Upon admission, resident had a chest x-ray and completed one single step skin test, instead of two.</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>Going forward, when doing admissions, Resident Care Manager, Director of Nursing for Kina'Ole and Operations Manager will double check all admission Documents. To include any of the three acceptable forms of Tuberculosis testing.</p> <ol style="list-style-type: none"> 1. QuantIFERON - Ok for admission the following year would need the same QuantIFERON for their annual. if switching over to skin test it would need to be a 2-step if no 2-step history on file. 2. 2.Chest X-ray - Ok for emergency admission, however, you need to do a TB skin test within 3 days of admission and need to be a 2-step. 3. 3. 3 visit TB clearance - First skin test/no reading, second skin test then final reading. Dates listed should be all 3 dates on form. 	<p style="text-align: center;">06/01/2023</p>

STATE OF HAWAII
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STATE LICENSING

23 JUL 25 P 1:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #2 – 8/30/2022 order states, “Agreed with Tylenol. Up to 2g per day.” No documented evidence this order was clarified with physician. Resident was on 1950 mg acetaminophen daily, not including 2 PRN orders that would’ve exceeded the 2g limit.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>06/01/2023</p>

STATE OF ILLINOIS
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STATE LICENSING

23 JUL 25 P 1:08

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	<p>§11-100.1-15 <u>Medications</u> (e) 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 #2 – 8/30/2022 order states, “Agreed with Tylenol. Up to 2g per day.” No documented evidence this order was clarified with physician. Resident was on 1950 mg acetaminophen daily, not including 2 PRN orders that would’ve exceeded the 2g limit.</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>Going forward, When resident is seen by any MD, RCM will review all orders with MD, make any reconciliation with MD to correct any medication order to not exceed the maximum allowed dose per 24 hours and follow parameters given by MD.</p>	<p style="text-align: center;">06/01/2023</p> <p style="text-align: right;">23 JUL 25 P 1:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a 2-step tuberculosis clearance prior to admission.</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>Resident #2 was given her 1st TB Shot at Kaiser Kailua By Registered Nurse on June 06, 2023. Per Nurse, reading to be done on Thursday June 08, 2023. Second step appointment set for June 13, 2023. Reading for the second shot will be read on June 15, 2023. Per Nurse, every year 1 step is sufficient for a Care home setting. Resident will be able to get shot annually at Kaiser.</p>	<p style="text-align: center;">06/01/2023</p> <p style="text-align: center;">23 JUL 25 P 1:08</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a 2-step tuberculosis clearance prior to admission.</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>Going forward, when doing admissions, Resident Care Manager, Director of Nursing for Kina'Ole and Operations Manager will double check all admission Documents. To include any of the three acceptable forms of Tuberculosis testing.</p> <ol style="list-style-type: none"> 4. QuantiFERON - Ok for admission the following year would need the same QuantiFERON for their annual. if switching over to skin test it would need to be a 2-step if no 2-step history on file. 5. 2.Chest X-ray - Ok for emergency admission, however, you need to do a TB skin test within 3 days of admission and need to be a 2-step. 6. 3. 3 visit TB clearance - First skin test/no reading, second skin test then final reading. Dates listed should be all 3 dates on form. 	<p style="text-align: center;">06/01/2023</p> <p style="text-align: right;">23 JUL 25 P 1:08</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH - OHCA STATE LICENSING</p>

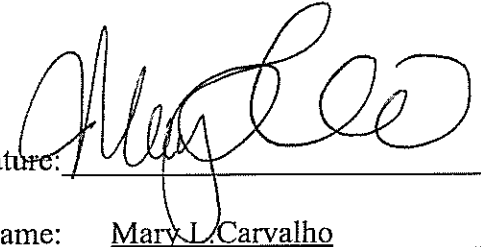
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of pneumococcal vaccination.</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>RCM spoke to the Power of attorney and asked to get permission to have the resident get the pneumococcal shot and be added to his records. The Power of Attorney and Resident had a conversation about the resident receiving the pneumococcal vaccination. Per resident, he is refusing to get the vaccination. Per DOH, because it is a requirement. POA gave a statement of refusal on behalf of the resident. Included in residents file.</p>	<p style="text-align: center;">06/01/2023</p> <p style="text-align: right;">23 JUL 25 P 1:08 STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)</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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS</p> <p>Resident #1 – On case manager’s care plan, resident is listed as “ambulatory – 1 person assist with walker.” Per staff, resident is bed bound and uses a wheelchair.</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 style="text-align: center;">RCM contacted RNCM. Updated RNCM of inaccurate information added to Care Plan. RNCM made changes and corrected the care plan. New updated care plan in file.</p>	<p style="text-align: center;">06/01/2023</p> <p style="text-align: center;">23 JUL 25 P 1:08</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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Licensee's/Administrator's Signature:



Print Name: Mary L. Carvalho

Date: 06/06/2023

23 JUL 25 P 1:08
STATE OF HAWAII
DOH-DHCA
STATE LICENSING