

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Knight's Victoria House</b>	<b>CHAPTER 100.1</b>
<b>Address: 268 Panio Street, Honolulu, Hawaii 96821</b>	<b>Inspection Date: May 4, 2023 Annual</b>

**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> (l) 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> Resident #1 – Annual physical assessment dated 11/21/22 with a diet order of “diabetic diet.” Special diet menu observed in facility did not meet “diabetic diet” criteria and no documented evidence that clarification was obtained regarding “diabetic diet.”</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><b>Client had a new PCP the following week after the inspection. New PCP made aware that the client is on a Diabetic Diet and there are different types of Diabetic Diet. Discussed with PCP which type of Diabetic diet he wants the client to follow. PCP states he wants to change client’s Diabetic Diet to Regular Diet.</b></p>	<p><b>05/09/2023</b></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l)  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>  Resident #1 – Annual physical assessment dated 11/21/22 with a diet order of “diabetic diet.” Special diet menu observed in facility did not meet “diabetic diet” criteria and no documented evidence that clarification was obtained regarding “diabetic diet.”</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><b>In the future, to ensure that it doesn't happen again, PCG will contact OHCA Nutritionist to review any special diet ordered by the PCP. The PCG will then develop special diet menu and request for OHCA Nutritionist to review the menu and get her approval prior to posting it.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #1 – Medication re-evaluation order dated 4/1/23 for Metoprolol had a hold parameter of “Hold for SBP &lt;110, P&lt;50.” However, on medication re-evaluation order dated 7/13/22, 11/21/22, and 2/1/23 did not have hold parameters present. No documented evidence that a discontinue order was received for hold parameters.</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><b>Client had a new PCP the following week after the inspection. PCP made aware that the client is on Metoprolol and there is no current order for holding parameter for blood pressure and heart rate. PCP added back holding parameters for blood pressure and heart rate the client had in previous orders. New order currently reflects in Physician Order and MAR.</b></p>	<p style="text-align: center;"><b>05/09/2023</b></p>

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<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #1 -- Medication Administration Record (MAR) from April to June 2022 had a medication order dated 4/1/23 for "Loperamide HCl 2mg tab PRN OTC. 2 tab PO after 1st stool and 1 tab each stool." However, no documented evidence of aforementioned medication on a signed physician order sheet dated 4/1/23.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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5/19/2023

Licensee's/Administrator's Signature:

X 

MaeAnn Arciaga  
Primary Care Giver  
Signed by: MaeAnn B Arciaga, RN

Print Name: **MaeAnn Arciaga**

Date: **05/19/2023**