

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalakaua Gardens	CHAPTER 90
Address: 1723 Kalakaua Avenue, Honolulu, Hawaii 96826	Inspection Date: June 22, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1,2 – Service plan was not updated to reflect current diet order, "Limited concentrated sweets diet, regular/regular level 7 texture, thin/thin level 0 consistency".</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 #1,2 service plan was updated on 6/27/23 to include current diet order of "limited concentrated sweets diet, regular/regular level 7 texture, thin/thin level 0 consistency"</p>	<p>6/27/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1,2 – Service plan was not updated to reflect current diet order, "Limited concentrated sweets diet, regular/regular level 7 texture, thin/thin level 0 consistency".</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>Facility will implement initial resident service plans before admission and revise within 30 days if necessary. The Director of Assisted Living or designee will monitor all new admissions and current residents to ensure service plans are in place and updated as necessary by utilizing the "Change in Service Plan form" All staff will be in-serviced on use of the form by Director of AL.</p>	<p style="text-align: center;">7/3/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p>FINDINGS Resident #2 – Service plan was not updated timely (at least annually) between 1/25/22-3/21/23.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2 – Service plan was not updated timely (at least annually) between 1/25/22-3/21/23.</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 Director of AL in-serviced the AL nurse and the Director of Memory Care on July 3, 2023 regarding timely completion of service plans. The Director of AL or designee will utilize electronic health record function to alert of upcoming service plans that are due for review. The Director of AL or designee will monitor service plans to ensure they are updated annually and as needed by using a calendar for tracking completion for three months.</p>	<p style="text-align: center;">7/3/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Medication order, “Furosemide tablet 20mg Give 2 tablet by mouth every 24 hours as needed for swelling”, was administered by unlicensed assistive personnel (UAP) without receiving delegation from a registered nurse (RN) on 12/7/22, 6/1/23, 6/4/23, 6/16/23, 6/17/23. No documented evidence of RN assessment to evaluate need for PRN medication, RN delegation of medication administration by UAP, or RN evaluation of resident following medication administration.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Medication order, “Furosemide tablet 20mg Give 2 tablet by mouth every 24 hours as needed for swelling”, was administered by unlicensed assistive personnel (UAP) without receiving delegation from a registered nurse (RN) on 12/7/22, 6/1/23, 6/4/23, 6/16/23, 6/17/23. No documented evidence of RN assessment to evaluate need for PRN medication, RN delegation of medication administration by UAP, or RN evaluation of resident following medication administration.</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 Director of AL in-serviced the staff RN and Med techs on July 3, 2023 regarding delegation process of prn medication administration. The procedure was implemented 7/3/2023. The Director of AL or designee will monitor prn medication administration by using a calendar for tracking for three months.</p> <ol style="list-style-type: none"> 1. Staff will notify staff RN when resident requests a prn medication. 2. RN will evaluate the need for the prn and document any pertinent information related to the request. 3. RN will delegate administration of the prn med to the Med Tech on duty. 4. RN to follow up on the effectiveness of the prn medication and documented. 	<p style="text-align: center;">7/3/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p>FINDINGS Resident #1 – No documented evidence health monitoring was provided for skin tears to determine if wounds resolved on the following dates: 7/5/22, 1/6/23, 2/18/23, 5/3/23</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence health monitoring was provided for skin tears to determine if wounds resolved on the following dates: 7/5/22, 1/6/23, 2/18/23, 5/3/23</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 Director of AL in-serviced licensed nurse for monitoring and documentation of skin concerns including skin tears. The Director of AL will monitor documentation to ensure that skin concerns have been resolved by using a calendar for tracking for three months.</p> <ol style="list-style-type: none"> 1. Staff to notify licensed nurse when a skin issue is identified. The licensed nurse is to evaluate and document the skin issue, type of skin issue, location, size. The primary provider and family will be notified. 2. The skin issue will be logged on the Skin Issue Log form and reviewed weekly. Document the progress of the skin issue until healed/resolved. 	<p style="text-align: center;">7/3/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the facility addressed “low salt eating plan” and “watch sodium in diet” with the resident’s physician. Resident currently prescribed furosemide for swelling of bilateral lower extremities.</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>The Director of AL, RN, clarified the diet order with the resident’s primary care provider. The clarification by the primary care provider was to add “No added salt” to the diet order. The new order is limited concentrated sweets with no added salt. The resident was educated by the RN and documented in health record. The resident’s service plan was updated.</p>	<p style="text-align: center;">7/3/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the facility addressed "low salt eating plan" and "watch sodium in diet" with the resident's physician. Resident currently prescribed furosemide for swelling of bilateral lower extremities.</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>Director of Assisted Living or designee will in-service all staff to ensure any changes to diet orders are communicated to the licensed nurse for updates and resident education. The medical record will be updated to include the documentation that this was completed.</p>	7/3/23

Licensee's/Administrator's Signature:

Bobby Lyman

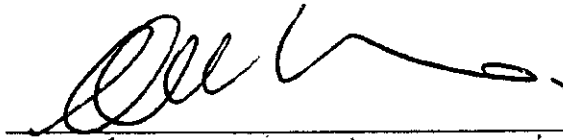
Print Name:

Bobby Lyman

Date:

7/6/23

Licensee's/Administrator's Signature:



Print Name:

Kervin Higashi

Date:

8/14/23