

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Living II ARCH/EARCH	CHAPTER 100.1
Address: 92-1238 Umena Street, Kapolei, Hawaii 96707	Inspection Date: April 19, 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
BOH-QUICA
STATE LICENSING

23 JUL 19 P4:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) 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><u>FINDINGS</u> Lunch menu not followed.</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>	

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☒	<p>§11-100.1-13 <u>Nutrition.</u> (b) 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><u>FINDINGS</u> Lunch menu not followed.</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>1) FUTURE PLAN: Effective immediately, four weekly menus will be utilized in a cycle including day of the week, date, and meals to be served. Weekly menus to be posted on the bulletin board by PCG/SCG and reviewed with staff daily to ensure meals served coincide with meal/nutrition schedule for breakfast, lunch, and dinner posted.</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> </div>	<p style="text-align: center;">6/30/2023</p> <div style="text-align: right; margin-top: 20px;"> <p>23 JUL 19 4:05</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No menu substitutions available.</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>2) FUTURE PLAN: PSC/SCG are responsible for documenting meal substitutes offered at time of substitution. A meal substitution form on the back of the weekly menu has been created and posted on the bulletin board. All caregivers/staff were provided an in-service regarding proper documentation of meal substitutes including the date, mealtime, and substitute served. The meal substitution form will be filed in the Policy Binder weekly and reviewed monthly by PCG/SCG to ensure the process is being followed and documented properly.</p>	<p style="text-align: center;">6/30/2023</p> <p style="text-align: right;">23 JUL 19 P4:35 STATE OF HAWAII DOH-CHCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Clobetasol ordered 1/4/2023 but did not appear on January 2023, or any subsequent medication administration records (MAR).</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>No transcription needed in MAR for January In March of 2023, resident was seen by Dr. Pino who reviewed the medications and placed a new order for Clobetasol on March 1, 2023. Clobetasol has been added to The MAR.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">23 JUL 25 AM 8:56</p>

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	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><u>FINDINGS</u> Resident #1 – PRN ordered Robitussin unavailable for resident.</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 style="text-align: center;">PCG/SCG will monitor medication bin and MAR monthly to make sure all medications are available as ordered for administration/</p>	<p style="text-align: center;">4/21/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – Medications not reevaluated and signed every four (4) months from 6/27/2022 to 1/4/2023.</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; vertical-align: middle;">03/13/2023</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Care plan states 1500 ml fluid restriction with nectar thick consistency; however, no documented evidence of order for fluid restriction or nectar thick liquids.</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>PCG/ SCG discussed with case manager Plan of Care documentation without MD order. CM review update and resolved other plan of care.</p>	<p>5/10/2023</p> <p style="text-align: right; font-size: small;">03-01-13-10-03</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date																
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (c)</u> The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Big fluctuations in residents' weights without documented evidence of physician notification.</p> <table border="1" data-bbox="306 711 947 935"> <thead> <tr> <th></th> <th colspan="3">2022 Weights</th> </tr> </thead> <tbody> <tr> <td>Resident #1</td> <td>April = 82</td> <td>May = 90</td> <td></td> </tr> <tr> <td>Resident #4</td> <td>April = 136 lbs.</td> <td>May = 130 lbs.</td> <td></td> </tr> <tr> <td>Resident #5</td> <td>March = 136 lbs.</td> <td>April = 130 lbs.</td> <td>May = 136 lbs.</td> </tr> </tbody> </table>		2022 Weights			Resident #1	April = 82	May = 90		Resident #4	April = 136 lbs.	May = 130 lbs.		Resident #5	March = 136 lbs.	April = 130 lbs.	May = 136 lbs.	<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>25 APR 21 11:29</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Excessive number of flies inside home.</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 style="text-align: center;">Future Plan</p> <p>Licensee/ PCG/ SCG will be responsible to utilize portable burner to cook outside the house for frying fish. Bug spray, deodorizer will be available all the time to eliminate flying insects.</p>	<p style="text-align: center;">4/19/2023</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – 10/12 continuing education hours completed within last year.</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's (M.T.) additional CEU certificate was misplaced. Enclosed is a copy of the January 21, 2023 in-service certificate to complete the annual required hours for year 2022.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;">6/30/2023</p> <p style="text-align: center;">23 JUL 19 P 4:35</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS Resident #1 – Comprehensive reassessments conducted yearly instead of every six (6) months.</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>73 08 21 07:50</p>

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Licensee's/Administrator's Signature: *Teresita Oculto*

Print Name: TERESITA OCULTO

Date: 5-31-2023

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Licensee's/Administrator's Signature: Teresita Oculto

Print Name: TERESITA OCULTO

Date: July 19, 2023

23 JUL 19 P4:36
STATE OF HAWAII
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STATE LICENSING