

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|--------------------------------------|
| Facility's Name: Regal Living Care Home LLC | CHAPTER 100.1 |
| Address: 94-414 Opeha Street, Waipahu, Hawaii, 96797 | Inspection Date: July 7, 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.

23 JUL 21 P 2:31
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician's notes dated 3/13/2023 stated, "Ensure supplement once a day." The order does not specify the type of Ensure and dosage.</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>We ask for an appointment to clarify orders. Written orders for resident to drink Ensure plus 1 bottle 8oz once a day only as needed for low appetite was obtained on 7/17/23 and filled it on resident binder and written and updated on MAR</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> | <p>7/21/23</p> <p>23 JUL 21 P2:31</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician's notes dated 3/13/2023 stated, "Ensure supplement once a day." The order does not specify the type of Ensure and dosage.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will do a check list to review the Dr's order before leaving the Dr's office. And if there's any clarification. I will follow up with the Physician for completeness of order within 2 to 3 days^{24 hours} after the appointment.</p> <p>And I will set up an reminder on my phone every 30th of each month to review and update of Dr's order</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> | <p>7/1/23</p> <p>23 JUL 21 P2:31</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Heart Healthy, Pureed solid, Mildly thick (nectar) liquids” on 3/1/2023. On 5/31/2023, the order was changed to “Regular Thin liquids.” Primary Care Giver (PCG) stated that Thick-it was used, but there was no order for a thickening agent.</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>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> | <p>23 JUL 21 P2:31</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Heart Healthy, Pureed solid, Mildly thick (nectar) liquids” on 3/1/2023. On 5/31/2023, the order was changed to “Regular Thin liquids.” Primary Care Giver (PCG) stated that Thick-it was used, but there was no order for a thickening agent.</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>Written order was obtained to use Thick-It to thicken liquids for the resident and filled it in resident binder.</p> <p>I will make a checklist to review the Dr's order before leaving the Dr's office, and if there's any clarification to follow up with the Physician within 24 hours to clarify for completeness of Dr's order.</p> <p>I will also set up an alarm on my phone every 30th of each month to review and update all Dr's order.</p> | <p>7/21/23</p> <p style="text-align: right;">23 JUL 21 P2:31</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA 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 – Current physician's order includes "Ketoconazole 2% cream apply cream twice a day as needed to affected area/groin." Indication for as needed use was not included.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Written order was obtained 7/17/23 for Ketoconazole 2% cream apply typically to affected groin area twice daily as needed for redness. And filled it in resident binder. Written and updated on MMR</p> | <p>7/21/23</p> <p>23 JUL 21 P2:30</p> <p>STATE OF HAWAII DOH-OHCA 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 – Current physician's order includes "Ketoconazole 2% cream apply cream twice a day as needed to affected area/groin." Indication for as needed use was not included.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward I will set up a monthly reminder on my phone every 30th of each month to review and update the MAR and cross matches it with the Dr's order to ensure accuracy. I will also do a checklist to review ^{the Dr's order} before leaving this office. And if there's a discrepancy, to contact the Physician office within 24 hours for clarification and completeness of orders.</p> | <p>7/21/23</p> <p>23 JUL 21 P 2:30</p> <p>STATE OF HAWAII DOH-016A 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 – Per medication administration record (MAR), Lansoprazole 30mg, 1tab, qd was discontinued on 4/14/2023. No discontinuation order on file. Current order no longer includes the medication.</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>23 JUL 21 P2:30</p> <p>STATE OF HAWAII DOH-DHCA 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 – Per medication administration record (MAR), Lansoprazole 30mg, 1tab, qd was discontinued on 4/14/2023. No discontinuation order on file. Current order no longer includes the medication.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>written order to D/C Lansoprazole 30mg was obtained and filed in resident binder</p> <p>I will do a checklist to review any additional or discontinued medication before leaving the Dr's office. And to follow up with the Physician's office within 24 hours if there is a discrepancy for clarification and completeness of orders.</p> <p>And I will set up an alarm on my phone every 30th of each month to review and update the MAR and cross match it with the Dr's order for accuracy.</p> | <p>7/21/23</p> <p>23 JUL 21 P2:30</p> |

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

| | 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 – “Lidocaine 4% cream as needed for pain-moderate” was ordered on 5/11/2023 and 5/26/2023. But the resident no longer uses it. PCG stated that the medication was discontinued. No discontinuation order was on file.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Written order to Discontinued Lidocaine 4% cream was obtained 7/17/23 and filled it in the resident binder</i></p> | <p><i>7/21/23</i></p> <p>23 JUL 21 P 2:30</p> <p>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 – “Lidocaine 4% cream as needed for pain-moderate” was ordered on 5/11/2023 and 5/26/2023. But the resident no longer uses it. PCG stated that the medication was discontinued. No discontinuation order was on file.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will do a check list of the medication order to review before leaving the Dr's office. And if there is a discrepancy to contact the Physician within 24 hours after the appointment for clarification and completeness of Dr's order.</p> <p>And I will set up an alarm on my phone every 24 hours each month to review and update the MAR against Physician order for accuracy.</p> | <p>7/21/23</p> <p>23 JUL 21 P2:30</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 – Self-preservation statement says the resident is not ambulatory. However, the resident was observed to be walking independently with a walker. The license capacity is ambulatory and fully ambulatory. Please clarify with the physician.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Current self preservation evaluation was updated and physician has certified resident of being able to comply with following directions and taking appropriate action for emergency condition. Written form was obtained 7/17/23 and filed it in the resident binder.</p> | <p>7/21/23</p> <p>23 JUL 21 P2:30</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1 – Self-preservation statement says the resident is not ambulatory. However, the resident was observed to be walking independently with a walker. The license capacity is ambulatory and fully ambulatory. Please clarify with the physician.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Moving forward, I will make and review follow the checklist to comply within the scope to the capacity of the approved licensed before admitting a resident. And to be more observant and be very careful when assessing a resident.</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> | <p><i>7/21/23</i></p> <p>23 JUL 21 P2:30</p> |

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

[Signature]
Lelizabeth Sait
7/21/23

23 JUL 21 P2:30
STATE OF HAWAII
DOH-CHCA
STATE LICENSING