

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: RCH - Kapalama | CHAPTER 89 |
| Address: 1330 Haloa Street, Honolulu, Hawaii 96817 | Inspection Date: June 30, 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
DEPARTMENT OF
STATE LICENSING

23 SEP 13 P4:10

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-89-2 <u>Definitions</u> As used in this chapter, unless a different meaning clearly appears in the context:</p> <p>"Licensed capacity" means the number of residents and specific restrictions, if any, stated on the license which limits the type of residents permitted by the director in a particular facility.</p> <p><u>FINDINGS</u> Resident #1 & Resident #2 – Care home is currently licensed for "Fully Ambulatory" residents, however, both residents are currently utilizing assistive walking devices.</p> <p>Resident #1 is currently in need of a walker as well as intermittent use of a gait belt and Resident #2 is currently utilizes a cane.</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>A request for waiver to the regulation was written and is being submitted with this POC.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> | <p>9/12/23</p> <p>23 SEP 13 P4:10</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-89-2 Definitions. As used in this chapter, unless a different meaning clearly appears in the context:</p> <p>"Licensed capacity" means the number of residents and specific restrictions, if any, stated on the license which limits the type of residents permitted by the director in a particular facility.</p> <p>FINDINGS Resident #1 & Resident #2 – Care home is currently licensed for "Fully Ambulatory" residents, however, both residents are currently utilizing assistive walking devices.</p> <p>Resident #1 is currently in need of a walker as well as intermittent use of a gait belt and Resident #2 is currently utilizes a cane.</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>As noted in the request for waiver letter, all future admissions in RCH home shall be fully ambulatory and able to self-preserve as required under regulations.</i></p> | <p><i>9/12/23</i></p> <p>23 SEP 13 PM 10</p> <p>STATE OF HAWAII CORPORAL STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS Certified Care Giver (CCG) – Evidence of two (2) hours of in-service hours were available during the annual inspection. Please submit evidence of six (6) more in-service hours.</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>The certified care giver completed the required number of hours of workshop/inservice. The evidence /proof of training hours were provided to the caregiver for her file. However, they were not available during the annual visitation. Another set was provided for the caregiver to keep for her file.</p> | <p>4/31/23 1/27/23 1/26/23</p> <p>7/5/23</p> |

STATE OF HAWAII
BCH-210A
STATE LICENSING

23 SEP 13 P4:10

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| <input checked="" type="checkbox"/> | <p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> Certified Care Giver (CCG) – Evidence of two (2) hours of in-service hours were available during the annual inspection. Please submit evidence of six (6) more in-service hours.</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><i>The caregiver was be provided with a separate file folder which now holds the evidence for trainings required of other caregivers requirements for easier access during inspection/re-licensing.</i></p> | <p style="text-align: right;"><i>7/5/23</i></p> <p style="text-align: right;">23 SEP 13 P4:10</p> |

STATE OF HAWAII
DHS-CHC
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (c)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u></p> <p>Resident #1 – The following Physician's signed orders dated 7/5/22 and renewed on 10/19/22, 1/19/23, and 5/15/23, are as needed or PRN medications, however the orders require clarification from Physician as they do not include an indication or instruction regarding when to administer the "as needed" medication:</p> <ul style="list-style-type: none"> - "Clotrimazole Cream 1%, apply topically twice daily PRN for up to 10 days at a time." - "Betamethasone Dipropionate Cream 0.05%, apply topically twice daily PRN for up to 10 days at a time." | <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>The nurse supervisor reviewed the standard with the caregiver.</p> <p>The nurse supervisor contacted Resident #1's PCP via fax on 8/29/23 for clarification and instruction regarding Clotrimazole Cream 1% and Betamethasone Dipropionate Cream 0.05% listed in the deficiency. The nurse supervisor received a response from the PCP's office via fax on 9/1/23 which stated the following:</p> <ol style="list-style-type: none"> 1) Clotrimazole Cream 1% apply topically twice daily PRN for rash in groin for up to 10 days at a time. 2) Betamethasone Dipropionate Cream 0.05% apply topically twice daily PRN for rash to both arms for up to 10 days at a time. <p>*Document attached to 90 day visit form and Medication Administration Record updated to reflect the change.</p> <p>The nurse supervisor provided a copy to the caregiver to file in resident #1's chart.</p> | <p>9/1/23</p> <p>23 SEP 13 PM 4:10</p> <p>STATE OF HAWAII DHHS STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u></p> <p>Resident #1 – The following Physician's signed orders dated 7/5/22 and renewed on 10/19/22, 1/19/23, and 5/15/23, are as needed or PRN medications, however the orders require clarification from Physician as they do not include an indication or instruction regarding when to administer the "as needed" medication:</p> <ul style="list-style-type: none"> - "Clotrimazole Cream 1%, apply topically twice daily PRN for up to 10 days at a time." - "Betamethasone Dipropionate Cream 0.05%, apply topically twice daily PRN for up to 10 days at a time." | <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>The Nurse Supervisor provided an in-service to the caregiver on 8/24/23 to discuss the actions to be taken prior to leaving the doctor's office. The caregiver is to read the physician notes and ask for clarification when a new medication is ordered. The caregiver will inform the doctor that medication order will need to have indication and instructions as to when to administer the medication. The caregiver to immediately request changes to orders prior to leaving the office so that changes will be made at that time.</p> | <p>9/1/23</p> <p>23 SEP 13 04:10</p> <p>STATE OF HAWAII DCH-OSCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none">- 6/3/22 Physician's signed order reads, "Refresh Optiv drops 0.5% - 0.9% one drop into both eyes QID PRN for dry red irritation".- On 7/5/22, Physician's signed order changes frequency from QID to BID, however, the change was not made to the medication administration record (MAR). | <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 DEPT. OF HEALTH STATE LICENSING</p> | 23 SEP 13 P4:10 |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (c)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 -</p> <ul style="list-style-type: none"> - 6/3/22 Physician's signed order reads, "Refresh Optiv drops 0.5% - 0.9% one drop into both eyes QID PRN for dry red irritation". - On 7/5/22, Physician's signed order changes frequency from QID to BID, however, the change was not made to the MAR. | <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>The Nurse Supervisor provided an in-service to the caregiver on 8/29/23 to discuss the actions to be taken prior to leaving the doctor's office. The caregiver is to read the physician's notes and ask for clarification when there are changes to existing medications (i.e. dose, route, frequency). Once the physician and caregiver are in agreement with the changes, the caregiver will transcribe the new order into the MAR & inform the nurse supervisor of the changes. The nurse supervisor to review the physician's order and visit during monthly on-site home visits to ensure compliance and verification of medication orders.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHHA STATE LICENSING</p> | <p>9/11/23</p> <p>23 SEP 13 P4:10</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (c)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 –</p> <p>9/9/22 Physician's signed order reads, "Refresh Optiv drops 0.5% - 0.9% one drop into both eyes QID <u>AND</u> Q 1hour PRN for red irritation".</p> <p>On 10/19/22, Physician's signed order reads, "Refresh Optiv drops 0.5% - 0.9% one drop into both eyes QID".</p> <p>However, since new order did not include PRN portion, a clarification order was required as to whether Physician wanted to either continue or discontinue PRN dose.</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 DEPT. OF HEALTH STATE LICENSING</p> | <p>23 SEP 13 P4:10</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards</u>, (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 -</p> <p>9/9/22 Physician's signed order reads, "Refresh Optiv drops 0.5% - 0.9% one drop into both eyes QID <u>AND</u> Q 1 hour PRN for red irritation".</p> <p>On 10/19/22, Physician's signed order reads, "Refresh Optiv drops 0.5% - 0.9% one drop into both eyes QID".</p> <p>However, since new order did not include PRN portion, a clarification order was required as to whether Physician wanted to either continue or discontinue PRN dose.</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>The nurse supervisor reviewed the standard with the caregiver.</p> <p>The nurse supervisor contacted Resident #1's ophthalmologist via fax on 8/29/23 regarding the PRN portion of Refresh Optiv drops and clarification on whether the order was to be continued or discontinued (PRN) dose.</p> <p>The nurse supervisor received a response from the ophthalmology office on 8/30/23 via fax which stated the following:</p> <ol style="list-style-type: none"> 1) Discontinue Refresh Optive per 9/19/22 visit 2) Baby shampoo and eyelids/washer daily <p>Lid hygiene care (see attached order).</p> <p>90 day visit form and MAR updated to reflect the change.</p> <p>The nurse supervisor provided a copy to the caregiver to file in resident #1's chart.</p> | <p>8/30/23</p> |

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

23 SEP 13 PM 4:10

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – On 1/30/23, Physician's signed order reads, "Ketoconazole 2% external shampoo, apply topically 1x/day to hair, lather for 5 minutes then rinse. Use until shampoo runs out", however, this medication is initialed as given on the MAR starting 1/19/23. No Physician's signed order for 1/19/23 available for review.</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 BOH-B.O.A. STATE LICENSING</p> | 23 SEP 13 P 4:10 |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (c)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1 – On 1/30/23, Physician's signed order reads, "Ketoconazole 2% external shampoo, apply topically 1x/day to hair, lather for 5 minutes then rinse. Use until shampoo runs out", however, this medication is initialed as given on the MAR starting 1/19/23. No Physician's signed order for 1/19/23 available for review.</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>Physician order for 1/19/23 attached which states: "Nizoral Shampoo QD x 3 and PRN"</i> <i>The caregiver to be reminded to file physician's order immediately from returning home from the visit to prevent misplacement.</i></p> | <p>9/1/23</p> <p>23 SEP 13 P4:11</p> <p>STATE OF HAWAII DCH-CHCA STATE LIC-43190</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (c)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p>FINDINGS</p> <p>Physician's signed orders dated 2/17/23 and renewed on 5/15/23 for, "Systane 0.4 - 0.3% Opth Soln, to both eyes 2x - 4x daily, warm compress to lid/lashes 2x/daily" was not transcribed to medication administration record (MAR).</p> <p>The Aforementioned 2/17/23 order goes not to read, "Baby shampoo to eye lids/lashes. Lid hygiene. This needs to be done routinely to prevent flare ups". In addition to not being transcribed to MAR, this portion of the order requires Physician clarification regarding frequency of the Baby shampoo as well as what exactly "Lid Hygiene" means.</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 nurse supervisor received a fax from Ophthalmologist on 8/30/23 with the following instructions regarding lid hygiene to be in the AM and HS:</p> <ol style="list-style-type: none"> 1) Treat both eyes, upper and lower eyelids 2) Place a warm wet washcloth/compress on gently closed eyelids for 3 to 5 minutes. This will soften up the oils and crustiness which accumulate on the eyelid edge. 3) Gently cleanse/scrub the base of the eyelashes and eyelid edges with a Q-tip dipped into water with baby shampoo. Dilute with water with ten parts water and 1 part baby shampoo. 4) Please continue with the warm compresses and lid scrubs described above on an indefinite basis. 5) Use artificial tears in both eyes 4 times per day and every hour as needed. Continue artificial tears one drop into both eyes every hour as needed for irritation and redness indefinitely. 6) You may cut the hot compresses & lid scrubs back to bed time only when symptoms improve. <p>MAR updated to include lid hygiene treatment.</p> <p>The nurse supervisor provided a copy to the caregiver to file in resident #1's chart.</p> | <p>23 8/30/23 P4:11</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (c)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u></p> <p>Physician's signed orders dated 2/17/23 and renewed on 5/15/23 for, "Systane 0.4 - 0.3% Opth Soln, to both eyes 2x - 4x daily, warm compress to lid/lashes 2x/daily" was not transcribed to medication administration record (MAR).</p> <p>The Aforementioned 2/17/23 order goes not to read, "Baby shampoo to eye lids/lashes. Lid hygiene. This needs to be done routinely to prevent flare ups". In addition to not being transcribed to MAR, this portion of the order requires Physician clarification regarding frequency of the Baby shampoo as well as what exactly "Lid Hygiene" means.</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>The nurse supervisor provided an in-service to the caregiver on 8/29/23 to discuss the actions to be taken prior to leaving the doctor's office. The caregiver to ask for clarification on orders that is not clearly written. The nurse supervisor to review the physician's order and what during monthly on-site home visits to ensure compliance and verification of treatment orders.</p> | <p>8/29/23</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>23 SEP 13 PM 11</p> |

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STATE OF HAWAII
DOH-910CA
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #2 - No documented evidence of Resident's initial two-step tuberculosis clearance available for review.</p> | <p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #2 was admitted on 4/14. He had his TB clearance on 7/14 & 4/15. Both clearances are on file. Caregiver was advised not to purge documents. The above clearances were reviewed & accepted from previous inspection/re-licensing.</p> <p align="right">STATE OF HAWAII DOH-SDCA STATE LICENSING</p> | <p align="right">9/1/23</p> <p align="right">23 SEP 13 P4:11</p> |

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Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

Michael P. Marsh

Date:

9-13-23

STATE OF HAWAII
BOH-CHLA
STATE LICENSING

23 SEP 13 P4:11