

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hilina`i Care Home, LLC	CHAPTER 100.1
Address: 94-250 Kipou Street, Waipahu, Hawaii 96797	Inspection Date: January 17, 2024 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Household member (HM) #1 – DOH Tuberculosis Clearance Certificate stated, “Tuberculin test: 5mm, Given: 01.12.2005, Read: 1/14/2005” and “2 Step – 1 st PPD given: 1/5/05.” 5mm of induration is considered negative. Thus, annual tuberculosis clearance (skin test) is required. There is no record available for annual tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (POC).</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 owns a walker and dentures, which was not recorded in a list of resident's personal items brought to the care home. Corrected during inspection.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Posted menus did not include portion sizes of each food.</p> <p>Please submit weekly regular diet menus (7 days) for department review.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Posted menus are too small for residents to see.</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>§11-100.1-15 <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</p> <p>-Physician’s orders dated 5/1/2023 and 11/3/2023 were “Famotidine (PEPCID) 20mg Oral Tab, Take 1 tablet by mouth every other day alternating with Omeprazole every other day for heartburn.” Per medication administration record (MAR), Famotidine was given for two consecutive days on 10/31/2023 and 11/1/2023, 12/31/2023 and 1/1/2024.</p> <p>-Physician’s orders dated 5/1/2023 and 11/3/2023 were “Omeprazole (PRILOSEC) 20mg Oral CPDR SR Cap, Take 1 capsule by mouth every other day 30 minutes before a meal, alternating with famotidine 20mg every other day for heartburn.” Per MAR, Omeprazole was given for two consecutive days on 12/30/2023 and 12/31/2023.</p> <p>Per MAR, physician’s order was not followed.</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>	

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 5/1/2023 and 11/3/2023 were “Carboxymethyl Cellulose (REFRESH CELLUVISC) 1% Opht DpGe, Instill 1 drop in both eyes 4 times a day. Use as needed for dry eye sensation.” Per MAR, the medication was given daily. No progress notes were recorded for Primary Care Giver (PCG)’s observation of the resident’s response to medication and needs for daily use.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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> HEIGHT AND MONTHLY WEIGHT RECORD form did not state years. Corrected during inspection.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><u>FINDINGS</u> An electric saw was placed in the back of the house outside near the table where residents sit during daytime. The saw was secured during inspection.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> In Resident's bedrooms #1 and #2, comfortable mattress pads were not available for residents' use. Corrected during inspection.</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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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____