

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohanalani L.L.C.	CHAPTER 100.1
Address: 5339 Oio Drive, Honolulu, Hawaii 96821	Inspection Date: October 10, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (b)(1)(l) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Substitute caregiver (SCG) #1 – No documentation of background check (fingerprint) clearance completed stating SCG has no prior felony or abuse convictions in a court of law.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 scheduled another fingerprint on 10/31/23 @ 10:40AM.. Will email the result to nurse consultant when available</p>	<p>10/18/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Substitute caregiver (SCG) #1 – No documentation of background check (fingerprint) clearance completed stating SCG has no prior felony or abuse convictions in a court of law.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will remind all SCGs to get their fingerprinting done on the year it is due.</p> <p>Will Make sure all results are on file before annual inspection.</p>	<p>10/18/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> No special diet menu available to accommodate the following residents' special diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #1 – Regular, mechanical soft, cubed (may have pureed solids as needed) ordered on 4/18/23</li> <li>• Resident #2 – Regular, mechanical soft, chopped solids (may have pureed solids as needed) ordered on 11/22/22</li> <li>• Resident #3 – Regular, may have pureed solids as per resident request due to denture issues, ordered on 9/1/23.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Consulted Dietician re: regular mechanical soft and pureed diet and was given instruction and examples to follow.</p> <p>- Menu changed to indicate regular mechanical soft, and pureed diet.</p> <p>- Completed a four cycle regular. mechanical soft, and pureed diet.</p>	10/26/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No physician order for the following medications noted in October 2022 MAR:</p> <ul style="list-style-type: none"> <li>• Mucinex Fast-max (cold, flu, sore throat) take 20 ml po Q4H PRN cough/sore throat – recorded as given on 10/25/22 and 10/26/22.</li> <li>• Azithromycin 250 mg tablets take 2 tabs po on day one, then take 1 tablet daily for 4 days. – recorded as given on 10/25/22-10/27/22</li> <li>• Paxlovid 300:100 mg dose pack, take 2 tabs (150 mg x 2 pink tabs) Nirmatrelvir together with 1 white Ritronavir 100 mg po twice a day for 5 days – recorded as given on 10/27/22-10/31/22.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Copy of the physician's orders were obtained from MD's office and emailed to nurse consultant.</p> <p>- Copy of physician's order filed in resident's chart.</p>	10/11/23

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☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – MAR shows the following medications were not initialed as given to, held, or refused by the resident:</p> <ul style="list-style-type: none"> <li>• Colace 100mg po BID on 1/31/23</li> <li>• Memantine 10 mg 2 tabs po Q HS on 1/31/23</li> <li>• Melatonin 5 mg po Q HS on 1/31/23</li> <li>• Vitamin 2 50000 units on 1/19/23, 2/16/23, 3/9/23, 6/8/23, and 9/28/23</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b><u>FINDINGS</u></b> Resident #1 – October 2022 progress notes show that a telephone order was obtained for the following medications; however, they were not recorded on the physician's order sheet, and no written confirmation from the physician was obtained.</p> <ul style="list-style-type: none"> <li>• Mucinex Fast-max (cold, flu, sore throat) take 20 ml po Q4H PRN cough/sore throat - noted on progress notes dated 10/25/22.</li> <li>• Azithromycin 250 mg tablets take 2 tabs po on day one, then take 1 tablet daily for 4 days. – noted on progress notes dated 10/25/22.</li> <li>• Paxlovid 300:100 mg dose pack, take 2 tabs (150 mg x 2 pink tabs) Nirmatrelvir together with 1 white Ritronavir 100 mg po twice a day for 5 days – noted on progress notes dated 10/27/22.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">- A copy of telephone order (faxed) was obtained from physician's office and recorded on POS.</p>	<p>10/11/23</p>

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<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #1 - October 2022 MAR shows Lipitor 20 mg po 3 times a week (M-W-F) was held on 10/28/22 and 10/31/22; however, the indication for holding the doses was not documented.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  All fire drills from October 2022 to September 2023 were conducted between 9:00 am and 5:00 pm. No fire drills were conducted during the 3<sup>rd</sup> or night shift.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Alteration in Hydration care plan was not updated to reflect changes for the following medications:</p> <ul style="list-style-type: none"> <li>• KCL 20MEQ/15ml (10%) take 7.5 cc po QD ordered on 10/4/22.</li> <li>• Vitamin D2 50000 units once every 2 weeks ordered on 4/18/23.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Notified resident's case manager of deficiency.</p> <p>- Case manager to make necessary changes and update care plan.</p>	<p>10/18/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Alteration in Hydration care plan was not updated to reflect changes for the following medications:</p> <ul style="list-style-type: none"> <li>• KCL 20MEQ/15ml (10%) take 7.5 cc po QD ordered on 10/4/22.</li> <li>• Vitamin D2 50000 units once every 2 weeks ordered on 4/18/23.</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- PCG and SCGs will check all care plans monthly and will notify resident's case manager for any discrepancy or changes that needs to be updated by case manager.</p>	<p>10/11/23</p>

Licensee's/Administrator's Signature: Nora V. Soriano-Trias

Print Name: Nora V. Soriano-Trias

Date: 10/27/2023