

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|--|---|
| Facility's Name: Suenaga II | CHAPTER 100.1 |
| Address: 45-390 Kamehameha Highway, Kaneohe, Hawaii 96744 | Inspection Date: August 1, 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.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

23 AUG 21 12:48

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <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> Resident #1 – Physician's order dated 6/17/23 states, "No added salt, no concentrated sweets/starch, low saturated fat/cholesterol diet"; however, primary caregiver (PCG) reports resident is consuming a regular diet.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> — yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called the physician for Resident # 1 and clarified with him that Resident #1 was on a regular diet w/ thin liquids. I also clarified the discrepancy on his electronically signed office note with the physical form he hand signed that stated Resident #1 was on a Regular diet.</p> <p style="text-align: right;">STATE OF HAWAII D&H-DHCA STATE LICENSING</p> | <p style="text-align: center;">8/4/23</p> <p style="text-align: center;">23 AUG 21 PM 2:48</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|---|
| <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> Resident #1 – Physician's order dated 6/17/23 states, "No added salt, no concentrated sweets/starch, low saturated fat/cholesterol diet"; however, primary caregiver (PCG) reports resident is consuming a regular diet.</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>In the future to ensure that this doesn't happen again I will obtain a separate piece of paper stating Resident's diet orders. I will also check the physician's office notes to make sure it reflects what's on the 'Diet order sheet'. I will make a section on the Diet order sheet that has a printed reminder to check both sheets.</p> | <p style="text-align: right;">8/4/23</p> <p style="text-align: right;">23 AUG 21 PM 2:48</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> |

| | 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> Resident #1 – Menu unavailable for special diet order dated 6/17/23, “No added salt, no concentrated sweets/starch, low saturated fat/cholesterol diet”.</p> <p>Submit diet menu with plan of correction.</p> | <p style="text-align: center;">PART I</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>I clarified w/ resident resident #1's physician that she was always on a regular diet and that his electronically signed office note had not been updated to state that resident #1 was on a regular diet.</p> <p>I noted the conversation in the residents progress notes and on the physician Record.</p> <p>I included a copy of my note note</p> | <p style="text-align: right;">Yes</p> <p style="text-align: right;">8/1/23</p> <p style="text-align: right;">23 AUG 21 11:24 8</p> |

STATE OF HAWAII
DDB-CHCA
STATE LICENSING

| | 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> Resident #1 – Menu unavailable for special diet order dated 6/17/23, “No added salt, no concentrated sweets/starch, low saturated fat/cholesterol diet”.</p> <p>Submit diet menu with plan of correction.</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>In the future to ensure that this doesn't happen again I will obtain a separate piece of paper stating resident's diet orders. I will also check to make sure that the physician's office notes reflects what is on the Diet order sheet.</p> <p>I will make a section on the Diet order form that has a reminder note to check both the diet order ^{form} & the electronic office note.</p> | <p style="text-align: center;">8/4/23</p> <p style="text-align: center;">23 AUG 21 PM 2:48</p> <p style="text-align: center;">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 – Physician’s diet order dated 6/17/23 states, “Boost Plus Liquid sig: 1-2 bottles daily as tolerated”; however, no documented evidence Boost is being provided.</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>I called the physician for Resident #1 and clarified that resident #1 was not to be taking Boost Plus and that he did not remove it from his electronically signed office note. I clarified the discrepancy between his electronic note and the ‘physician record’ provided by the care home. The physician said he would make the correction on his notes for future visits. I documented our conversation in the resident #1’s progress notes and on the physician Record.</p> | <p>yes</p> <p>8/4/23</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 – Physician’s diet order dated 6/17/23 states, “Boost Plus Liquid sig: 1-2 bottles daily as tolerated”; however, no documented evidence Boost is being provided.</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>In the future to ensure that this doesn't happen again I will compare ^{the} physicians electronic notes to the care home physician record before I leave the office to ensure both articles reflect the same orders. I will incorporate a note on the care home physician record to remind me to check both articles before I leave the office.</p> | <p style="text-align: right;">8/4/23</p> <p style="text-align: right;">73 AUG 21 P12:48</p> |

STATE OF HAWAII
BOH-OHCA
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident reports unavailable for resident's change in condition necessitating visit to emergency room on 5/11/23 and 5/16/23.</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;">STATE OF HAWAII DH-ORCA STATE LICENSING</p> | <p style="text-align: center;">23 JUN 21 P12:48</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident reports unavailable for resident's change in condition necessitating visit to emergency room on 5/11/23 and 5/16/23.</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;">To ensure that I do not miss creating an incident report I created a note that specifies when a report should be made. The note will be placed at the beginning of the incident report file so that it can be referenced easily.</p> | <p style="text-align: right;">8/4/23</p> <p style="text-align: right;">23 AUG 21 11:24:48</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOI-CHCA STATE LICENSING</p> |

Licensee's/Administrator's Signature: Stacy Perry

Print Name: Stacy Perry

Date: 8/14/23

STATE OF HAWAII
DOM-OHCA
STATE LICENSING

23 AUG 21 PM 2:47