

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Korean Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 525 Kiapu Place, Honolulu, Hawaii 96817</b>	<b>Inspection Date: September 18 &amp; 19, 2023 Annual</b>

**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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 Care Giver (SCG) #1 – No Fieldprint background check available.</p>	<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;">•</p> <p>SCG #1 took the necessary steps to meet the Department's requirements for obtaining an annual background check and is aware of the need to obtain a background check for two consecutive years and, subsequently, every other year (please see attached document).</p>	<p>11/10/2023</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 Care Giver (SCG) #1 – No Fieldprint background check available.</p>	<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>SCG #1 took the necessary steps to meet the Department's requirements for obtaining an annual background check and is aware of the need to obtain a background check for two consecutive years and, subsequently, every other year (please see attached document). 11/10/2023.</p> <p>The office manager employs a roster containing the names of employees along with the corresponding dates of Fieldprint acquisition. This roster is regularly reviewed and updated monthly, displayed on the office manager's wall. It serves as a reference for notifying staff members of any upcoming requirements one month prior to the due date. Additionally, this information is systematically stored in our inspection box located within the office for easy access and record-keeping.</p>	12/27/2023

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – First aid certification completed online.</p>	<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>SCG #2 successfully completed First Aid training on 11/6/23 and holds a valid certification in First Aid, CPR, and AED training. As for SCG #1, they were informed about the current status of their skills training but haven't yet submitted the required information. Consequently, their work schedule has been paused until the necessary certifications have been received. (Please refer to the attached document for more details.)</p>	<p>11/06/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – First aid certification completed online.</p>	<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>SCG #2 successfully completed First Aid training on 11/6/23 and holds a valid certification in First Aid, CPR, and AED training. As for SCG #1, they were informed about the current status of their skills training but haven't yet submitted the required information. Consequently, their work schedule has been paused until the necessary certifications have been received. (Please refer to the attached document for more details.) 11/06/23</p> <p>The office manager maintains a roster listing employees' names and the respective dates of First Aid/CPR acquisition. This roster serves as a reference for notifying our staff members, with weekly reminders, about upcoming requirements one month before the due date. Additionally, this information is systematically stored in our office's inspection box, ensuring easy access and effective record-keeping. We've communicated to our employees that any</p>	12/27/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – Cardiopulmonary resuscitation certification completed online.</p>	<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>SCG #1 was apprised of the status of the skills training portion but has not yet submitted the required information. Consequently, their work schedule has been paused until the necessary certifications have been received. SCG #2 has successfully completed full CPR re-certification (please refer to the attached document).</p>	<p>11/06/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – Cardiopulmonary resuscitation certification completed online.</p>	<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>he Office Manager (OM) and Director are ensuring that all SCGs and staff fulfill the complete First Aid certification requirements, including the skills portion. They've informed all the staff that when scheduling a class, it should include all components necessary for a valid certification. 09/25/23</p> <p>The office manager maintains a roster listing employees' names and the respective dates of First Aid/CPR acquisition. This roster serves as a reference for notifying our staff members, with weekly reminders, about upcoming requirements one month before the due date. Additionally, this information is systematically stored in our office's inspection box, ensuring easy access and effective record-keeping. We've communicated to our employees that any independently pursued courses outside our HR services must include both the didactic and skills portions for certification completion.</p>	12/27/2023

	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><b><u>FINDINGS</u></b> Portion sizes for the lunch meal were not followed per the facility menu. Menu included two ounce portions of tofu stir fry and two ounces of rice; however, portion sizes served were one ounce tofu stir fry and one ounce of rice.</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>	<p>09/22/2023</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No signed, current medication orders upon admission.</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>	<p>09/25/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No signed, current medication orders upon admission.</p>	<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>Upon admission, all necessary documentation, including current medication orders, will undergo a thorough review to ensure accuracy and completeness. The Provider will sign and date the admission form to verify the accuracy of the information, and documents will be placed in the resident chart. 9/25/23</p> <p>The state admission checklist has been integrated to ensure compliance with all specified requirements for admissions. Additionally, we have implemented a multi-step review process involving the ED, office manager, RN, and SCG.</p>	12/27/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 and #2 – Monthly progress notes do not include observations of the residents' response to medications.</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>	<p>09/22/2023</p>

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Licensee's/Administrator's Signature: Kanani Ornellas

Print Name: Kanani Ornellas

Date: Nov 13, 2023

Licensee's/Administrator's Signature: *Kanani Ornellas*

Print Name: Kanani Ornellas

Date: Dec 27, 2023