Office of Health Care Assurance

**State Licensing Section** 

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (918)	CHAPTER 100.1
Address: 918 12 <sup>th</sup> Avenue, Honolulu, Hawaii 96816	Inspection Date: December 18, 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

## FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
<ul> <li>§11-100.1-15 <u>Medications.</u> (a)</li> <li>All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee,</li> </ul>	PART 1 DID YOU CORRECT THE DEFICIENCY?	Date
primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
<b>FINDINGS</b> Resident #1 – Ziploc bag filled with ½ tabs of Calcium Citrate, Magnesium and Zinc supplements found with resident's medications. Supplements removed from original container, halved, and stored in Ziploc bag with hand- written label.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
1 811 100 1 15 Medications (a)		Date
	PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Completion Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. <b>FINDINGS</b> Resident #2 – 12/1/2023 order for Acetaminophen = 325 mg – 2 tabs orally every six (6) hours as needed for mild pain or temperature of 100.4 degrees Fahrenheit or higher, not to exceed 3 grams from all sources. Medication label missing added "as needed indication of temperature 100.4 degrees Fahrenheit or higher."	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <b>FINDINCS</b> Resident #1 – Per 11/2/2023 incident report, resident was laying in bed yelling for help. He had a bottle of another resident's medication and said he took it. According to incident report, resident was in the medication closet earlier but staff did not know he took any medications. Unclear as to how resident ended up in medication closet, but medications were not secured as resident had walked out with a bottle.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
		Date
§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS Resident #1 – Per 11/2/2023 incident report, resident was laying in bed yelling for help. He had a bottle of another resident's medication and said he took it. According to incident report, resident was in the medication closet earlier but staff did not know he took any medications. Unclear as to how resident ended up in medication closet, but medications were not secured as resident had walked out with a bottle.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	
FINDINGS         Resident #1 – Order for hypertonic nasal wash (sinus rinse bottle kit) = rinse each nostril one (1) time per day as needed for sinus congestion, use with salt pack. Sinus kit not currently available for resident's use.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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.	PART 2 <u>FUTURE PLAN</u>	Date
<b>FINDINGS</b> Resident #1 – Order for hypertonic nasal wash (sinus rinse bottle kit) = rinse each nostril one (1) time per day as needed for sinus congestion, use with salt pack. Sinus kit not currently available for resident's use.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

Licensee's/Administrator's Signature:

Print Name:

Date: \_\_\_\_\_