Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Eono, LLC	CHAPTER 100.1
Address: 45-338 Makalani Street, Kaneohe, Hawaii 96744	Inspection Date: December 27, 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 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 – Supplement order = "Calcium 600 mg – Vitamin D3 10 mcg, 1 tab by mouth once a day." Supplement on hand = "Caltrate Bone Health – 600 mg Calcium and Vitamin D3 20 mcg. Supplement on hand does not match order.	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
	by a physician of APRN. FINDINGS Resident #1 – Supplement order = "Calcium 600 mg – Vitamin D3 10 mcg, 1 tab by mouth once a day." Supplement on hand = "Caltrate Bone Health – 600 mg Calcium and Vitamin D3 20 mcg. Supplement on hand does not match order.	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> (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. FINDINGS Resident #1 – On 5/24/2023, facility received verbal order to discontinue all "as needed" Acetaminophen medication orders. Physician signed discontinue orders; however, there was no date next to the physician's signature. In addition, bottom of order page says, "Sent by Patricia Borman, MD on December 5, 2023." Unable to verify medication orders were signed within four (4) months of verbal order.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
\square	§11-100.1-15 <u>Medications.</u> (h)	PART 2	
	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	FUTURE PLAN	
	visit and not later than four months from the date of the		
	verbal order for the medication.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
		PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	FINDINGS	IT DOESN'T HAPPEN AGAIN?	
	Resident $\#1 - On 5/24/2023$, facility received verbal order to		
	discontinue all "as needed" Acetaminophen medication orders. Physician signed discontinue orders; however, there		
	was no date next to the physician's signature. In addition,		
	bottom of order page says, "Sent by Patricia Borman, MD		
	on December 5, 2023." Unable to verify medication orders		
	were signed within four (4) months of verbal order.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
 §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – December 2022 and January 2023 progress notes say, "Resident tolerates current diet orders. Regular diet, thin liquids, chopped texture." However, resident's diet during December 2022 and January 2023 was, "Regular diet, chopped texture and thin liquids through a straw was ordered on 2/1/2023. 	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
N			Date
\square	§11-100.1-17 <u>Records and reports.</u> (b)(3)	PART 2	
	During residence, records shall include:		
	Progress notes that shall be written on a monthly basis, or	FUTURE PLAN	
	more often as appropriate, shall include observations of the		
	resident's response to medication, treatments, diet, care plan,	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	any changes in condition, indications of illness or injury,	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	behavior patterns including the date, time, and any and all	IT DOESN'T HAPPEN AGAIN?	
	action taken. Documentation shall be completed		
	immediately when any incident occurs;		
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	FINDINGS Resident #1 – December 2022 and January 2023 progress		
	notes say, "Resident tolerates current diet orders. Regular		
	diet, thin liquids, chopped texture." However, resident's diet		
	during December 2022 and January 2023 was, "Regular		
	diet, regular texture, and thin liquids (ordered 7/22/2022).		
	Regular diet, chopped texture and thin liquids through a		
	straw was ordered on 2/1/2023.		

Licensee's/Administrator's Signature:

Print Name:

Date: _____