

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care A, LLC	CHAPTER 100.1
Address: 2649 A Huapala Street, Honolulu, Hawaii 96822	Inspection Date: December 11-12, 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>§11-100.1-19 <u>Resident accounts.</u> (b) Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – Annual tuberculosis clearance not signed by a physician or APRN.</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>Educated staff to have MD sign DOH TB clearance form along with their skin test results. Human Resources will check all initial and annual qualifications for accuracy and completion according to the anniversary date of the staff qualifications. Additionally, HR checks all staff qualifications for accuracy monthly and provides staff with a two-month notice of staff qualifications expiring. DON will check staff qualifications quarterly to ensure all documents are accurate and complete per DOH regulations.</p>	01/26/2024

	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><u>FINDINGS</u> Resident #2 – Progress notes did not reflect the current diet order, “low potassium,” ordered 2/10/23, 5/30/23, and 9/8/23.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	12/14/2023

	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><u>FINDINGS</u> Resident #2 – Progress notes did not reflect the current diet order, “low potassium,” ordered 2/10/23, 5/30/23, and 9/8/23.</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>Staff were reeducated on monthly summaries and the importance of correct diet documentation. To ensure this does not happen again, both house SCGs must review the monthly summary and sign off on it at the end of the month. This will help ensure that the monthly summary is correct and that the diet reflects residents' current diet.</p>	01/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> No monthly fire drill in September and November 2023.</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>12/14/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> No monthly fire drill in September and November 2023.</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>DON reeducated Care Home staff on monthly fire drills and how they must be conducted each month at varying times of day. To ensure this does happen again, staff to review fire drill log each month when they do their monthly summary. DON/ADON/NM will conduct monthly audits of fire drill binders to be sure that policy is being followed and fire drills are not being missed.</p>	01/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – Last time case manager reviewed care plan was April 2023. No case management waiver obtained for resident.</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>Sent Case Managment Waiver to DOH 12/14/23 for review and approval. The resident was discharged from hospice and started Case management again; when readmitted to Hospice on 5/3/23, PCG did not send out a new waiver for the resident.</p>	<p>12/14/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – Last time case manager reviewed care plan was April 2023. No case management waiver obtained for resident.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Once a resident is known to be transitioning to hospice care, DON/ADON/NM will immediately fill out a DOH Case Management Waiver letter and have the family sign. DON/ADON/NM will then mail to DOH for review. Every year thereafter, DON/ADON/NM will begin processing the annual waiver review and send it out to DOH 1 month prior to expiration for review. To ensure waivers are processed prior to expiration, DON/ADON/NM will have a spreadsheet with due dates to keep track of soon-to-be-expired waivers.</p>	<p>12/14/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No face-to-face contacts with the expanded resident every thirty days. Last case manager visit was in April 2023.</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>Sent Case Management Waiver to DOH 12/14/23 for review and approval. The resident was discharged from hospice and started Case management again; when readmitted to Hospice on 5/3/23, PCG did not send out a new waiver for the resident.</p>	<p>12/14/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No comprehensive reassessment, of expanded resident. Last case manager visit was in April 2023.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Sent Case Managment Waiver to DOH 12/14/23 for review and approval. The resident was discharged from hospice and started Case management again; when readmitted to Hospice on 5/3/23, PCG did not send out a new waiver for the resident.</p>	<p>12/14/2023</p>

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Licensee's/Administrator's Signature: JoAnna Vietor

Print Name: JoAnna Vietor

Date: Jan 12, 2024

Licensee's/Administrator's Signature: JoAnna Vietor

Print Name: JoAnna Vietor

Date: Jan 26, 2024