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,	PART 1	12/27/2023
	minerals, and formulas, shall be made available as ordered by a physician or APRN.	DID YOU CORRECT THE DEFICIENCY?	
,	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	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Calcium and Vitamin D3 20 mcg. Supplement on hand does not match order.	Obtained a new order from Dr. Borman for Caltrate Bone Health 600 mg Calcium and Vitamin D3 20 mcg and discontinued the previous order. I've attached the sign	
		orders.	

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 2 <u>FUTURE PLAN</u>	12/27/2023
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? When receiving OTC medications, PCG will have a secondary caregiver review the order and ensure the bottle matches the order from MD.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (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	PART 1	12/27/2023
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.	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
§11-100.1-15 Medications. (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.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG will revise the order form to include a date next to the MD signature area for future. After receiving new orders, PCG will have a secondary caregiver review the order form to ensure all requirements are present.	Date 12/27/2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-17 Records and reports. (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; 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.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date 12/27/2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 2	12/27/2023
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; 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.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG will fill out and review documents first. Then substitute caregiver will review documents later that same day to ensure accuracy and proper completion of documentation	

Licensee's/Administrator's Signature:	Kawena Jennings	
Print Name:	Kawena Jennings	
Date:	Feb 7, 2024	