

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Kokua Gardens | CHAPTER 100.1 |
| Address: 340-B Kawainui Street, Kailua, Hawaii 96734 | Inspection Date: November 21, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

23 DEC 26 P 1:13
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|-------------------------|
| <input checked="" type="checkbox"/> | <p>§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.</p> <p>FINDINGS Two jars of Triamcinolone Acetonide 0.1% cream with no label found unsecured in Bathroom #1 cabinets.</p> <p>Primary care giver (PCG) removed and secured the medication during the time of inspection.</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> | <p>23 DEC 26 P 1:13</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1-</p> <ol style="list-style-type: none"> 1. Physician ordered on 8/18/22 for "Furosemide 20 mg Take 1 tab PO daily PRN for swelling", however, medication was not recorded on the Medication Administration Record (MAR) from 8/2022 to 7/2023. 2. Physician ordered on 7/6/23 for "Senna Plus 8.6-50 mg Take 2 tablets PO QHS", however, medication was recorded on June 2023 and July 2023 MAR to be given daily from 6/1/23 to 7/7/23, and was stopped from 7/8/23 to 7/31/23. | <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 style="text-align: right;">23 DEC 26 P1:13</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1- Physician ordered on 10/3/22 for "Senna Plus 8.6-50 mg Take 2 tabs PO QHS PRN for constipation", however, no PRN indication provided between 11/2022 to 5/2023 and 7/2023 MAR.</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 style="text-align: right;">23 DEC 26 P 1:13</p> |

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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 #1- Physician ordered on 10/3/22 for "Senna Plus 8.6-50 mg Take 2 tabs PO QHS PRN for constipation", however, medication was administered daily as observed on MAR from 11/1/2022 to 5/31/2023 and 7/1/23-7/7/23 with no documentation of PRN reason and effectiveness.</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> | <p>23 DEC 26 P1:13</p> <p>START AT 09:00:11 SCAN AT 09:00:11</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - November 2022 and May 2023 MAR were signed by PCG in blue ink.</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> | <p>23 DEC 26 P 1:13</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE COLLEGE STAFF DEVELOPMENT</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident #1- White out was used in rate section of Policy and Procedure and Plan of Care.</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 style="text-align: right;">23 DEC 26 P 1:13</p> <p style="text-align: right; font-size: small;">STATE OF INDIANA STATE DOCUMENTS</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG completed 11 out of the 12 hours of continuing education courses per year.</p> <p>Please complete an additional 1 hour of continuing education and submit verification with your plan of correction to be counted towards your 2023 annual inspection.</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 style="text-align: center;">- ATTENDED EXTRA 2 HOURS OF CONTINUING EDUCATION UNITS ON NOVEMBER 22, 2023. BLOODBORNE PATHOGENS AND INFECTION CONTROL.</p> | <p style="text-align: center;">11/22/23</p> <p style="text-align: right;">23 DEC 26 PM 1:13</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG completed 11 out of the 12 hours of continuing education courses per year.</p> <p>Please complete an additional 1 hour of continuing education and submit verification with your plan of correction to be counted towards your 2023 annual inspection.</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>In the future to prevent this deficiency from happening again, I as a PCG will ensure to sign up all the upcoming continuing education classes for the SCG and myself. I will ensure that 12 units of credits will be completed before the inspection. I created a checklist and place in the Carehome binder to track all the continuing education courses and I as a PCG will review this checklist monthly.</p> | <p>01/24/2024</p> |

Licensee's/Administrator's Signature: Lynda Odum

Print Name: LYNDA ODUM

Date: 12/20/23

STATE OF OREGON
DEPARTMENT OF
STATE LICENSING

23 DEC 26 P1:13

Licensee's/Administrator's Signature: Lyndon Odrunia

Print Name: lyndon Odrunia

Date: Jan 24, 2024