## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prime Health Services Care Home II	CHAPTER 100.1
Address: 107 B Kilea Place, Wahiawa, Hawaii 96786	Inspection Date: November 28, 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
§11-100.1-13 Nutrition. (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.  FINDINGS  Resident #2 — "Pureed diet and pudding thickened liquids" ordered on 10/19/23. However, no special diet menu available.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  PCG requested new sets of four weeks MENU to contracted Registered Dietician with Special Diets included, and posted in Kitchen and Dining Area.	12/04/2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered	PART 2	12/04/2023
by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents	<u>FUTURE PLAN</u>	
requiring such diets.  FINDINGS  Resident #2 – "Pureed diet and pudding thickened liquids" ordered on 10/19/23. However, no special diet menu available.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  There will be a posted reminder near the menu to remind PCG to check diet ordered by doctor after each doctor's visit. This note will be seen on a daily basis each time PCG/SCG prepares food. If there is a change in special diet, PCG will call contracted RD to generate a special diet menu specific to resident (s).	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 Nutrition. (I) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.  FINDINGS Resident #3 – "Low Salt" diet ordered on 7/3/23, however no special diet menu available.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  PCG notify and requested Registered Dietician to update a Low salt diet that will include in four weeks Menu plans.	12/04/2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-13 Nutrition. (I) Special diets shall be provided for residents only as ordered	PART 2	<b>Date</b> 12/04/2023
by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.	<u>FUTURE PLAN</u>	
FINDINGS	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
Resident #3 – "Low Salt" diet ordered on 7/3/23, however no special diet menu available.	IT DOESN'T HAPPEN AGAIN?	
	There will be a posted reminder near the menu to remind PCG to check diet ordered by doctor after each	
	doctor's visit. This note will be seen on a daily basis each time PCG/SCG prepares food. If there is a change	
	in special diet, PCG will call contracted RD to generate a special diet menu specific to resident (s).	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(5) During residence, records shall include: Entries detailing all medications administered or made available;	PART 1	
FINDINGS Resident #1 – July Medication Administration Record observed "Quetiapine 75mg PRN for agitation" administered on 7/1/23 and 7/2/23, however no documentation of reason for administration of PRN and response to PRN medication.	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
$\boxtimes$	§11-100.1-17 Records and reports. (b)(5) During residence, records shall include:	PART 2	12/04/2023
	Entries detailing all medications administered or made	FUTURE PLAN	
	available;  FINDINGS  Resident #1 – July Medication Administration Record observed "Quetiapine 75mg PRN for agitation" administered on 7/1/23 and 7/2/23, however no documentation of reason for administration of PRN and response to PRN medication.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  PCG will document on progress notes when Resident's are given as needed medications, and will follow up for effectiveness and continue to monitor as protocol.  A reminder Note posted on a care home binder to Audit MARs monthly to make sure PRN medications are documented to include effectiveness.	

Licensee's/Administrator's Signature:	Rafael Antonio	
Print Name:	Rafael Antonio	
Date:	12/06/2023	