

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Ku`ike Pali, LLC	CHAPTER 100.1
Address: 2627 Pali Highway, Honolulu, Hawaii 96817	Inspection Date: March 6, 2024 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
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/14/23 states, “Creon DP 12,000 unit capsule, [1 cap] by mouth three times a day w/ meals”; however, previous order for “creon 12,000-38,000 unit oral capsule [1 cap] PO daily” was not discontinued.</p> <p>Submit discontinued order with plan of correction.</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>RN on duty contacted PCP/APRN to clarify Creon dosing frequency on 3/21/24.</p>	<p style="text-align: center;">03/21/2024</p>

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☒	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/14/23 states, “Creon DP 12,000 unit capsule, [1 cap] by mouth three times a day w/ meals”; however, previous order for “creon 12,000-38,000 unit oral capsule [1 cap] PO daily” was not discontinued.</p> <p>Submit discontinued order with plan of correction.</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>Moving forward, RNs will document clear instructions of any medication changes, dose increases, and dose decreases. DON/RN or second RN will double check to ensure medication directions are clarified within 24 hours of receiving the new orders.</p> <p>-Upon RN receiving the order from the MD/APRN, the RNs will check the date that the MD/APRN signed the order to ensure it’s current, check when the fax was received, and ensure that the order is processed within 24 hours. The RNs were given verbal directions by the DON to notify the DON once the order for the medication direction clarification is received and processed to verify that it was processed within 24 hours. Completed first round of in-service for current RNs by 4/19/2024.</p>	<p style="text-align: center;">04/19/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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’s visit record dated 10/31/23 states resident was seen for a neck rash; however, no documented evidence of rash occurring and/or rash being monitored. Status of rash unknown.</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>	

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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’s visit record dated 10/31/23 states resident was seen for a neck rash; however, no documented evidence of rash occurring and/or rash being monitored. Status of rash unknown.</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>Review of skin assessment forms are scheduled weekly every Saturday on the Nursing calendar, which serves as the reminder for RNs to check all active skin assessments. If an immediate change of skin condition is observed by staff, the RN on duty will be reminded to note the observation of the skin change immediately on the skin assessment form and interdisciplinary nursing notes.</p>	<p style="text-align: center;">04/19/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable. Last inventory completed on 1/4/23.</p> <p>Submit a current copy with plan of correction.</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>Resident's inventory was completed on 3/7/24. See attachment for updated inventory.</p>	<p style="text-align: center;">03/07/2024</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence case manager provided training on daily personal and specialized care to primary caregiver (PCG) and substitute caregivers (SCGs).</p> <p>Submit a detailed copy of training conducted and topics covered for PCG and SCGs.</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>Resident’s nursing education and delegation of special skills list was discovered in archived files with Resident’s full chart. See attachment of resident’s nursing education and delegation of special skills list.</p>	03/07/2024

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1,2 – Care plan dated 3/5/24 states, “Caregiver to check clients diaper every 2 waking hours and as needed”; however, no documented evidence this task is being completed in a timely manner.</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>	

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☒	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1,2 – Care plan dated 3/5/24 states, “Caregiver to check clients diaper every 2 waking hours and as needed”; however, no documented evidence this task is being completed in a timely manner.</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>The nursing order of time sensitive tasks that are noted on the resident's treatment page will be checked by an RN during daily shift reports to ensure the task was completed on time. If not, a verbal reminder will be given to all staff during daily shift report to be completed and documented in a timely manner. For any new nursing order of time sensitive tasks are to be completed, an in-service will be done by RNs and DON. Completed first round of in-service for current RNs by 4/19/2024.</p>	<p style="text-align: center;">04/19/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1 – Physician’s evaluation dated 5/22/22 states resident is intermediate nursing care level; however, no documented evidence case management services were provided between 5/22/22-5/22/23.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #2 – "Nutritional management" care plan did not include measurable goals for weight. No weight goal and/or weight parameters included.</p> <p>Submit an updated care plan with plan of correction.</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>Date corrected: March 11, 2024. See attached care plan document with measurable goals for weight added.</p>	<p>03/11/2024</p>

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Licensee's/Administrator's Signature: Kristin Nishioka, RN

Print Name: Kristin Nishioka, RN

Date: 03/28/2024

Licensee's/Administrator's Signature: *Kristin Nishioka, RN DON*

Print Name: Kristin Nishioka, RN DON

Date: 04/22/2024