Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hiki Mai Ka Lā	CHAPTER 98
Address: 94-371 Kahuawai Street, Waipahu, Hawaii 96797	Inspection Date: March 12, 2024 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTIONSIF 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.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-05 Dietetic services. (b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietitian. FINDINGS No documented evidence that the facility received training from the consultant dietician.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, the deficiency was corrected. Program staff were trained, however, there was no documented evidence to verify staff attendance to the training. On June 6, 2023, the previous Clinical Lead/Food Services Manager, was trained by the program's Registered Dietitian. In addition, per the previous Clinical Lead/Food Services Manager, the program's Registered Dietitian conducted a training for all newly hired program staff on October 10, 2023. However, there was no sign-in sheet as requested by the OHCA Nutritionist to verify staff attendance. Since then, the program has implemented the use of the Staff Development Attendance Sheet to document and verify staff attendance to required trainings.	6/1/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-98-05 <u>Dietetic services</u> . (b) Overall supervisory responsibilities for the food service	PART 2	6/13/2024
	shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such	<u>FUTURE PLAN</u>	
	training from the consultant dietitian.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
<u></u>	FINDINGS No documented evidence that the facility received training from the consultant dietician.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		To ensure that this does not happen again, the program's Associate Island Director will ensure the trainings with the program's Registered Dictitian are held annually and documented accordingly using the Staff Development Attendance Sheet. This document will capture the training title, description of training, trainer/facilitator's	
		name, start and end date of training, duration, mode (online, internal, external) and staff attendance/sign-in. Next training with the program's Registered Dietitian is scheduled for October 29, 2024.	
		The Staff Development Attendance Sheet will then be submitted to the agency's Training Department and recorded in each staff's training transcript.	
		When needed, the Training Department will provide evidence that the training was completed to ensure compliance.	13 3 M S 13 2 13 13 13 13 13 13 13 13 13 13 13 13 13
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
×	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which	PART 1	3/12/2024
	contain the following:	DID YOU CORRECT THE DEFICIENCY?	
	A complete record of each medication utilized by the resident;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Observed the following expired facility stock medication: "Phenylephrine 5mg tablets" and "Flinestones Multivitamins."	Yes, the deficiency was corrected. Program's Registered Nurse disposed of the Phenylephrine 5mg tablets and Flinstones Multivitamins on March, 12, 2024, when she was made aware of this finding.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which	PART 2	6/13/2024
	contain the following:	<u>FUTURE PLAN</u>	
	A complete record of each medication utilized by the resident;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	FINDINGS Observed the following expired facility stock medication: "Phenylephrine 5mg tablets" and "Flinestones Multivitamins."	IT DOESN'T HAPPEN AGAIN?	
		To ensure that this does not happen again in the future, the program's Registered Nurse implemented a Monthly Over-The-Counter (OTC) Medication Log.	
		The program's Registered Nurse will initial and date verifying that each OTC medication in the medication cabinet is being monitored weekly, to ensure that the medications are not expired.	
		Expired medications will be disposed of and replaced promptly by the program's Registered Nurse.	i·
		The Monthly OTC Medication Logs will be posted in the medication cabinet on each floor and will be tracked weekly.	
		All Monthly OTC Medication Logs will be kept in an OTC Binder for review and reference as necessary.	IS S
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Licensee's/Administrator's Signature:Linda C. Fox, Ph.D.	
Print Name:	Linda Fox, Ph.D., Interim Chief Program Officer
Date:	6/18/2024

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