

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|--|---|
| Facility's Name: Ho'omanu Ke Ola II | CHAPTER 100.1 |
| Address: 84-1006A Farrington Highway, Waianae, Hawaii 96792 | Inspection Date: February 27, 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. 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 |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-98-05 <u>Dietetic services.</u> (a) A special treatment facility shall have a written plan describing the organization and delivery of dietetic services and the utilization of the services of a qualified dietitian as required herein.</p> <p>FINDINGS No documented evidence that the facility utilized the services of a qualified Consultant Registered Dietitian (RD). RD service contract and documentation of dietetic registration of RD were not submitted.</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;">HKO contracts and utilizes a qualified RD. Signed contract, and CRD Card sent to OHCA via email on 05/06/2024.</p> <p style="text-align: center;">JUL 27 12:02</p> | <p style="text-align: center; vertical-align: middle;">7/8/24</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-98-05 Dietetic services. (a) A special treatment facility shall have a written plan describing the organization and delivery of dietetic services and the utilization of the services of a qualified dietitian as required herein.</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the services of a qualified Consultant Registered Dietitian (RD). RD service contract and documentation of dietetic registration of RD were not submitted.</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 style="text-align: right;">07/08/2024</p> <p style="text-align: right;">24 JUL 22 10:10</p> |

HR will set a reminder a calendar one (1) month prior to RD's contract expiration, to sign a new contract.

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|--|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-98-05 <u>Dietetic services.</u> (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.</p> <p><u>FINDINGS</u> No documented evidence that the food service manager received training from the Consultant RD. Evidence of training was not submitted.</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: right;">7/8/24</p> |
| <p>Training materials signed by RD and FSM sent to OHCA via email on 05/06/2024.</p> | | | |
| <p>24 JUL 22 PM 02</p> | | | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p>§11-98-05 <u>Dietetic services.</u> (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.</p> <p><u>FINDINGS</u> No documented evidence that the food service manager received training from the Consultant RD. Evidence of training was not submitted.</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 style="text-align: center;">FSM meets with RD on a quarterly basis for trainings via zoom or in person, FSM and RD review client menu, health & nutrition facts, and suitable menu replacement items.</p> | <p style="text-align: right;">07/08/2024</p> |

SHEILA L. EVIS
RD
24 JUL 22 AM 11

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> No documented evidence that the menus and food service meet the nutritional needs of the residents. Menus and menu evaluations were not submitted.</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;">Menus and Menu Evolutions sent to OHCA via email on 05/06/2024.</p> <p style="text-align: center;">24 JUL 27 12:02</p> | <p style="text-align: center;">7/8/24</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> No documented evidence that the menus and food service meet the nutritional needs of the residents. Menus and menu evaluations were not submitted.</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 style="text-align: right;">07/08/2024</p> |

Menu is on a six (6) week rotation cycle, and posted up at facility in the event that FSM is out. FSM & RD meet quarterly to review menu, and suitable menu substitutions.

11:00 AM 22 JUL 24

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><u>FINDINGS</u> <u>Staff #2 – No documented evidence of a current annual tuberculosis clearance signed by a physician or advanced practice registered nurse (APRN) on file.</u></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;">TB Clearance has been submitted by staff #2, is now on file and available for review.</p> | <p style="text-align: right;">07/08/2024</p> |

24 JUL 22 10:11

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p>FINDINGS <u>Staff #2 - No documented evidence of a current annual tuberculosis clearance signed by a physician or APRN on file.</u></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 style="text-align: right;">7/8/24</p> |
| <p>HR will log employee health record dates into Altres system, the system will send monthly reports to HR month prior to any required annual documentation expiring, and HR will notify the employee of upcoming expiring documents.</p> | | | |

STATE OF MICHIGAN
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSURE
 24 JUL 22 12:02

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><u>FINDINGS</u> <u>Staff #3 – No documented evidence of a current annual physical examination clearance signed by a physician or APRN on file.</u></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: right; margin-right: 50px;">Annual Physical for staff #3, is now on file and available for review.</p> | <p>07/08/2024</p> |

MISSOURI
 STATE BOARD OF
 NURSING
 JUL 22 11:05 AM '24

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p>FINDINGS <u>Staff #3 – No documented evidence of a current annual physical examination clearance signed by a physician or APRN on file.</u></p> <p>HR will log employee health record dates into Altres system, the Altres system will send monthly reports to HR one (1) prior to any required annual documentation expiring. HR will notify the employee and their supervisor of all upcoming expiring documents.</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 style="text-align: right;">07/08/2024</p> |

24 JUL 22 AM 11

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (1) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years.</p> <p>FINDINGS Staff #1 – No documented evidence of a current cardiopulmonary resuscitation (CPR) and First Aid certifications on file.</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;">CPR training has been completed submitted by staff #1, is now on file and available for review.</p> | <p style="text-align: right;">07/08/2024</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF HEALTH LANSING, MI 48201 JUL 22 AM 11 24</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (1) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years.</p> <p>FINDINGS Staff #1 – No documented evidence of a current CPR and First Aid certifications on file.</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 style="text-align: right;">07/03/2024</p> |

HR will log employee health record dates into Altres system, the Altres system will send monthly reports to HR one (1) prior to any required annual documentation expiring. HR will notify the employee and their supervisor of all upcoming expiring documents.

24 JUL 22 AM 11
 11:00 AM 22 JUL 24

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Kitchen in disrepair. Observed missing cabinets, drawers, and loose wood.</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: right;">HR spoke with contractor doing kitchen remodel, estimated timeline of completion is 07/31/2024.</p> <p style="text-align: right;">07/08/2024</p> <p style="text-align: right;">24 JUL 22 AM 11</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Kitchen in disrepair. Observed missing cabinets, drawers, and loose wood.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> | <p>7/8/24</p> |
| <p>Monthly inspections of all facilities will continue to be made, any repairs will documented, and repairs will be made within a timely matter to ensure safe living conditions for clients, and proper maintenance of facilities.</p> | | | |

24 JUL 22 12:04
 STATE OF MICHIGAN
 DEPARTMENT OF HEALTH & HUMAN SERVICES
 DIVISION OF LICENSURE

Licensee's/Administrator's Signature: Alexis Bortog

Print Name: Alexis Bortog

Date: 07/08/2024

24 JUL 22 10:11
STATE OF TEXAS