

2/3/29

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalihi Valley Care Home LLC	CHAPTER 100.1
Address: 2837 Numana Road, Honolulu, Hawaii 96819	Inspection Date: May 21, 2024 Initial

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>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders are as follows:</p> <p>1/20/2024: "No added salt, no concentrated sweet/starch, low saturated fat/cholesterol diet." 4/26/2024: "No added salt, no concentrated sweet/starch, low saturated fat/cholesterol diet. REGULAR DIET." 4/26/2024: "Reg diet, Reg consistency, Reg. thin liquids."</p> <p>Primary Care Giver (PCG) stated that the physician provided a verbal order for regular diet. But the order was not documented in physician's order sheet.</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>Deficiency was corrected. This Primary Care Giver clarified diet order with the physician provider during the resident's appointment on 6/1/2024. MD changed diet order to regular diet in Annual Physical Exam Visit Note.</p>	<p>06/01/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Physician's orders are as follows:</p> <p>1/20/2024: "No added salt, no concentrated sweet/starch, low saturated fat/cholesterol diet." 4/26/2024: "No added salt, no concentrated sweet/starch, low saturated fat/cholesterol diet. REGULAR DIET." 4/26/2024: "Reg diet, Reg consistency, Reg. thin liquids."</p> <p>Primary Care Giver (PCG) stated that the physician provided a verbal order for regular diet. But the order was not documented in physician's order sheet.</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>To ensure that it doesn't happen again in the future, PCG will immediately document in the physician's order sheet when verbal orders are obtained from physician. Will make a note in front of MD Visit tab to remind PCG to document all verbal orders from physician. PCG will review physician's order atleast once a month to make sure order was followed.</p>	08/05/2024

	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 orders dated 1/20/2024 and 4/26/2024 were MiraLax 17GN/scoop Powder sig:17 grams orally every other day mixed with 8 ounces of fluid.” Per April 2024 medication administration record (MAR), the medication was not administered for two (2) subsequent days on 4/9/2024 and 4/10/2024, 4/16/2024 and 4/17/2024, 4/19/2024 and 4/20/2024. The order was not followed. Reasons for not giving the medication were not documented in progress notes.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 orders dated 1/20/2024 and 4/26/2024 were MiraLax 17GN/scoop Powder sig:17 grams orally every other day mixed with 8 ounces of fluid.” Per April 2024 medication administration record (MAR), the medication was not administered for two (2) subsequent days on 4/9/2024 and 4/10/2024, 4/16/2024 and 4/17/2024, 4/19/2024 and 4/20/2024. The order was not followed. Reasons for not giving the medication were not documented in progress notes.</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>Pharmacare pharmacy provides monthly MAR for the residents. At the back of the MAR, a table is provided to document reason for not giving medication.</p> <p>In addition, this primary care giver put a note that says, "DOCUMENT REASONS FOR NOT GIVING MEDICATION AT THE BACK OF THE MAR."</p>	06/01/2024

	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 1/20/2024 was Senna 8.6mg Tab, 1 tablet orally twice per day. Per April 2024 MAR (resident #1 was admitted on 4/1/2024), “2 tablets, 2 times per day” was administered until 4/30/2024. Physician’s order was not followed.</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>	

	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 1/20/2024 was Senna 8.6mg Tab, 1 tablet orally twice per day. Per April 2024 MAR (resident #1 was admitted on 4/1/2024), “2 tablets, 2 times per day” was administered until 4/30/2024. Physician’s order was not followed.</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>To ensure that it doesn't happen again in the future, PCG will carefully read Office Visit Note upon resident admission and match it with the medication bottle. If medication bottle and physician order doesn't match, PCG will call physician to clarify medication order. In addition, PCG will make a checklist what to do on the day of admission which includes matching medication bottle with the physician order. PCG will review physician's order atleast once a month to make sure order was followed.</p>	<p style="text-align: center;">08/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Physician's order dated 1/20/2024 was Senna 8.6mg tab, 1 tablet, orally twice per day. April 2024 MAR listed "Senna 8.6mg tab, 2 tabs, p.o. 2x per day." The order and MAR did not match. Corrected during inspection.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/20/2024 was Senna 8.6mg tab, 1 tablet, orally twice per day. April 2024 MAR listed “Senna 8.6mg tab, 2 tabs, p.o. 2x per day.” The order and MAR did not match. Corrected during 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>This Primary Care Giver put a note in front of the Resident's MAR folder that says, " CHECK MD's ORDERS TO MATCH WITH MAR."</p> <p>In addition, this Primary Care Giver put a note on the calendar every 25th of the month to check MAR and MD orders are the same for the coming month.</p>	06/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – Most current order dated 4/26/2024 was “Tylenol Extra Strength 500mg Tab sig: 2 tablets orally every 8 hours prn pain.” MAR listed as “Tylenol take 2 tabs (1000MG) BY MOUTH EVERY 8 HOURS AS NEEDED.” Indication for as needed use was not listed. Corrected during inspection.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Most current order dated 4/26/2024 was “Tylenol Extra Strength 500mg Tab sig: 2 tablets orally every 8 hours prn pain.” MAR listed as “Tylenol take 2 tabs (1000MG) BY MOUTH EVERY 8 HOURS AS NEEDED.” Indication for as needed use was not listed. Corrected during 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>This Primary Care Giver put a note in front of the Resident's MAR folder that says, " CHECK MD's ORDERS TO MATCH WITH MAR."</p> <p>In addition, this Primary Care Giver put a note on the calendar every 25th of the month to check MAR and MD orders are the same for the coming month.</p>	06/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – There was an order dated 4/29/2024 for “Cipro 250mg Tab, 14 tablets, 1 tablet orally 2 times per day for 7 days. “No documentation for the reasons why the medication was needed and observation of the resident.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – There was an order dated 4/29/2024 for “Cipro 250mg Tab, 14 tablets, 1 tablet orally 2 times per day for 7 days. “No documentation for the reasons why the medication was needed and observation of the resident.</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>This Primary Care Giver put a note in front of the progress note to document when antibiotic orders given, do the following:</p> <ul style="list-style-type: none"> -reason for the order - take daily vital signs - note for adverse reactions - effectiveness of the antibiotic upon completed. 	06/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 noted on 1/20/2024 and 4/26/2024 “Increase physical activity with a minimum of 30 minutes walking daily.” No progress notes made for the activity provided to the resident.</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>	

	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 noted on 1/20/2024 and 4/26/2024 “Increase physical activity with a minimum of 30 minutes walking daily.” No progress notes made for the activity provided to the resident.</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>To ensure that it doesn't happen again in the future, PCG will carefully read physician notes and ensure to follow physician orders. Activity provided to the resident will be documented in the progress notes. In addition, PCG will make a note in front of progress note tab to remind PCG to document physical activity provided to resident. PCG will review progress note at the end of the month each month and will update and document as necessary.</p>	<p style="text-align: center;">08/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> One discharged resident (respite) was not recorded in the HEIGHT AND MONTHLY WEIGHT RECORD form.</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>Deficiency was corrected. This Primary Care Giver recorded resident's height and weight on the form after the inspection.</p>	<p>05/21/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> One discharged resident (respite) was not recorded in the HEIGHT AND MONTHLY WEIGHT RECORD form.</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>This Primary Care Giver made an admission check list that includes:</p> <ul style="list-style-type: none"> - record height and weight 	<p>06/01/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – No legend for care giver’s initial who administered medication in April 2024 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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – No legend for care giver’s initial who administered medication in April 2024 MAR.</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>This Primary Care Giver started using Pharmicare pharmacy for resident's medications and they provide monthly MAR. At the back of the MAR has all the complete legend for caregiver's initial and signature.</p>	05/24/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> "Admitted From" for the current resident was recorded as "ARCH." The facility name was not recorded. Corrected during inspection.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> “Admitted From” for the current resident was recorded as “ARCH.” The facility name was not recorded. Corrected during 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>This Primary Care Giver put a note in the Resident Register folder to specify where the resident came from.</p>	06/01/2024

Licensee's/Administrator's Signature: Juvy Caslib

Print Name: Juvy Caslib

Date: Aug 5, 2024