

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Elder Care, Inc., #III	CHAPTER 100.1
Address: 429 B Ulupaina Street, Kailua, Hawaii 96734	Inspection Date: May 28, 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 order for Metoprolol medication with a hold parameter of “hold for SBP <110, HR<60.” No documentation of blood pressure and heart rate noted on July 31, 2023, but medication was initialed as administered/made available.</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>. (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 order for Metoprolol medication with a hold parameter of “hold for SBP <110, HR<60.” No documentation of blood pressure and heart rate noted on July 31, 2023, but medication was initialed as administered/made available.</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 prevent similar deficiency in the future I have added to my daily checklist to write down blood pressure and heart rate parameter as ordered before initialing medications. Checklist is to be reviewed on a daily basis by PCG and SCG.</p>	<p>05/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – Telephone order generated by Primary Care Giver (PCG) dated 5/1/23, 6/27/23, 6/30/23 was not signed as confirmed by PCP.</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>Telephone order was sent to the PCP for signature and placed in Resident #1 binder for review.</p>	05/30/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – Telephone order generated by Primary Care Giver (PCG) dated 5/1/23, 6/27/23, 6/30/23 was not signed as confirmed by PCP.</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 prevent similar deficiency in the future I have added to my daily checklist to have PCP sign all telephone orders right away. Checklist is being reviewed by PCG and SCG on a daily basis.</p>	<p>05/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Incident report dated 4/19/24 is incomplete and did not have resident's name.</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>Incident report on 4/19/2023 was completed with resident's name and placed on resident's binder for review.</p>	<p>05/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Incident report dated 4/19/24 is incomplete and did not have resident's name.</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 prevent similar deficiency in the future I have added to complete incident report to my daily checklist as a reminder to PCG and SCG .</p>	<p>05/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a signed policy by resident's family, legal guardian, surrogate, or representative payee.</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>Carehome policy signed by legal guardian was placed in Resident #1 binder available for review.</p>	05/30/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a signed policy by resident's family, legal guardian, surrogate, or representative payee.</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 prevent similar deficiency in the future, I will review upon admission my admission/read-mission checklist which includes documentation of signed policy by resident's family, legal guardian, surrogate, or representative payee and will also assign one of my substitute caregivers to double check for me.</p>	08/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - Resident was hospitalized from 4/19/23 to 4/22/23 for acute UTI and hypoxia. The care plan was not updated following resident's return from hospitalization addressing care needs or interventions addressing reason for hospitalization.</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>Case manager was contacted and care plan was updated regarding hospitalization of Resident #1 from 4/19/23-4/22/23. Updated careplan was placed in Resident #1 binder available for review.</p>	<p>05/31/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Resident was hospitalized from 4/19/23 to 4/22/23 for acute UTI and hypoxia. The care plan was not updated following resident's return from hospitalization addressing care needs or interventions addressing reason for hospitalization.</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 prevent similar deficiency from recurring in the future, I have added to my case manager checklist that includes an updated care plan following resident's return from hospitalization addressing care needs or interventions that address the reason for hospitalization and I will notify the case manager of any change in resident's condition so that care plan will be updated accordingly to reflect resident's care. Case manager checklist will be checked every occurrence and substitute caregiver is assigned and double check for accuracy.</p>	08/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - Care plan was not updated to reflect chopped diet.</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>Case manager was notified and care plan was updated to change diet to chopped diet. Revised care plan was placed in Resident #1 binder.</p>	<p>05/31/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 -- Care plan was not updated to reflect chopped diet.</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>To prevent similar deficiency in the future I have added to my calendar reminder to check care plans are updated whenever case manager visits client.</p>	<p>05/31/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – The following medications are not being addressed in the resident's care plan:</p> <ul style="list-style-type: none"> - Atorvastatin - Acetaminophen - Melatonin - Metoprolol - Ophthalmic lubricant gel - Polyethylene Glycol Powder - Furosemide - Prednisone - Carvedilol 	<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>Case manager was contacted to complete and address resident's care plan on medications; Atorvastatin, Acetaminophen, Melatonin, Metoprolol, Ophthalmic Lubricant gel, Polyethylene Glycol Powder, Furosemide, Prednisone and Carvedilol</p>	<p>05/31/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – The following medications are not being addressed in the resident's care plan:</p> <ul style="list-style-type: none"> - Atorvastatin - Acetaminophen - Melatonin - Metoprolol - Ophthalmic lubricant gel - Polyethylene Glycol Powder - Furosemide - Prednisone - Carvedilol 	<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>To prevent similar deficiency in the future I have added to my calendar reminder to remind case manager to review care plans together everytime she visits client. That includes addressing medications.</p>	<p>05/31/2024</p>

	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 – Care Plan for Alteration in Skin integrity has “assist/ remind to change position every 2 hours in bed.” No documented evidence that intervention is being carried out by PCG.</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>Repositioning every 2 hours while in bed was added to the client activity record and placed it in Resident #1 binder for review.</p>	<p>05/28/2024</p>

	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 – Care Plan for Alteration in Skin integrity has “assist/ remind to change position every 2 hours in bed.” No documented evidence that intervention is being carried out by PCG.</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 prevent similar deficiency in the future I have added to my daily checklist to complete activity record.</p>	05/31/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate:</p> <p><u>FINDINGS</u> Resident #1 - No current documented evidence of a comprehensive assessment. Last observed 6 month assessment dated 1/15/2023. (No 6 month Assessment observed for July 2023, and January 2024).</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>Case manager was notified and 6 months comprehensive assessment was completed for July 2023 and January 2024 , placed on Resident #1 binder</p>	<p>05/31/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No current documented evidence of a comprehensive assessment. Last observed 6 month assessment dated 1/15/2023. (No 6 month Assessment observed for July 2023, and January 2024).</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 prevent similar deficiency in the future I have added a checklist daily reminder to review comprehensive assessment with case manager everytime she visits resident.</p>	05/31/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>, (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of training done for rectal suppository. Resident has a PRN bisacodyl suppository medication.</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>Case manager was notified to complete in service training on all care givers on administering rectal suppository medication to Resident #1. In service training was placed on Resident #1 binder for review.</p>	<p>05/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of training done for rectal suppository. Resident has a PRN bisacodyl suppository medication.</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 prevent similar deficiency from recurring, I have added the rectal suppository medication training to my case manager checklist. Case manager checklist is to be reviewed both primary care giver and substitute caregiver every time a suppository or any specific medication is ordered.</p>	08/20/2024

Licensee's/Administrator's Signature: Norma Tenorio
Print Name: Norma Tenorio
Date: 07/05/2024

Licensee's/Administrator's Signature: Norma Tenorio
Print Name: Norma Tenorio
Date: 08/21/2024