

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Oililua Senior Care, Inc., #II</b>	<b>CHAPTER 100.1</b>
<b>Address: 711 Oneawa Street, Kailua, Hawaii 96734</b>	<b>Inspection Date: November 21, 2023 Annual</b>

**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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  SCG #1 – No documented evidence of a 2023 fieldprint background check results that contain APS, CAN and fingerprint registries checked.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added fieldprint check into my daily checklist for my reference and reminder.</p>	<p>11/21/23</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Please clarify what the appropriate diet order is as Resident is a Type II Diabetic with Blood Sugar monitoring three (3) days a week.</p> <ul style="list-style-type: none"> <li>• 3/21/23 – Regular</li> <li>• 3/28/23 – Regular No concentrated sweets.</li> <li>• 6/9/23 – Regular No concentrated sweets.</li> <li>• 6/20/23 – Regular</li> <li>• 8/28/23 – Diabetic Diet</li> <li>• 10/9/23 – Cardiac Diet</li> <li>• 10/30/23 – Regular. No straws.</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added "Check diet ordered "on every physician's visit checklist. as my reminder and for my reference.</p>	<p>11/22/23</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><b><u>FINDINGS</u></b> Resident #1 – On 10/9/23, Physician signed order reads “Docusate-Senna (Senexon-S 50mg – 8.6mg) Take two tabs orally twice a day”. However, the medication administration record (MAR) entry for 10/2023 and 11/2023 does not contain the strength of the medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. Strength of the medication was added into the MAR sheet to match with the physician order on MAR 10/2023 and 11/2023.</p>	<p>11/22/23</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><b><u>FINDINGS</u></b> Resident #1 – On 10/9/23, Physician signed order reads “Docusate-Senna (Senexon-S 50mg – 8.6mg) Take two tabs orally twice a day”. However, the medication administration record (MAR) entry for 10/2023 and 11/2023 does not contain the strength of the medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added into my daily medication checklists to read "check medication orders against MAR sheet entries and strength of medications are included This is my daily reference /guide on my medication checklists.</p>	<p style="text-align: center;">11/22/23</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><b><u>FINDINGS</u></b> Resident #2 – Physician signed order dated 10/30/23 reads “Metformin 500mg, take 1 tab orally twice daily with meals”. However, the MAR for 10/2023 and 11/2023 do not include the parameter “with food”.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Deficiency was corrected. MAR for 10/2023 and 11/2023 was corrected to read: Metformin 500mg, take 1 tab orally twice daily with meals. Correction was placed on Resident#2 binder for inspection.</p>	<p>11/22/23</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #2 – Physician signed order dated 10/30/23 reads “Metformin 500mg, take 1 tab orally twice daily with meals”. However, the MAR for 10/2023 and 11/2023 do not include the parameter “with food”.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>    Tp prevent similar deficiency in the future I have added into my daily checklist to check Physician order parameters are included in the MAR for my daily guide and reference.</p>	11/22/23

Licensee's/Administrator's Signature:

Norma Tenorio

Print Name:

Norma Tenorio

Date:

5/13/2024