

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kaneohe, Hawaii 96734	Inspection Date: March 5, 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) 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1,2 – Primary caregiver (PCG) training to make prescribed medications is unavailable for review.</p> <p>Submit a copy with plan of correction.</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>To correct this deficiency, the Orientation Training Face Sheet that includes medication administration training was filled out by the SCG and PCG on 3/5/24. (See attachment A)</p>	<p style="text-align: center;">03/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1,2 – Primary caregiver (PCG) training to make prescribed medications is unavailable for review.</p> <p>Submit a copy with plan of correction.</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 this does not happen again, a column has been added to the Certification Spreadsheet. This spreadsheet tracks certifications for all personnel working at Wilson Senior Living Kailua. This spreadsheet is checked monthly to ensure all certifications are up to date. The PCG will use this spreadsheet as a tool to ensure training is provided to new and current substitute caregivers. (See Attachment B)</p>	<p style="text-align: center;">03/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Bedroom #10 – Two cans of sanitizing spray stored in resident’s closet unsecured</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>To correct this deficiency, the two cans of sanitizing spray have been removed from resident’s closet and has been stored on cleaning cart and secured in locked room.</p>	<p style="text-align: center;">03/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Bedroom #10 – Two cans of sanitizing spray stored in resident's closet unsecured</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 resident has regular visitors who have brought their own personal cleaning supplies and store them in the resident's closet. This PCG has removed the cleaning supplies from the resident's closet, talked to the visitors and family multiple times and has reminded them that per facility's policy, we cannot have cleaning supplies unsecured in the resident's room. To ensure this does not happen again, the PCG has posted a sign in the resident's closet to not store cleaning supplies in resident's closet.</p>	03/06/2024

	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 8/14/23-11/6/23 stated, “lorazepam 0.5mg tablet – 1 tab (0.5mg) by mouth as needed daily in am”; however, PRN indication unavailable. Medication order incomplete.</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 Medications. (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 8/14/23-11/6/23 stated, “lorazepam 0.5mg tablet – 1 tab (0.5mg) by mouth as needed daily in am”; however, PRN indication unavailable. Medication order incomplete.</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 this does not happen again, The PCG has discussed the incomplete order with the administrative RN. In the future, the PCG will check all new orders to ensure they are correct and complete with type of medication, route, dosage, amount, time and if PRN medication, the symptoms that require the medication. If the order is incomplete, the PCG will contact the physician within 2 days for clarification. As a 2nd check, the administrative RN who visits monthly will also ensure physician orders are signed and complete with medication, route, dosage, amount, time and if it is a PRN medication, symptoms that require the medication.</p>	<p>03/06/2024</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 – The following physician’s orders dated 8/8/23 include prescribed dosages that do not match the tab size:</p> <ul style="list-style-type: none"> • “lorazepam 1.0mg ½ tab (0.25mg)” • “lorazepam 1.0mg PO QHS 1 tab (0.5mg)” • “lorazepam 1.0mg PO QAM 1 tab (0.5mg)” <p>Submit updated physician’s orders with plan of correction.</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>To correct this deficiency, signed completed orders were obtained by Resident #1’s physician on 3/6/24. (See attachment D)</p>	<p style="text-align: center;">03/06/2024</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 – The following physician’s orders dated 8/8/23 include prescribed dosages that do not match the tab size:</p> <ul style="list-style-type: none"> • “lorazepam 1.0mg ½ tab (0.25mg)” • “lorazepam 1.0mg PO QHS 1 tab (0.5mg)” • “lorazepam 1.0mg PO QAM 1 tab (0.5mg)” <p>Submit updated physician’s orders with plan of correction.</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 this does not happen again, The PCG has discussed the incorrect order with the administrative RN. In the future, the PCG will check all new orders to ensure they are correct and complete with type of medication, route, dosage, amount, time and if PRN medication, the symptoms that require the medication. If the order is incomplete, the PCG will contact the physician within 2 days for clarification. As a 2nd check, the administrative RN who visits monthly will also ensure physician orders are signed and complete with medication, route, dosage, amount, time and if it is a PRN medication, symptoms that require the medication.</p>	<p style="text-align: center;">03/06/2024</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 #2 – Physician’s order dated 9/21/23 and 1/25/24 states, “Amlodipine Besylate oral tab 5mg – 1 tab by mouth daily. Hold for systolic BP <120”; however, the medication was administered, per medication administration record, on the following dates despite blood pressure (BP) being outside prescribed range:</p> <ul style="list-style-type: none"> • 1/18/24 – No BP recorded, no indication medication was administered, held, or refused • 1/27/24 – SBP 119/59 mm Hg • 2/20/24 – 111/75 mm Hg • 2/25/24 – 116/61 mm Hg • 2/28/24 – 109/54 mm Hg 	<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 #2 – Physician’s order dated 9/21/23 and 1/25/24 states, “Amlodipine Besylate oral tab 5mg – 1 tab by mouth daily. Hold for systolic BP <120”; however, the medication was administered, per medication administration record, on the following dates despite blood pressure (BP) being outside prescribed range:</p> <ul style="list-style-type: none"> • 1/18/24 – No BP recorded, no indication medication was administered, held, or refused • 1/27/24 – SBP 119/59 mm Hg • 2/20/24 – 111/75 mm Hg • 2/25/24 – 116/61 mm Hg • 2/28/24 – 109/54 mm Hg 	<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 this will not happen again, the medication errors have been reviewed and discussed with the administrative RN. The substitute caregiver has been coached and counseled regarding the documentation. On a weekly basis, the medication administration record(s) (MAR) will be audited by the PCG or another nurse. Any documentation errors will be addressed and corrected at that time. On the administrative RN’s monthly visit, they will also audit the MAR to ensure documentation is complete.</p>	<p style="text-align: center;">03/06/2024</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 #2 – The following medications were not reevaluated for continuance or discontinuation despite being on the 11/22/23 clinical profile:</p> <ul style="list-style-type: none"> • Finasteride 1mg tab. Take 1 tab by mouth daily at bedtime • Melatonin 3mg cap. Take 1 cap by mouth daily • Omeprazole 20mg cap delayed release capsule orally daily 20 min before morning meal • Simvastatin 40mg tab take 1 tab by mouth daily in evening <p>Submit updated physician's orders with plan of correction.</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>To correct this deficiency, a signed order confirming the discontinuation of these medications were obtained by Resident #2's primary care physician (PCP) on 3/21/24. (See attachment E)</p>	<p style="text-align: center;">03/21/2024</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 #2 – The following medications were not reevaluated for continuance or discontinuation despite being on the 11/22/23 clinical profile:</p> <ul style="list-style-type: none"> • Finasteride 1mg tab. Take 1 tab by mouth daily at bedtime • Melatonin 3mg cap. Take 1 cap by mouth daily • Omeprazole 20mg cap delayed release capsule orally daily 20 min before morning meal • Simvastatin 40mg tab take 1 tab by mouth daily in evening <p>Submit updated physician's orders with plan of correction.</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 deficiency was discussed with the PCG and administrative RN. To ensure this does not happen again, the PCG will review all admission paperwork and physician orders received. If the PCG notices any discrepancies, they will contact the physician within 2 days for clarification. On the administrative RN's monthly visit, they will review all admission paperwork, physician orders, monthly summaries and progress notes. They will also check if there is any discrepancies in orders and will make sure clarification was obtained and documented.</p>	<p style="text-align: center;">03/06/2024</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 #2 – Physician’s order dated 1/25/24 for “continuous oxygen via nasal cannula 3-5L/min as needed for SOB maintain O2 sat greater than 92%”; however, no documentation of treatments rendered as ordered.</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> (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 #2 – Physician's order dated 1/25/24 for "continuous oxygen via nasal cannula 3-5L/min as needed for SOB maintain O2 sat greater than 92%"; however, no documentation of treatments rendered as ordered.</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>The incomplete documentation has been reviewed and discussed with the administrative RN and all trained medication administrator substitute caregivers. All understand to document all treatments on the Treatment Administration Record. On a weekly basis, the treatment administration record(s) (TAR) will be audited by the PCG or another nurse. Any documentation errors will be addressed and corrected at that time. On the administrative RN's monthly visit, they will also audit the MAR and TAR to ensure documentation is complete.</p>	03/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #2 – Blue ink used on 1/28/24 medication administration record (MAR)</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> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #2 – Blue ink used on 1/28/24 medication administration record (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>To ensure this does not happen again, the SCG was coached and counseled regarding this deficiency. In the future, all SCGs and nurses will sign the medication administration legend that has a reminder to only document in Black Ink. Weekly audit of the MAR by the PCG or administrative RN will also check to ensure documentation on MAR is only in black ink. (See attachment F)</p>	<p>03/06/2024</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 – Initials used to sign off on MAR; however, no legend provided to identify name of individual signing off with initials.</p> <p>Submit an updated MAR that includes a legend with plan of correction.</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>To correct this deficiency, a MAR legend has been created on 3/5/24. (See attachment F)</p>	<p style="text-align: center;">03/05/2024</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 – Initials used to sign off on MAR; however, no legend provided to identify name of individual signing off with initials.</p> <p>Submit an updated MAR that includes a legend, with plan of correction.</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 this does not happen again. Signing the MAR legend has been made part of medication administration training and will be included will be will all medication administration records. (See attachment F)</p>	03/05/2024

	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> Resident #1,2 – Admission assessment incomplete; did not include confirmation signature from resident/resident representative.</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> (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> Resident #1,2 – Admission assessment incomplete; did not include confirmation signature from resident/resident representative.</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 deficiency was discussed with the administrative RN. To ensure this does not happen again, confirmation signature from resident/ resident representative has been added to admission checklist. When doing admissions, the PCG will use this checklist to ensure all required documentation is obtained. On administrative RB's monthly visits, they will also check the admission assessment is complete with confirmation signature from resident/resident representative.</p>	<p style="text-align: center;">03/06/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Bedroom #17 – Two (2) oxygen tanks stored in resident’s closet</p> <p>Bedroom #19 – Oxygen tank stored in bedroom without a warning sign posted on exterior of entry door</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>To correct this deficiency, in bedroom #17, oxygen tanks have been removed from the resident’s closet. In Bedroom #19, the oxygen tank was from a previous resident and has been picked up, so is no longer being stored in the room (See attachment G).</p>	<p style="text-align: center;">03/07/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Bedroom #17 – Two (2) oxygen tanks stored in resident’s closet</p> <p>Bedroom #19 – Oxygen tank stored in bedroom without a warning sign posted on exterior of entry door</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 this does not happen again, the deficiency has been discussed with the administrative RN and SCGs. The PCG and SCG have all reviewed oxygen training including proper storage of oxygen equipment with the Administrative RN. In the future, when oxygen equipment is delivered, the PCG and SCGs are better aware of proper storage and the need of a ‘oxygen in use’ sign posted outside of the resident’s room. On the administrative RN’s monthly visit, they will also check the rooms of resident’s who have orders for oxygen to ensure oxygen equipment is properly stored and ‘Oxygen in Use’ warning sign is posted outside of the resident’s room.</p>	<p style="text-align: center;">03/07/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the consultant registered dietitian (RD) to provide special diet training for food preparation staff.</p> <p>Submit documentation of training provided with plan of correction.</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>To correct this deficiency, training with the registered dietitian was completed on 3/21/24. (Please see Attachment H)</p>	<p style="text-align: center;">03/21/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the consultant registered dietitian (RD) to provide special diet training for food preparation staff.</p> <p>Submit documentation of training provided with plan of correction.</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 this does not happen again, a column titled 'RD Training' has been added to the certification spreadsheet that tracks certifications for all personnel working at Wilson Senior Living Kailua. This spreadsheet is checked monthly to ensure all certifications are up to date. The PCG reviews this spreadsheet monthly and will use this spreadsheet as a tool to ensure training with the registered dietitian is completed annually. (Please see Attachment B)</p>	03/21/2024

Licensee's/Administrator's Signature:  _____

Print Name: Larisa Sazon _____

Date: 03/29/2024 _____