

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |  |
|---|--|
| <b>Facility's Name: Laniolu Hale LLC</b>                            | <b>CHAPTER 100.1</b>                           |
| <b>Address:<br/>1261 Lunalilo Home Road, Honolulu, Hawaii 96825</b> | <b>Inspection Date: August 22, 2024 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 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>§11-100.1-17 <u>Records and reports.</u> (f)(1)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1 – Observed blue ink used in April and May 2024 vital signs records and May 2024 care flow sheet.</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date   |
|-------------------------------------|---|--|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(1)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1 – Observed blue ink used in April and May 2024 vital signs records and May 2024 care flow sheet.</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> <ol style="list-style-type: none"> <li>1. Pen Replacement: Begin by swapping out any current pens, particularly blue ones, for black ink pens. Ensure that only black ink pens are readily available at the workspace. Dispose of all blue ink pens.</li> <li>2. Staff Instructions: Direct staff to use black pens exclusively for documentation. Maintain this practice diligently to establish it as a routine.</li> <li>3. Signage for Awareness: Place a sign in the workspace as a reminder for both me and the staff to choose black ink for all documentation.</li> <li>4. Regular Inspections: Conduct periodic checks to ensure adherence to the black ink policy. Verify that all documentation is completed using black ink exclusively.</li> </ol> | <p>08/22/2024</p> |

|   | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                               |
|---|---|--|---|
| ☒ | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/> 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Medication order for Escitalopram 5mg. Give 1 tab PO daily is not addressed in the resident's case manager care plan.</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>Correction Plan Documentation:</p> <ol style="list-style-type: none"> <li>1. Notification: Discussed with the case manager about the omission of escitalopram in the care plan.</li> <li>2. Update: The case manager delivered the updated, corrected care plan on 8/27/2024.</li> <li>3. Review: Went over the medication list and corrected care plan with the case manager to ensure it is complete and compliant.</li> </ol> | <p style="text-align: center;">08/27/2024</p> |

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>   | <b>Completion Date</b> |
|-------------------------------------|--|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/> 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b><br/> Resident #1 – Medication order for Escitalopram 5mg. Give 1 tab PO daily is not addressed in the resident's case manager care plan.</p> | <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>I will make sure that the case manager's care plan includes all the listed medications. I will also remind the case manager to update the documentation of any changes within 24 hours. All orders and medications documentation will be reviewed at least three months before the inspection, and clarifications will be obtained if needed.</p> | <p>08/27/2024</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)<br/>           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><b><u>FINDINGS</u></b><br/>           Report #1 - Monthly Case Manager face to face notes, dated 7/24/24 stated that resident's skin was intact. Resident's skin tear to left shin that was being monitored and treated with Neosporin antibiotic ointment since 7/21/24 was not addressed.</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>I notified the case manager about the resident's past issues with skin integrity, which have now completely resolved. Additionally, I emphasized the importance of the case manager performing a thorough head-to-toe examination and documenting any alterations during the monthly face-to-face visits. Upon reevaluation, the case manager has updated the resident's records with her latest observations.</p> | <p>08/22/2024</p> |

|   | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date                               |
|---|--|--|---|
| ☒ | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)<br/>           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><b><u>FINDINGS</u></b><br/>           Resident #1 – Monthly Case Manager face to face notes dated 7/24/24 stated that resident's skin was intact. Resident's skin tear to left shin that was being monitored and treated with Neosporin antibiotic ointment since 7/21/24 was not addressed.</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>I will promptly inform the case manager in writing about any changes and ensure that the resident's condition updates are included in the monthly summary notes. If the care plan requires updating, I will follow through accordingly. All documents will be reviewed at least three months prior to the annual survey to confirm compliance. Furthermore, I will examine the case manager's notes for thoroughness and completeness.</p> | <p style="text-align: center;">08/22/2024</p> |

Licensee's/Administrator's Signature: Anthony Defiesta

Print Name: Anthony Defiesta

Date: 08/26/2024