

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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Facility's Name: Opportunities and Resources, Inc. (ORI) - 2B	CHAPTER 89
Address: 64-1488 Kamehameha Highway, Wahiawa, Hawaii 96786	Inspection Date: July 26, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled work cabinet/work counter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Several medication packets of Triple Antibiotic Ointment and Hydrocortisone 1% Cream found unlabeled in facility's First Aid Kit.</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>The unlabeled Triple Antibiotic ointment and Hydrocortisone 1% cream have been taken out from the First Aid kit and was brought to a proper disposal.</p>	09/18/2024

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled work cabinet/work counter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Several medication packets of Triple Antibiotic Ointment and Hydrocortisone 1% Cream found unlabeled in facility's First Aid Kit.</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>In the future to prevent reoccurrence of the same deficiency, the case manager will ensure that there will be no unlabeled ointment on the First Aid Kit.</p> <p>The case manager and/or the nurse will check the kit at least once a month and will advise the people who are refilling the First Aid Kit not to put any unlabeled ointment inside the First Aid Kit.</p> <p>The nurse and/or case manager will check the kit to ensure that the people refilled the kit did not put any unlabeled ointment.</p>	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 –Medication Administration Record for 7/14/2024 for Marlissa 28 tablet birth control pills did not have documentation whether it was administered to resident, held from resident, or refused by 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>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Three (3) month medication re-evaluation form generated by the facility and signed by the physician do not consistently include route to administer medication.</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>The 3 months medication update have been revised to reflect the consistency and route for all medications.</p>	<p>09/18/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Three (3) month medication re-evaluation form generated by the facility and signed by the physician do not consistently include route to administer 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>In the future to avoid reoccurrence of the same deficiency, the case manager will ensure that consistency and route of all medications will be included on the 90-day update.</p> <p>The case manager will re-check twice or trice to ensure route and the consistency of the medication is included on the 90-day update and to ask other staff to check if everything is included before the physician signed.</p>	10/15/2024

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for lubricant eye drops 0.5% as needed for dry eyes, however medication is not available in resident’s medication bin.</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>The lubricant eye drops 0.5% have been ordered and provided to the caregiver to administer with Resident #1.</p>	09/17/2024

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for lubricant eye drops 0.5% as needed for dry eyes, however medication is not available in resident's medication bin.</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>In the future to avoid reoccurrence of the same mistake, the caregiver will ensure that all medication prescribed for Resident #1 must be available at all times.</p> <p>The case manager will check the house at least once a month to ensure all medication is available for the residents.</p>	09/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a three-month medication re-evaluation for July 2024. Last medication re-evaluation was dated 4/15/2024.</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>The 90-day update for Resident #1 have been updated for July 2024, reviewed and signed by the physician.</p>	09/17/2024

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a three-month medication re-evaluation for July 2024. Last medication re-evaluation was dated 4/15/2024.</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>The 90-day update for Resident#1 have been updated for July 2024 and signed by the physician.</p> <p>The case manager will check the binder monthly or quarterly to ensure the 90-day medication update have been done.</p> <p>The PC will assist the case manager to check individual binder monthly to ensure re-evaluation of medications are up to date.</p>	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Menus observed in the facility do not meet the nutritional requirements of Residents, as there were no portion sizes and did not follow current National Nutritional Guidelines.</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>The caregiver and other staff were given re-training on how to prepare menu according to the National Nutritional Guidelines. Menus have been updated.</p> <p>The dietician were informed regarding the findings and was instructed to indicate how many cups, grams, etc. to serve to those who have special diet or low carbohydrate diet.</p> <p>The dietician's provided a flyer for the caregiver to follow when preparing menus.</p>	10/15/2024

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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Menus observed in the facility do not meet the nutritional requirements of Residents, as there were no portion sizes and did not follow current National Nutritional Guidelines.</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>In the future to avoid reoccurrence of the same mistake, the caregiver ensures to follow the National Nutritional Guidelines when prepping menus for each Residents.</p> <p>The case manager will check all menus submitted by the caregiver monthly to ensure all menus prepared is according to the guidelines.</p>	09/17/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (l) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><u>FINDINGS</u> Resident #2 – Resident was ordered a controlled carbohydrate diet from 5/26/23 and updated order on 5/20/24. However, no documented evidence that the order was clarified to include grams of carbohydrate allowed per meal/day.</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>The caregiver and other staff were given retraining on how to prepare menus for the Residents who have special diet.</p> <p>September menus have been revised to include how many cups of carbohydrate or how many grams of carbohydrate.</p> <p>The dietician's provided a flyer for the caregiver to follow when preparing menus.</p>	10/15/2024

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Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: 09/20/2024

Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: 10/21/2024