

Office of Health Care Assurance

21 OCT 24 10:42

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Nabua Quality Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-947 Lumihohu Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: October 1, 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>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #4 – Physician ordered “Low Sodium” diet on 6/21/2024. Diet order incomplete.</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 style="text-align: center;">I have contacted KCP and now have a complete copy for “Low Sodium” diet and place it on my resident # 4 binder.</p>	<p>24 OCT 24 12:12</p> <p>10.2.2024</p>

24 OCT 24 10:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (i)            Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>            Resident #4 – Physician ordered “Low Sodium” diet on 6/21/2024. Diet order incomplete.</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>The moment I received the physician's note. I will immediately contact the PCP to clarify with them the order and obtain a complete copy of the prescription. Also, I will review the record at least once a month with my substitute caregiver.</p>	<p>10.2.2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #4 – Physician ordered “Low Sodium” diet on 6/21/2024. No low sodium diet menu posted in facility.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;">I have contacted Dietician and obtain "Low Sodium" diet menu for resident # 4 and place it into the dining are and kitchen area.</p>	<p>24 OCT 24 09:13</p> <p>10-18-2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #4 – Physician ordered “Low Sodium” diet on 6/21/2024. No low sodium diet menu posted in facility.</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 this from happening again, in the future if a resident requires a special diet menu that pertains to the resident on the day of admission or the day when physician change the diet order. I will then place the menu in the kitchen and dining area for the residents with the substitute caregivers weekly.</p>	<p style="text-align: right;">24 OCT 24 10:43</p> <p style="text-align: right;">10-18-2024</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><b>FINDINGS</b> Resident #1 – “Senna-docusate sodium 8.6-50mg tablet, 1 tablet by mouth daily as needed for constipation” and “Tylenol 325mg tablet, 2 tablets by mouth every 6 hours as needed for pain” were documented on the October 2023 – May 2024 medication administration record (MAR). Aforementioned medications not documented on June 2024 – September 2024 MAR. No physician or advanced practice registered nurse (APRN) order to discontinue aforementioned medications.</p>	<p style="text-align: right;">'24 OCT 24</p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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
☒	<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 – “Senna-docusate sodium 8.6-50mg tablet, 1 tablet by mouth daily as needed for constipation” and “Tylenol 325mg tablet, 2 tablets by mouth every 6 hours as needed for pain” were documented on the October 2023 – May 2024 MAR. Aforementioned medications not documented on June 2024 – September 2024 MAR. No physician or APRN order to discontinue aforementioned medications.</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 style="text-align: center;">In the future, to prevent this from happening again, Once I received the Physician's order, I will immediately clarify with the PCP and obtain a copy of Continue or discontinue medications to ensure the accurate order. Also, I will review monthly beginning of the month with my substitute caregivers.</p>	<p style="text-align: right;">24 OCT 24 10/23</p> <p style="text-align: right;">10-3-2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><b>FINDINGS</b>  Resident #1, Resident #2, Resident #3, Resident #4 – No documented evidence of a monthly weight for September 2024.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;">Monthly weight record for September 2024 lapses. Cannot be corrected.</p>	<p style="text-align: right;">10-4-2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #1, Resident #2, Resident #3, Resident #4 – No documented evidence of a monthly weight for September 2024.</p>	<p style="text-align: center;">PART 2</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 style="text-align: center;">To prevent this from happening again, in the future I will use calendar on my cellphone to put all due dates to prevent future lapses.</p>	<p>24 OCT 24 10:23</p> <p>10-4-2024</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><b>FINDINGS</b> Resident #1 – Physician ordered “Pantoprazole 40mg tablet, 1 tablet by mouth before breakfast as needed for heart burn/acid reflux.” No documented evidence in progress notes of resident’s response to aforementioned medication when taken from September 2023 to September 2024.</p>	<p style="text-align: center;">PART 1</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 style="text-align: center;">I have obtain and now have the resident's response to medication from September 2023 to September 2024 being recorded and place it into the resident's Chart.</p>	<p>24 OCT 24 10:13</p> <p>STATE</p> <p>10/04/2024</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><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Pantoprazole 40mg tablet, 1 tablet by mouth before breakfast as needed for heart burn/acid reflux.” No documented evidence in progress notes of resident’s response to aforementioned medication when taken from September 2023 to September 2024.</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>In the future, to prevent this from happening. I have checked and documented weekly the progress notes for residents to make sure proper care will be provided to residents. Also, frequently by caregiver &amp; <sup>CN</sup> review will <sup>review monthly</sup> ensure adequate care is being implemented and concerns addressed and documented.</p>	<p>'24 OCT 24 10:23</p> <p>10-4-2024</p>

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<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><b><u>FINDINGS</u></b> Resident #1 – No documented evidence in progress notes of resident's response to diet from October 2023 to September 2024.</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 style="text-align: center;">I have obtained and documented the resident's tolerance to diet and now it's inside the resident's binder.</p>	<p style="text-align: right;">'24 OCT 24 10:23</p> <p style="text-align: right;">10-4-2024</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><b><u>FINDINGS</u></b> Resident #1 – No documented evidence in progress notes of resident's response to diet from October 2023 to September 2024.</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 style="text-align: center;"> <i>TO prevent this from happening, my caregiver and I <sup>will</sup> have checked, review and document the progress notes every 2 weeks for resident's response to diet <del>and my</del> <sup>L.M.</sup> <del>Subst.</del> <del>(intake caregivers).</del></i> </p>	<p>24 OCT 24 15:20</p> <p>STATE</p> <p>STATE</p> <p>10.4.2024</p>

Licensee's/Administrator's Signature: Liza N. Nabua

Print Name: Liza N. Nabua

Date: Oct 5, 2024

Licensee's/Administrator's Signature: Liza Nabua

Print Name: LIZA N. NABUA

Date: October 24, 2024

STATE OF TEXAS  
DEPARTMENT OF LICENSING

24 OCT 24 4:3:43