Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olalani Senior Care, LLC	**CHAPTER 100.1**
Address: **45-217 William Henry Road, Kaneohe, Hawaii 96744**	**Inspection Date: April 28, 2023 and May 2, 2023 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.

'23 JUL 11 A10:31
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) 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. **FINDINGS** Resident #2 – No documented evidence that the "high protein diet," ordered on 4/17/2023, was clarified with the physician. Resident was provided a regular diet and taking Ensure High Protein supplement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See Attached	5/5/2023

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 JUL 11 A10:31

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) 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. **FINDINGS** Resident #2 – No documented evidence that the "high protein diet," ordered on 4/17/2023, was clarified with the physician. Resident was provided a regular diet and taking Ensure High Protein supplement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached	05/05/2023

STATE OF HAWAII
DOH-QHCA
STATE LICENSING

'23 JUL 11 A10:31

'23 JUL 11 A10 :31

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

ANNUAL INSPECTION
April 28, 2023 /May 2, 2023

PLAN OF CORRECTION

11-100.1-13 Nutrition (l)

The deficiency was corrected. A telephone call was placed to Dr. Scott Miscovich's office, resident's PCP, and spoke to Kaipo Lindsey, PA-C regarding a nutrition citation found during the Olalani Senior Care's annual review of the medical record of Resident #2, who is a patient in their care. Reported to PA-C that there was a confusion on how the resident's diet and supplementation were written on the order form that needed clarification.
A clarification order was made and signed by K. Lindsey, PA-C. **Copy Enclosed.**

Completion Date: May 5, 2023

Future Plan:

1. Had an inservice with staff of nutrition deficiency. The different kinds of diets and the difference between supplements and prescribed diets were reviewed and extensively discussed, to include the importance of the use of supplementation. That Ensure, Glucerna or Boost nutritional drinks are considered supplements, used as an adjunct to the resident's prescribed diet to help improve and maintain overall health of the resident. Supplements are also prescribed by the resident's PCP if resident is taking medication that has the potential to deplete certain vitamins or minerals that the resident needs.

2. PCG, designated SCGs on AM and PM shift will check the medical chart of any resident coming back to the Care Home from a doctor's visit for any new physician's order to include but not limited to medications, supplements or procedure for clarity and completeness. Report any discrepancy to the RN.

3. PCG and Night Shift substitute caregiver will be in charged of checking all resident's current Medication Administration Record (MAR) for completeness or errors when transcribing new orders to the MAR once a week. MARs must be checked against the doctor's order. Report any discrepancies to RN.

Myriam Tabaniag, RN, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No progress notes for April 2023.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** See Attached STATE OF HAWAII DOH-OHCA STATE LICENSING '23 JUL 11 AIO :31	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No progress notes for April 2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached	05/08/2023

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 JUL 11 AM 10:31

'23 JUL 11 A10 :31

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

ANNUAL INSPECTION
April 28, 2023 /May 2, 2023

PLAN OF CORRECTION

11-100.1-17 Records and reports. (b)(3)

Correcting this deficiency after-the-fact and documentation is not practical and appropriate at this time.

Future Plan:

1. Inservice with PCG and staff informing them that it is a must to maintain records written in the resident's medical record weekly, monthly, and as necessary for transparency to the continuity of care for the resident. All records or documentations to include but not limited to: MARs, Progress Notes, Treatments, Diet, Activity, overall reactions to medications, evaluations of plan of care, etc. and any incidences that occurred must be completed right away.
2. All records documented and deemed done at that time should also be printed and placed in resident's medical record immediately.
3. The PCG or designated substitute will be checking the resident's medical record for the presence, appropriateness, and completeness of documents every week and month. PCG/ Designated Staff will report to RN for incomplete and missing records.

Myriam Tabaniag, RNC, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – October 2023, progress note did not include the resident's response to antibiotic treatment of Cipro 500 mg, one (1) tablet orally twice a day for seven (7) days.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** See Attached '23 JUL 11 A10:31 STATE OF HAWAII DOH-OHCA STATE LICENSING	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – October 2023, progress note did not include the resident's response to antibiotic treatment of Cipro 500 mg, one (1) tablet orally twice a day for seven (7) days.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached STATE OF HAWAII DOH-OHCA STATE LICENSING	05/08/2024 '23 JUL 11 A10:31

'23 JUL 11 A10 :31

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

ANNUAL INSPECTION
April 28, 2023 /May 2, 2023

PLAN OF CORRECTION

11-100.1-17 Records and reports. (b)(3)

Correcting this deficiency after-the-fact and documentation is not practical and appropriate at-this-time.

Future Plan:

1. Inservice with PCG and staff informing them that it is a must to maintain records written in the resident's medical record weekly, monthly, and as necessary for transparency to the continuity of care for the resident. All records or documentations to include but not limited to: MARs, Progress Notes, Treatments, Diet, Activity, overall reactions to medications, evaluations of plan of care, etc. and any incidences that occurred must be completed right away. Side effects and effectiveness of medications will be included in the documentation in the overall reactions to medications. An incident report will be made for any adverse reactions of medications on resident that is possibly related to the drug.
2. All records documented and deemed done at that time should also be printed and placed in resident's medical record immediately.
3. The PCG or designated substitute will be checking the resident's medical record for the presence, appropriateness, and completeness of documents every week and month. PCG/ Designated Staff will report to RN for incomplete and missing records.

Tabaniag, RN, PCG
Myriam Tabaniag, RNC, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; **FINDINGS** Resident #1 and #2 – No documented evidence that the facility utilized the Consultant Registered Dietitian to provide nutrition assessments for residents with gradual weight loss.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See Attached	05/08/2023

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 JUL 11 A10:30

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; **FINDINGS** Resident #1 and #2 – No documented evidence that the facility utilized the Consultant Registered Dietitian to provide nutrition assessments for residents with gradual weight loss.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached	05/08/2023

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 JUL 11 A10:30

'23 JUL 11 A10 :30

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

ANNUAL INSPECTION
April 28, 2023 /May 2, 2023

PLAN OF CORRECTION

11-100.1-55 Nutrition and food sanitation.

The deficiency was corrected.

Placed a call to the Care Home's Registered Dietitian. Informed RD of the deficiency on nutrition/weight loss cited by State DOH RD during recent annual inspection. RD visited care home and did an inservice on the different weight problems (weight gain, weight loss, gradual weight loss and gradual weight gain; the difference between rapid weight gain and rapid weight loss and possible causes of them). Informed staff that RD should be called anytime a nutrition/dietary problem is identified, including but not limited to gradual weight loss; gradual weight gain, etc. RD will continue to properly write documentation of visits in the RD's Progress Notes.

Completion Date: May 8, 2023

Future Plan:

1. Had an inservice with staff to discuss the deficiency on nutrition/weight loss and not utilizing the assistance of a Registered Dietitian (RD) more often as necessary for the proper and on time assessment of the resident who is gradually losing weight.
   Also discussed the importance of the RD in the care home as she can help plan a healthy, nutritious diet; plan the correct caloric intake per day to gain/loss weight steadily and safely, design an individualized menu based on the resident's health status and individual needs.
   The RD should be notified right away whenever a dietary issue such as difficulty swallowing or weight concerns are identified.

2. RD visited carehome and deficiency was presented to her. RD encouraged PCG and staff to call dietitian for any dietary and weight concerns including gradual weight loss; weight loss/gain more than 2.0 lbs. per week. Monthly weights done and notify RD for any concerns. All consultations or visits will be documented in the resident's medical record.

3. Will continue to report to Registered Dietitian of monthly weights to include name of residents who start gradual weight loss for proper and appropriate recommendations. RD to fill out and document dietary recommendations and visits to care home on RD's 'Nutrition and Assessment Progress Note." Will also continue to notify PCP of resident's gradual weight loss especially of weight loss more than 2.0 lbs. per week or more than 5.0 lbs. in a month.

Tabaniag RN, PCG
Myriam Tabaniag, RNC, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: 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; **FINDINGS** Resident #1 – No nutrition care plan developed for resident on pureed diet and nutritional supplement, required 1:1 feeding assistance, and potential for significant weight loss and skin breakdown.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See Attached STATE OF HAWAII DOH-OHCA STATE LICENSING 23 JUL 11 A10:30	05/19/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) 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: 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; **FINDINGS** Resident #1 – No nutrition care plan developed for resident on pureed diet and nutritional supplement, required 1:1 feeding assistance, and potential for significant weight loss and skin breakdown.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached STATE OF HAWAII DOH-OHCA STATE LICENSING	05/19/23 '23 JUL 11 A10:30

'23 JUL 11 A10 :30

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

ANNUAL INSPECTION
April 28, 2023 /May 2, 2023

PLAN OF CORRECTION

11-100.1-88 **Case Management Qualification and Services (c)(2)**

The deficiency was corrected.

PCG met with RN, CM, reviewed and discussed Resident #1's care plans, resident's overall nutrition state including diet and supplementation, feeding assistance and the missing nutrition plan of care. That these important factors should always be included in a nutrition plan of care for an Expanded resident who is high risk for malnutrition due to potential for significant weight loss and skin breakdown. Future plan of what needs to be done to prevent the same mistakes were also discussed.

RN, CM developed a care plan for the Expanded Resident #1, which includes the current Pureed diet and Ensure Plus supplementation; one to one feeding assistance which will be followed by the PCG and staff to meet Resident #1's needs for safety and quality care. RN, CM developed the plan of care and delivered to the care home. PCG and Staff were in-serviced to the new plan of care added to the present care plan. **Copy enclosed.**

Completion Date: May 19, 2023

Future Plan:

1. RN, PCG and RN, CM will collaborate to check the Expanded Resident's Plan of Care for any missing care plans once Comprehensive Assessment and Problems Identified are done.
2. RN, CM will also recheck completed care plans of the Expanded resident on the next following monthly visit. RN, PCG will report to RN, CM of any found missing plan of care of any old or newly found problems.
3. RN, PCG and RN, CM will collaborate that all care plans, assessment forms, monthly visit forms are placed in the chart immediately once completed.

Myriam Tabaniag, RN, PCG

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #2 – Alteration in nutrition/hydration care plan did not reflect the current diet order ordered on 3/28/2023: regular, soft, chopped to bite sizes for ease of swallowing.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See Attached	05/19/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'23 JUL 11 A10:30

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #2 – Alteration in nutrition/hydration care plan did not reflect the current diet order ordered on 3/28/2023: regular, soft, chopped to bite sizes for ease of swallowing.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** See Attached	05/19/23

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 JUL 11 A10:30

'23 JUL 11 A10 :30

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

ANNUAL INSPECTION
April 28, 2023 /May 2, 2023

PLAN OF CORRECTION

11-100.1-88 Case Management qualifications and services. **(c)(4)**

The deficiency was corrected.

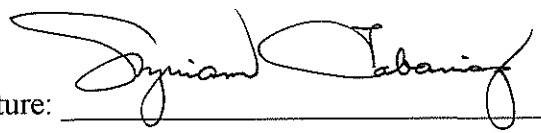
PCG met with RN, CM and discussed the incomplete and not updated "Alteration in Nutrition/Hydration" Care Plan.
RN, CM updated the 'Nutrition/Hydration" care plan that now reflects the current ordered diet on 3/28/2023, 'Regular, Soft, Chopped to bite sizes for ease of swallowing. Current diet and interventions that were not initially included in the plan of care to meet resident's needs for safety and quality care are already included in the revised care plan.
PCG and staff were in-serviced to the updated care plan to let staff know what was missing and what should be included in a nutrition care plan.

Completion date: 5/19/23

Future Plan:

-PCG and RN, CM will collaborate to check the Expanded resident's Plan of Care for any missing, incomplete care plans once Comprehensive Assessment is done and Problems identified.
-RN, CM will also recheck completed care plans of the resident on the next following monthly visit and subsequent visits. PCG will report to RN, CM of any found missing or incomplete plan of care of any old or newly found problems.
-PCG and RN, CM will collaborate that all care plans, assessment forms, monthly visit summary forms are placed in the chart immediately once completed for review of completeness and update.

Myriam Tabaniag, RN, PCG

Licensee's/Administrator's Signature: 

Print Name: MYRIAM TABANIAG

Date: May 22, 2023

23 JUL 11 A10:30
STATE OF HAWAII
DOH-OHCA
STATE LICENSING