Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Elder Care, Inc., #III	**CHAPTER 100.1**
Address: **429 Ulupaina Street Kailua, Hawaii 96734**	**Inspection Date: May 3, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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. **FINDINGS** Resident #1 – "Wixela inhub 250mcg-50mcg dose powder for inhalation, 1 puff PO Q 12 hours" is placed on the medication administration record (MAR) starting 4/19/22, however, there is no signed Physician's order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Signed Physician's order was obtained for Wixela inhub 250mcg-50mcg dose powder for inhalation, 1 puff PO Q12hours and placed it on Resident #1 folder for review.	6/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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. **FINDINGS** Resident #1 – "Wixela inhub 250mcg-50mcg dose powder for inhalation, 1 puff PO Q 12 hours" is placed on the medication administration record (MAR) starting 4/19/22, however, there is no signed Physician's order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I revised my daily reminder checklist on :Complete New Telephone Physician's order.I printout copy of the new checklist is posted by my computer desk visible to me	6/11/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – "Wixela inhub 250mcg-50mcg dose powder for inhalation, 1 puff PO Q 12 hours" is no longer on the MAR starting July 2022, however, there is no discontinue order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Physician telephone order was obtained stating that Wixela inhub 250mcg-50mcg dose powder for inhalation 1 puff PO Q12 hours was discontinued on Resident #1. Order signed by physician was placed on Resident #1 folder for review.	6/1423

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – June 2022 care giver progress notes state that Wixela was discontinued on 6/22/22, however, MAR shows that medication was given from 6/23/22 to 6/30/22.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. MAR was corrected to reflect progress notes and Physician order.Correction was placed on Resident #1 folder available for review.	6/14/23

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☒	§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. **FINDINGS** Resident #1 – June 2022 care giver progress notes state that Wixela was discontinued on 6/22/22, however, MAR shows that medication was given from 6/23/22 to 6/30/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I revised my daily checklist to mark discontinue and put a line on it right away on MAR everytime there is a d/c order from Physician. A printout copy of the revised checklist is made and posted at my desk.	6/11/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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. **FINDINGS** Resident #1 – Benzonatate and Cereve remain on current medication administration record, however, neither are available to resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency were corrected. Benzonatate was clarified and discontinued . Cereve was replaced by Cetaphil (family preference) Physician order was placed on Resident #1 folder for review.	6/14/23

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	§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. **FINDINGS** Resident #1 – Benzonatate and Cereve remain on current medication administration record, however, neither are available to resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I revised my daily checklist to check for Physician's order and update my MAR immediately of any changes.Revision was posted at my desk for me as a reminder.	6/14/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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. **FINDINGS** Resident #1 – On 4/25/23 Physician orders, "Amoxicillin-Pot Clavulanate 500mg-125mg tab, take 1 tab PO BID x 7 days". Per medication administration record, the first dose was given on 4/25/22 at 1pm and was administered medication BID every day except today (so far today resident has only received morning dose) resident has three (3) doses left, however, there is only one dose remaining in the bottle.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Notified pharmacy for the shortage of medication but pharmacy did not replenish the missing dose.	5/3/23

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	§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. **FINDINGS** Resident #1 – On 4/25/23 Physician orders, "Amoxicillin-Pot Clavulanate 500mg-125mg tab, take 1 tab PO BID x 7 days". Per medication administration record, the first dose was given on 4/25/22 at 1pm and was administered medication BID every day except today (so far today resident has only received morning dose) resident has three (3) doses left, however, there is only one dose remaining in the bottle.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future , I created a reminder to count medication at the pharmacy before leaving the place. This reminder is placed at the medication cabinet for me or substitute care giver to follow.	5/3/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – on 5/11/22 Physician orders, "Polyethylene glycol 3350 17gm/dose powder dissolve 17g in 8 oz of H2O and drink Q daily". On 7/15/22 medication is changed to PRN for constipation, however, from August 2022 to current the MAR does not note the indication for the medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. August 2022 MAR was corrected to read Polyethylene glycol 3350 17gm/dose powder dissolve 17g in 8 oz of H2O and drink Qdaily for constipation. Corection was made and placed on Resident #1 folder for review.	6/13/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** Resident #1 – on 5/11/22 Physician orders, "Polyethylene glycol 3350 17gm/dose powder dissolve 17g in 8 oz of H2O and drink Q daily". On 7/15/22 medication is changed to PRN for constipation, however, from August 2022 to current the MAR does not note the indication for the medication.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I revised my everyday checklist to check all PRN medications orders includes indication for the medication.A copy of my revision checklist in posted at my desk to remind me at all times.	6/11/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – The following medication were not renewed every four months: • Physician orders "Benzonatate 100mg, take 1 capsule by mouth three times a day as needed for cough. Swallow capsules do not chew" on 5/11/22 and renews it on 11/15/22, however, medication was not renewed again during this inspection year. Medication currently remains on the medication administration record. • Physician orders "Cereve lotion apply to affected area BID to dry skin arms/legs" on 2/9/22 and renews it on 7/15/22 and 11/15/22, however, medication is not renewed again during this inspection year. Medication currently remains on the medication administration record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Bonzonatate was discontinued.Physician order was placed on Resident #1 folder for review. Cereve lotion was discontinued. Physician order was placed on Resident #1 folder for review.	5/4/23 5/4/23

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	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – The following medication were not renewed every four months: • Physician orders "Benzonatate 100mg, take 1 capsule by mouth three times a day as needed for cough. Swallow capsules do not chew" on 5/11/22 and renews it on 11/15/22, however, medication was not renewed again during this inspection year. Medication currently remains on the medication administration record. • Physician orders "Cereve lotion apply to affected area BID to dry skin arms/legs" on 2/9/22 and renews it on 7/15/22 and 11/15/22, however, medication is not renewed again during this inspection year. Medication currently remains on the medication administration record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I revised my Medication Renewal checklist that all medication are renewed every four months. Revised checklist copy is placed at my desk.	6/11/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Resident was administered Acetaminophen (Tylenol) PRN daily from 5/8/23 to 5/14/23. Documentation of all of the PRNs was summed up as follows: "Tylenol PRN given as ordered for pain with good relief." Documentation does not describe the circumstances surrounding the need for each PRN individually when it was taken by the resident. It does not describe resident's type of pain, location of pain, when/how resident was assessed as needing pain medication as resident is non-verbal, as well as when/how it was determined that each PRN provided "good relief" and how much relief that was.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Late entry documentation from 5/8/23 to 5/14/23 for Tylenol PRN were done and placed it on Resident #1 folder for review.	6/13/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Resident was administered Acetaminophen (Tylenol) PRN daily from 5/8/23 to 5/14/23. Documentation of all of the PRNs was summed up as follows: "Tylenol PRN given as ordered for pain with good relief." Documentation does not describe the circumstances surrounding the need for each PRN individually when it was taken by the resident. It does not describe resident's type of pain, location of pain, when/how resident was assessed as needing pain medication as resident is non-verbal, as well as when/how it was determined that each PRN provided "good relief" and how much relief that was.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I revised my Documentation reminder that includes and describes resident's type of pain, location of pain , evaluation of pain after pain medication is given.A printout copy of the reminder is placed at my desk.	6/11/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No current tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was not corected. Resident #1 expired 6/17/23. Hospice company policy is not allowed to do TB skin test, tried to obtain blood sample for quatiferon but unsuccessful. Another Bristol hospice RN is scheduled to come and draw blood on 6/19/23 but unfortunately expired on 6/17/23.	6/18/23

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☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – No current tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent from similar deficiency in the future I have made a checklist reminder that when a resident converted from positive TB skin test to negative TB skin test a client must have a TB skin test for clearance on a yearly basis.This checklist is added to my Annual physical Exam and TB skin test reminder.	6/18/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-23 Physical environment. (h)(4) 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. Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F. **FINDINGS** Temperature of water at the kitchen sink measured 145 degrees.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Water heater company personnel came to adjust the correct water temperature in the kitchen sink to range of 100 degress-to 120 degrees F.	5/4/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-23 Physical environment. (h)(4) 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. Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F. **FINDINGS** Temperature of water at the kitchen sink measured 145 degrees.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I placed a note in the kitchen to check daily temperature of the water maintaining withinthe range of 100 degress-120 degress F. Substitute care givers are instructed to follow the note posted.	6/11/23

Licensee's/Administrator's Signature: ntenorio

Print Name: Norma Tenorio

Date: 6/18/23