Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Care Homes By Hale Makua	**CHAPTER 100.1**
Address: 1540 Lower Main Street, Wailuku, Hawaii 96793	**Inspection Date: October 2, 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 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
☒	§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 #2 – Physician order dated 9/3/24 for "Tylenol 650mg PO Q4 PRN for pain or temp > 100" and another physician order with the same date for "Tylenol 325mg tab. Take 1 tablet every 4 hours as needed for pain or temp >100." No documented evidence of clarification received for two conflicting orders of same PRN medication. Submit discontinuation order for erroneous medication order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) Medications Corrective Action PRN Tylenol order clarified, and discontinued order received due to erroneous medications ordered. On 10/2/24 clarification order received, and on 10/9/24 discontinued order received for erroneous medication order. (See Attached)	10/09/2024

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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 #2 – Physician order dated 9/3/24 for "Tylenol 650mg PO Q4 PRN for pain or temp > 100" and another physician order with the same date for "Tylenol 325mg tab. Take 1 tablet every 4 hours as needed for pain or temp >100." No documented evidence of clarification received for two conflicting orders of same PRN medication. Submit discontinuation order for erroneous medication order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly medication audits to ensure current medication orders match. Monthly audit reminders will be written on PCG desk calendar on the 15th of each month. Any discrepancies will be corrected immediately. Date of Correction Compliance will be met by 11/6/24, and ongoing.	11/06/2024

	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 #2 – 1/2024 medication administration record (MAR) observed "Atorvastatin 40mg tablet, give 40mg PO daily in AM" discontinued on 1/2/2024. However, no discontinued order observed. Submit discontinuation order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) Medications Corrective Action Atorvastatin order clarified, and discontinued order received. On 10/2/24 clarification of current dosage of Atorvastatin order received, and on 10/9/24 discontinued order received for incorrect. (See Attached)	10/09/2024

	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 #2 – 1/2024 medication administration record (MAR) observed "Atorvastatin 40mg tablet, give 40mg PO daily in AM" discontinued on 1/2/2024. However, no discontinued order observed. Submit discontinuation order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly medication audits to ensure current medication orders are updated/match. Monthly audit reminders will be written on PCG desk calendar on the 15th of each month. Any discrepancies will be corrected immediately. Date of Correction Compliance will be met by 11/6/24, and ongoing.	11/06/2024

	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 #2 – Physician order dated 4/3/24 for "Atorvastatin 20mg PO. 1 tab QAM." And on 9/3/24 re-evaluation order dated 9/3/24 for "Atorvastatin 40mg, PO QAM." No documented evidence of a discontinued order for Atorvastatin 20mg. Medication Administration Record and medication bottle on hand is for Atorvastatin 20mg tablet. Submit confirmed dosage order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) Medications Corrective Action Atorvastatin order clarified, and discontinued order received. On 10/2/24 clarification of current dosage of Atorvastatin order received, and on 10/9/24 discontinued order received for incorrect dosage. (See Attached)	10/09/2024

	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 #2 – Physician order dated 4/3/24 for "Atorvastatin 20mg PO. 1 tab QAM." And on 9/3/24 re-evaluation order dated 9/3/24 for "Atorvastatin 40mg, PO QAM." No documented evidence of a discontinued order for Atorvastatin 20mg. Medication Administration Record and medication bottle on hand is for Atorvastatin 20mg tablet. Submit confirmed dosage order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly medication audits to ensure current medication orders are updated/match. Monthly audit reminders will be written on PCG desk calendar on the 15th of each month. Any discrepancies will be corrected immediately. Date of Correction Compliance will be met by 11/6/24, and ongoing.	11/06/2024

	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 – Physician's order dated 3/19/24 states, "Avoid NSAIDs" and again on 6/21/24, "No NSAIDs"; however, resident continues to take Aspirin 81mg daily, per MAR.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) Medications Corrective Action Clarification order received per note stated on Nephrology Consult. On 10/2/24 clarification order received, as well as note received stating that it is okay to continue on Aspirin 81mg QD. (See Attached)	10/02/2024

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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 – Physician's order dated 9/6/23 states, "timolol-brimonidi-dorzolam (PF) drops; 0.5-0.15-2% 1 GTT, ADMINISTER 1 GTT TO EACH EYE AT 8AM AND 8PM"; however, medication being administered is DORZOL/TIMOL 22.3-6.8MG OP SOL SOM	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) Medications Corrective Action Clarification order received for the correct eye drop medication that has been administered since ordered. Medication order corrected to reflect the current eye drop ordered in Matrix due to an entry error. On 10/2/24 clarification of eye drop medication order received. (See Attached)	10/02/2024

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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 – Physician's order dated 9/6/23 states, "timolol-brimonidi-dorzolam (PF) drops; 0.5-0.15-2% 1 GTT, ADMINISTER 1 GTT TO EACH EYE AT 8AM AND 8PM"; however, medication being administered is DORZOL/TIMOL 22.3-6.8MG OP SOL SOM	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly medication audits to ensure medication labels, orders, and medication administration records match. Monthly audit reminders will be written on PCG desk calendar on the 15th of each month. Any discrepancies will be corrected immediately. Date of Correction Compliance will be met by 11/6/24, and ongoing.	11/06/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. **FINDINGS** Resident #1 – Incident report unavailable for ED visit on 2/16/24 for cellulitis of left leg	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. **FINDINGS** Resident #1 – Incident report unavailable for ED visit on 2/16/24 for cellulitis of left leg	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly chart and incident report folder audits to ensure an incident report has been completed for all events. Monthly audit reminders will be written on PCG desk calendar on the 25th of each month. Any incomplete incident reports will be addressed immediately. Date of Correction Compliance will be met by 11/06/24, and ongoing.	11/06/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: 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; **FINDINGS** Resident #2 – Blue ink observed on daily activity record for the months of 2/2024, 3/2024, 4/2024, and 7/2024.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: 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; **FINDINGS** Resident #2 – Blue ink observed on daily activity record for the months of 2/2024, 3/2024, 4/2024, and 7/2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly ADL charting audits on the 5th of every following month prior to filing them in individual charts to ensure only black ink is used for charting, as well as 1x written in-service for all staff to ensure understanding dated 10/22/24 (to be attached when completed). Monthly audit reminder to be written on PCG desk calendar each month on the 5th. Any discrepancies will be addressed immediately. Date of Correction Compliance will be met by 11/6/24, and ongoing.	11/06/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #2 – White out observed on Resident leave sign out sheet where her name was written over.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident #2 – White out observed on Resident leave sign out sheet where her name was written over.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Systemic Changes and Monitoring Primary Care Giver (PCG) will conduct monthly sign out forms for leave on the 5th of every month prior to filing them in individual charts to ensure white out is not used, as well as 1x written in-service for all staff to ensure understanding dated 10/22/24 (to be attached when completed). Monthly audit reminder to be written on PCG desk calendar each month on the 5th. Any discrepancies will be addressed immediately. Date of Correction Compliance will be met by 11/6/24, and ongoing.	11/06/2024

Licensee's/Administrator's Signature: Trisha Akahi

Print Name: Trisha Akahi

Date: 10/22/2024