Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (918)	**CHAPTER 100.1**
Address: 918 12th Avenue, Honolulu, Hawaii 96816	**Inspection Date: December 12, 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** SCG #1,2 – Current Fieldprint clearance unavailable SCG #2 – Two consecutive years of Fieldprint clearances unavailable Submit a copy of current Fieldprint clearances with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief performed with the Care Home of DOH audit on 12/18/24 by Nurse Manager. *Discussed staff qualifications and correction strategy, staff aware of plan. *For SCG #2, discussion took place on 12/20/24. Fieldprint completed on 12/24/24. Another to be obtained in one year. Copy to be emailed to auditor. See attachment A. *For SCG #1, October 2024 Fieldprint results obtained, emailed to admin team, however, qualifications were not updated upon audit. Fieldprint green light determination obtained on 10/25/24, see attachment B.	12/20/2024

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☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** SCG #1,2 – Current Fieldprint clearance unavailable SCG #2 – Two consecutive years of Fieldprint clearances unavailable Submit a copy of current Fieldprint clearances 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?** *For plan of correction, upon hiring of new NA's, administration will assist in scheduling an initial Fieldprint appointment during training and orientation to ensure a date is set. *For ongoing monitoring, Operations Coordinator on administration team will assess and monitor in Excel. *In addition, administration will send out quarterly reminders with Fieldprint due dates for both nurses and NA's. *Lastly, nurse management performs daily house visits. This includes a monthly check of Fieldprint due dates to ensure that verbal reminders by management and follow through is performed by staff members. Administration aware of plan on 12/18/24.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1 – Current annual physical exam unavailable Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief performed with the Care Home of DOH audit on 12/18/24 by Nurse Manager. *Discussed staff qualifications and correction strategy, staff aware of plan. *SCG #1 performed physical on 12/28/24. Copy to be emailed to auditor. See attachment C.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1 – Current annual physical exam unavailable Submit a copy 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?** *Upon hire, administration team to collect/follow up on qualifications such as physical. *For ongoing follow through, administration will provide quarterly reminders for physicals. *Operations Coordinator will continuously monitor staff qualifications in Excel. *In addition, nurse management will perform monthly audits to ensure core and float staff are up to date on physicals. This will allow management to provide verbal reminders and ensure follow through.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Initial 2-step and current annual TB clearance unavailable Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief performed with the Care Home on DOH audit on 12/18/24 by Nurse Manager. *Discussed staff qualifications and correction strategy, staff aware of plan. *SCG #1 obtained two step on 12/20/24 and 12/27/24. Copy to be emailed to auditor, see attachment D.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Initial 2-step and current annual TB clearance unavailable Submit a copy 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?** *Upon hire, administration team to collect/follow up on qualifications such as 2-step TB and annual TBs thereafter until hire at Manoa Senior Care. *For post hire ongoing PPD follow through, administration will provide quarterly reminders for TB due dates. *In addition, nurse management will perform monthly audits to ensure core and float staff are up to date on TB. This will allow management to provide verbal reminders and ensure follow through. Administration aware of plan on 12/18/24.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #2 – The following medication bottles were unlabeled: - Routine Calcium 600mg bottle - PRN Mylanta bottle	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Debrief performed with the Care Home on DOH audit on 12/18/24 by Nurse Manager. *Medications labeled appropriately on 12/18/24 by House Supervisor during meeting/debrief with NM.	12/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #2 – The following medication bottles were unlabeled: - Routine Calcium 600mg bottle - PRN Mylanta 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?** *Management to begin education during training and orientation to all House Supervisors and Nurses working the 12-hour shift regarding all OTC medications brought into the home. *OTCs brought in by family must be appropriately labeled with resident name, drug, dose, route, frequency, and initials of transcribing staff member at time of receival. *In addition, nurse management will perform monthly to ensure medications are stored and labeled appropriately. This will allow management and team to have continuous discussion and ensure follow through.	12/20/2024

	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 1/5/24 states, "Losartan 100mg Tabs Take 1 tab by mouth once daily – Hold for SBP less than 110 – Notify PCP if SBP greater than 180 or less than 100 DBP". Resident's blood pressure was 98/60 on 2/16/24, however, no documented evidence physician was notified.	**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
☒	§11-100.1-15 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 1/5/24 states, "Losartan 100mg Tabs Take 1 tab by mouth once daily – Hold for SBP less than 110 – Notify PCP if SBP greater than 180 or less than 100 DBP". Resident's blood pressure was 98/60 on 2/16/24, however, no documented evidence physician was notified.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Debrief performed with the Care Home on DOH audit on 12/18/24 by Nurse Manager. *Plan of correction includes an FYI order to the MAR in a separate location and in the order itself as a continuous reminder for blood pressure updates. *In addition, nurse management will perform MAR checks with every house visit throughout the week to audit and ensure team is following all order components. This will allow management and team to have continuous discussion and ensure follow through.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Monthly fire drills unavailable for 12/2023, 1/2024, and 3/2024	**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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☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Monthly fire drills unavailable for 12/2023, 1/2024, and 3/2024	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Debrief performed with the Care Home on DOH audit on 12/18/24 by Nurse Manager. *Plan of correction to include updating house calendar with fire drill dates for performance and also adding to phone calendar for auditory and visual reminder. *In addition, management performs weekly house visits and to ensure audit components are up to date, will do a monthly assessment of fire drill binder to ensure team and management are continuously discussing drills and requirements.	12/20/2024

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 12/20/2024