Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (930)	**CHAPTER 100.1**
Address: 930 12th Avenue, Honolulu, Hawaii 96816	**Inspection Date: December 13, 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
☒	§11-100.1-9 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 #2 – Current annual physical exam unavailable. Last documented PE dated 8/5/23 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 12/20/24 by Nurse Manager. Discussed staff qualifications and correction strategy, staff aware of plan. SCG #1 obtained physical on 12/23/24 copy to be emailed to auditor, see attachment A.	12/23/2024

	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 #2 – Current annual physical exam unavailable. Last documented PE dated 8/5/23 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 during house visits until copies received for completion. 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. (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 #2 – Current annual TB clearance unavailable. Last documented TB clearance dated 5/24/23 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 12/20/24 by nurse manager. Discussed staff qualifications and correction strategy, staff aware of plan. SCG #2 obtained TB clearance on 12/26/24, copy to be emailed to auditor, see attachment B.	12/26/2024

	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 1 ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 – Current annual TB clearance unavailable. Last documented TB clearance dated 5/24/23 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 annual TBs after hire. For post hire PPD follow through, administration will provide quarterly reminders for TB due dates. Admin to monitor via excel document. 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 during house visits until copies received for completion. Administration aware of plan on 12/18/24.	12/20/2024

	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 #1 – No documented evidence that the diet order (9/4/24), "Regular to pureed diet as tolerated" was clarified with the physician to include the type of diet Submit evidence of diet order clarification with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Diet clarification sent to MD of 12/27/24, order signed by MD on 12/30/24. Copy to be sent to auditor, see attachment C.	12/30/2024

	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 #1 – No documented evidence that the diet order (9/4/24), "Regular to pureed diet as tolerated" was clarified with the physician to include the type of diet Submit evidence of diet order clarification 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?** Education to initially begin upon hire for all staff to include therapeutic diet, food consistency, and liquids consistency. Nurses and NA's working 12 hour shift to be educated and trained on ensuring MARs and documentation include such. For ongoing education and training, during routine visits, management reviews MARs which includes diet assessment. During debrief, management and nurse or 12 hour NA, to discuss the importance of a three component diet and encourage clarifications as needed. Upon admission of resident, management completes admission paperwork, all management team aware of three component diets for MARs and all other documentation.	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 – Medication bottle of Rocklatan 0.02%-0.0005 opthalmic solution had a label to "discard 42 days after opening"; however, open date or date to discard not written on bottle	**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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	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, "Bisacodyl 10mg Supp unwrap and insert 1 suppository rectally once daily as needed for constipation if no bowel movement for 3 days"; however, ADL record shows resident exceeded 3 days of no bowel movements without evidence of medication administration for the following dates: 3/24/24-3/28/24, 5/17/24-5/21/24, 5/31/24-6/3/24, 6/22/24-6/25/24, 6/28/24-7/1/24, 7/5/24-7/8/24, 8/4/24-8/8/24, 10/10/24-10/13/24	**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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #2 – PCG assessment unavailable for readmission on 9/4/24	**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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	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** Fire drill conducted on 1/15/24 does not include the duration of time	**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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #1 – Only 6.1/12 annual continuing education hours completed Submit evidence of 5.9 hours of completed continuing education hours with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 completed annual continuing education hours on 12/14/24 . Copy to be emailed to auditor, see attachment D.	12/14/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #1 – Only 6.1/12 annual continuing education hours completed Submit evidence of 5.9 hours of completed continuing education hours 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?** DON will send out continuing education reminders and courses twice yearly, once in January and once in July. Therefore, staff have time to complete before DOH audits begin. In addition, DON, ADON, and NM will perform monthly audits of continuing education qualifications for each home. DON will continuously update Excel document for tracking information so management can follow up on verbal reminders and continuing discussion for completion during house visits.	12/20/2024

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 01/02/2024