Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ka Malama Home II	**CHAPTER 100.1**
Address: **45-332 Ka Hanahou Circle, Kaneohe, Hawaii 96744**	**Inspection Date: February 25, 2025 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. (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** Substitute caregiver (SCG) #1 – No documented evidence of an initial (2-step) tuberculosis (TB) clearance. *Submit a copy with your plan of correction (POC).*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, the Primary Care Giver (PCG) requested the Substitute Care Giver (SCG) #1 to set an appointment with her PCP for a 2-STEP TB Test. - Feb. 25, 2025 A 2-STEP TB Test were scheduled and administered by the Primary Care Physician (PCP) of SCG #1. - Feb. 26, 2025 (1st STEP) - March 5, 2025 (2nd STEP) A copy of the results of the STEP 1 and 2 TB Test were obtained and submitted to the Care Home. It is filed in the Employees Folder. - March 5, 2025 Note: Attached are copies of the results of STEP 1 & 2 TB clearance of SCG #1	

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☒	§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** Substitute caregiver (SCG) #1 – No documented evidence of an initial (2-step) tuberculosis (TB) 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?** - In the future, to prevent this from happening again, the PCA made a checklist of documents required for new CH employees to submit before they start to work at the Care Home (CH). - Before hiring a new employee - PCA will ensure that a 2 STEP TB clearance must be submitted at least a week before they can start working at the Care Home. - One week before an employee can start working at the Care Home. - A copy of the results of the 2-STEP TB test will be filed in each individual Employees Folder. - As it arrived.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Refrigerated medications stored in a separate container were found unsecured in the fridge – padlock is not engaged.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, PCA examined immediately the padlock of the refrigerated medications and found out it is rusty therefore making it difficult to lock. • PCG reported it to our Admin's. trainer and requested to buy a new one which is made of plastic padlock preventing it to become rusty due to the water moisture in the fridge • A new padlock was securely replaced in the box for the refrigerated medications. Note: A picture of the newly installed padlock for the medication box was sent to our Nurse Consultant from DAH - RHCA.	• Feb. 25, 2025 • March 1, 2025 • March 5, 2025

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☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Refrigerated medications stored in a separate container were found unsecured in the fridge – padlock is not engaged.	**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 ensure that this will not happen again in the future... 1. PCG and trained SCGs shall check the lock of the refrigerated medication box each time they use it and ensure that is securely lock at all times. → DAILY 2. Designate a "point person" among the caregivers to do the inventory of medication boxes and to ensure that all the containers with padlocks are all in good condition. → Monthly	

	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 -Senna Plus order was changed from PRN to daily on 10/23/24 but was not carried on the medication administration record (MAR). Current MAR (February 2025) still shows the Senna Plus order as PRN. *Submit a copy of the revised February 2025 MAR with your POC.*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 1. YES, PCG together with the SCG reviewed the "After-visit-Report", vis-a-vis the monthly MAR of Resident #1. Immediately we revised the February 2025 Medication Record (MAR) taking note. the changes from PRN to DAILY routine. 2. A "post-it sticker" was placed on the February 2025 MAR to serve as a reminder for the changed made of Senna Plus from PRN to DAILY Routine. Note: Attached is a xerox copy of the Revised February 2025 MAR of Res. # 1	1. Feb. 26, 2025 2. Feb. 26, 2025

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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 – No available supply to administer PRN medication, Ondansetron (Zofran), for nausea/vomiting. *Submit proof of correction with your POC.*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** ✓ YES, the PCG noted that the PRN medication for Nausea/vomiting for Res. #1 which is Ondansetron (Zofran) was out of supply. ✓ PCG called the new PCP of Res#1 and requested a new prescription for the PRN meds. However, the new pcp was out on vacation. PCG left a message to the Medical Assistant in-charge of refilling meds. ✓ PCG followed-up the request for refill and was called in by the pcp at Longs Pharmacy Kaneohe branch. Got the refilled meds. (Note: As soon as the PCG got the refilled Meds. at the Pharmacy a photo was taken and sent it to our DOH-OHCA Nurse Inspector)	✓ Feb. 24, 2025 ✓ Feb 28, 2025 ✓ March 5, 2025

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☒	§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 – The following medication orders did not appear on MAR as follows: - Trazodone 50 mg ½ tab po QHS – none on July and August 2024 MAR. - Tums 500 mg 2 tabs po BID – none on October MAR - Quetiapine Fumarate 25 mg ½ tab po at lunch time, may repeat every 6 hours PRN for agitation – none on July, August, October, November, December 2024 MAR, and January and **February 2025 MAR**. *Submit a copy of the revised February MAR with your POC.*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > YES, the PCG together with the SCG had a meeting and reviewed the monthly MAR of Res. #1 and discussed the documentation issues/concerns of the med. orders not included or had it missed on the monthly MAR. > PCG assigned a "point person" in-charge of double checking the monthly MAR for both Routine and PRN meds. > Installed a monitoring sheet that will be used regularly in double checking the correctness of the MAR vis-a-vis med. orders (new orders or changes made by PCP/APRN). > Note: Attached is a copy of the current revised February 2025 MAR (Correcting the deficiency after the fact is not appropriate for the past months.)	> Feb. 28, 2025 > March 1, 2025 > March 1, 2025

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	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 – Current care plan does not include all medication orders. *Submit a copy of the revised care plan with your POC.*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 7 YES, the PCG met the RNCM of Res. #1, discussed about the care Plan and the findings of the DAH- ONCH Nurse consultant) 7 Both the PCG and RNCM reviewed thoroughly the care plan per item and found out that there are three (3) PRN med. orders not included in the care Plan (Seroquel, Tums & Aspirin) 7 RNCM re-write the care plan and incorporate the changes based on the comments and recommendations during the Annual care home inspection. 7 A copy of the Revised care plan was brought to the PCA/SCA and PCP (the new one because the old one retained) of Res. #1 for review and signature (Note: Attached is a copy of the Revised care plan of Res. #1)	7 Feb. 25, 2025 7 March 8, 2025 7 March 14, 2025 7 March 15, 2025

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☒	§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 – Current care plan does not include all medication orders.	**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 ensure that this won't happen again in the future the following should be done: 1. During the monthly monitoring visit, the PCG should discuss if there are new concerns / issues as well as new med. orders / treatment for Res. # 1. → Monthly 2. Review each item of the Care Plan thoroughly and update if needed to meet the needs / concerns of the resident. → Monthly 3. Revise the care plan if needed as a result of the discussions during the monthly monitoring visit of the RN CM in consultation with the PHA / SSM, the PCG & MD / APRN. → Monthly 4. Document any observable outcomes or changes in the resident's needs / concerns. → As needed	

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☒	§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 #1 – Care plan was not updated to address risk for wandering as noted on physician's note dated 1/8/25, and at risk for bleeding due to long-term use of nonsteroidal anti-inflammatory drug Aspirin. *Submit a copy of the revised care plan with your POC.*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 7 YES, PCG met with the RNCM and discussed the MD notes regarding the risks for wandering of Res. #1 and also the risk for bleeding due to the long-term use of NSAID (Aspirin 81 mg.) 7 PCG met with the POA / son of Res. #1 and decided to install alarm system to all the entrance / exit doors at the Care Home. 7 Designated a caregiver on-duty to watch Res. #1 in every shift and document it in the resident's Progress Notes. for any behavior concerns. 7 PCG scheduled the 1st MD visit of the new PCP to discuss issues / concerns regarding behavior changes of Res. #1 together with the family representative / POA.	7 March 8, 2025 7 March 9, 2025 7 March 9, 2025 7 April 21, 2025

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☒	§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 #1 – Care plan was not updated to address risk for wandering as noted on physician's note dated 1/8/25, and at risk for bleeding due to long-term use of nonsteroidal anti-inflammatory drug Aspirin.	**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 ensure that this won't happen again in the future the following should be done. 1) The PCG / SCG together with the RNCM should review the Resident Care Plan to include plans to address the issue / risk of wandering and bleeding B Res. #1 due to long term usage of NSAID (Aspirin 81 mg) 2) Continuous revision of the care Plan if there are changes in the needs & interventions for Res. #1. 3) Document any changes for discussion with the new PCP during her 1st visit of Res. #1 (April 21, 2025.)	1) Monthly 2) Monthly 3) Monthly or as the need arise

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Licensee's/Administrator's Signature: _____

Print Name: HELEN GRACE M. ELICAÑOS

Date: MARCH 15, 2025