

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Household member – No annual tuberculosis clearance. Submit a copy with the plan of correction.</p>	<p>Household member is now cleared with TB clearance form attached. Household member [redacted] and Resident [redacted]</p>	2/21/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver (SCG [redacted] and SCG [redacted] No training by</p>	<p>SCG's [redacted] are now trained to give residents medications on time and to record each event and document it.</p>	2/12/15

	Rules (Criteria)	Plan of Correction	Completion Date
	the primary care giver (PCG) to make prescribed medication available to residents.		
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS A large bottle of Windex was unsecured on a shelf at the back exit.</p>	<p>Toxic chemicals + cleaning agents such as Windex + all other poisonous items were all properly relabeled + securely stored in locked cabinet. SC's + house mem were informed. PC's will double check daily that cabinets are locked.</p>	2/12/15
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p>	<p>I will contact the PCP the present meds, I will double check the order for my Resident [redacted] I will assure documented by PCP. To prevent similar deficiencies PC's + SC's that we will update the PCP order every mo. or 3 months.</p> <p>[redacted]</p> <p>I will document to my records (MAR) and I will inform my SC's to double check also. PCP meds ordered are important I will contact the PCP to get the present meds his taking everyday document by the doctor. + I will double check w/ my SC's that Res [redacted] is taking the right meds. right dosage and record after.</p>	5/4/15

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	I changed the MAR everything is up to date. To prevent similar errors agencies, I double check everyday & I informed my SC's also to check.	5/4/15
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>It's important to get the right order fr. the PCP right Meds. dosages and quantity w/ signing. In the future I will ask the PCP the present meds. for my Resident [REDACTED] every mo. or every 3 mo. to up to date the MAR. I informed my SC's to do the same.</p> <p>It's important to have PCP order in accurate for the Resident and follow every single day you give the Meds. I document right after I will double check the MAR & compare the PCP order. who mistakes and I informed my SC's to do the same also.</p>	5/4/15
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p>	<p>[REDACTED]</p> <p>I will ensure what ever comes out w/ needs [REDACTED] is taking I will write down to the progress notes if any changes in condition and I informed my SC's to do the same also.</p>	5/4/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p>From now on, I will document the PEP orders to ensure that my resident [REDACTED] is taking the right milk ordered by PEP. To prevent similar deficiencies, if any changes in condition documentation for the Progress notes is needed. I also informed my staff [REDACTED] to do the same.</p>	<p>5/4/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS</p> <p>There was a hasp type locking device on the front screen door.</p>	<p>Locking device on the front door is removed, and now more accessible for the Residents</p>	<p>2/12/15</p>

Licensee/Administrator's Signature

Print Name

Date:

5/5/15

Office of Health Care Assurance

State Licensing Section

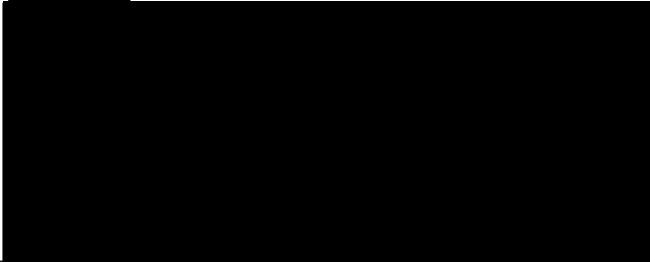
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Household member – No annual tuberculosis clearance. Submit a copy with the plan of correction.</p>	<p>Annual TB clearance will be enforced. All individuals who either reside or provide care will be prompt to obtain an annual TB clearance & show documented evidence.</p>	6/12/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver (SCG) [redacted] and SCG [redacted] – No training by</p>	<p>The substitute care giver [redacted] will be trained by the primary care giver to make prescribed medication available to residents. All future substitute care givers will be trained as well.</p>	6/12/15

	Rules (Criteria)	Plan of Correction	Completion Date
	the primary care giver (PCG) to make prescribed medication available to residents.		
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS A large bottle of Windex was unsecured on a shelf at the back exit.</p>	<p>The large bottle of Windex will be properly secure & stored at the appropriate location (locked cabinet). All toxic chemicals & cleaning agents will be stored at an appropriate location (locked cabinet)</p>	6/12/15
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>① Clarify physician order ② Make necessary changes to medication record. ③ Administer medication as ordered ④ If resident request medication to be given at a different time/frequency, discuss with physician. ⑤ Have physician change medication order & documented. ⑥ Follow physicians order</p>	6/12/15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS</p>	<p>Resident [redacted] Review physicians order to clarify order. Make necessary changes to correct the medication record. In the future all medications will be reviewed carefully to prevent any errors.</p> <p>Resident [redacted] Review physicians order to clarify order. Make necessary changes to correct the medication record. In the future all medications will be reviewed carefully to prevent any errors.</p>	<p>6/12/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p>		<p>6/12/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> 	<p>in the future progress notes will be written on a monthly basis or more often as appropriate.</p>	<p>6/12/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS There was a hasp type locking device on the front screen door.</p>	<p>The "hasp type locking device" will be removed immediately on the front screen door. All fire escapes, stairways & hallways will be free from obstruction. Exit equipment will be maintained in good repair.</p>	<p>6/12/15</p>

Licensee/Administrator's Signature: Edna F. Nicomedes

Print Name: Edna F. Nicomedes

Date: 6/12/15

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Household member - No annual tuberculosis clearance. Submit a copy with the plan of correction.</p>	<p>Household members is now clear w/ TB clearance form attached In the future, I will make a list all the requirements that they need for my family member. Resident, Personnel & staff to</p>	10/8/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver (SCG) [redacted] and SCG [redacted] - No training by</p>	<p>prevent similar deficiency. SCG's [redacted] are now trained to give resident [redacted] medicine on time and to record each event In the future, I will check MAR and document each event to prevent similar deficiency w/ my SCG's [redacted]</p>	10/8/15

	Rules (Criteria)	Plan of Correction	Completion Date
	the primary care giver (PCG) to make prescribed medication available to residents.		
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS A large bottle of Windex was unsecured on a shelf at the back exit.</p>	<p>Bottle of Windex is now in a locked cabinet. In the future, I will make sure no cleaning agents unsecured on a shelf, should be in a locked cabinet to prevent similar deficiency.</p>	10/8/15
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>> I contact former PCP who prescribed the Meds. to obtain records. In the future, I will not admit any residents who any records esp. the Meds coming from the PCP make sure you doing right for your residents and to prevent similar deficiency.</p> <p>[REDACTED]</p> <p>In the future, I will clarify to MD what dosage what Meds. I will tell my staff to follow doctor's order to prevent similar deficiency.</p>	10/8/15

> contact resident #1 former PCP to obtain records.
In the future, I will not allow resident [REDACTED] to take who doctor's order meds. will not allow also in danger situation and to prevent similar deficiency.

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	[REDACTED]	10/8/15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS There was a hasp type locking device on the front screen door.</p>	<p>[REDACTED]</p> <p>locking device on the front door is removed In the future, I will not put any locking device in any doors to protect everybody for fires.</p>	10/8/15

Licensee/Administrator's Signature:

[REDACTED SIGNATURE]

Print Name:

Date: 10/8/15

Office of Health Care Assurance

State Licensing Section


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Household member – No annual tuberculosis clearance. Submit a copy with the plan of correction.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver (SCG) ■■■ and SCG ■■■ – No training by</p>	<p>All new substitute care givers will be trained to make medications available to residents and document the training.</p>	11/4/15

	Rules (Criteria)	Plan of Correction	Completion Date
	the primary care giver (PCG) to make prescribed medication available to residents.		
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS A large bottle of Windex was unsecured on a shelf at the back exit.</p>		
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div>	<p>I will check that there is a physician order for all medications brought to the home. I will check all labels to make sure it matches physician order. I will double check physician order and label, and the medication record to make sure the medication is the same if not I will call the physician to clarify.</p>	<p>11/4/15</p>

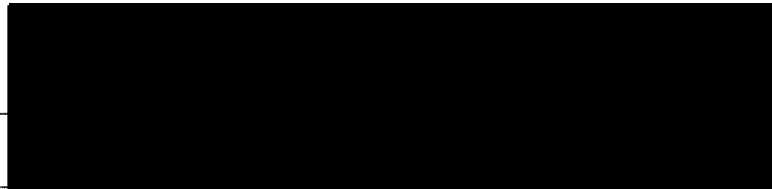
	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS</p> <p>[REDACTED]</p>		
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u></p> 		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> There was a hasp type locking device on the front screen door.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____



11/4/15