

4/1/15 TC discussion
PCG

P. 1/1

TO: 6927414

808 676 2810

FROM: HOUSE OF ALOHA

MAR-18-2015 07:58

Office of Health Care Assurance

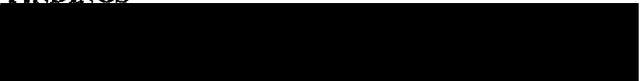
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

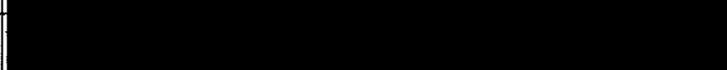
Facility's Name: House of Aloha	CHAPTER 100.1
Address: 86-569 Paheehoe Road, Waianae, Hawaii 96792	Inspection Date: February 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS [Redacted] No annual physical examination.</p>	<p>In the future we shall update our records and everything should be current. Primary care giver and substitute care giver #1 went for P.E. For future plan we have to keep our records until the next inspection. Substitute care giver #2 no longer employed in our care home.</p>	02/24/2015
<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 Substitute care giver [Redacted] No tuberculosis (TB) clearance.</p>	<p>In the future we make sure to update all the requirements for all individuals who either reside or provide care or services to the residence. All documents must be kept until the next inspection.</p>	02/24/2015

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (D)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p>FINDINGS Substitute care givers – No documentation of training for blood sugar checks.</p>	<p><i>In the future PCG should have a written documentation for substitute care givers who are trained for blood sugar checks. written documentation was done right away for blood sugar checks for all substitute care givers.</i></p>	<p><i>02/11/2015</i></p>
<input checked="" type="checkbox"/>	<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; width: 100%; height: 100%;"></div>	<p><i>for future plan don't give resident over the counter medication without order from the doctor (esp. on the weekend). call physician exchange prior to giving medication to the resident. PCG went to get physician order for PRN. → make sure that in the future, medication label and medication record follows what is written in the physician order. In the future make sure to write down the specific name of the medication given to the resident. order is carried out. →</i></p>	<p><i>02/23/2015</i></p> <p><i>→ 02/23/2015</i></p> <p><i>→ 02/10/2015</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	physician or APRN, not to exceed one year. FINDINGS 	<i>make sure that all medications orders shall be reevaluated and signed by the physician or APRN every four months. all medication orders was made and have physician signed it.</i>	<i>01/21/2015</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS </p>	<i>In the future all telephone orders received should be recorded on the physician order immediately and written ^{confirmation} shall be obtained at the next physician visit and not later than 4 months.</i>	<i>02/11/2015</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.</p> <p>FINDINGS </p>	<i>make sure that all over the counter medications be recorded on the resident's medication record with, date, time, name of drug and dosage and initialed by the care giver.</i>	<i>02/11/2015</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p>	<i>a schedule of activities should be developed and implemented for each resident.</i>	<i>02/11/2015</i>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1 - No schedule of activities.</p>	<p><i>Plan of schedule activities was made for all (3) residents.</i></p>	<p><i>02/11/2015</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 Records and reports. (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 [REDACTED]</p>	<p><i>In the future we need to get physician order for blood sugar checks signed by the physician or APRN.</i></p> <p><i>Physician order for blood sugar checks was acquired.</i></p>	<p><i>02/23/2015</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS [REDACTED] No annual TB clearance.</p>	<p><i>Resident should have TB clearance re-evaluation yearly.</i></p> <p><i>Resident with PCG went to see the physician to acquire TB clearance</i></p>	<p><i>02/23/2015</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS [REDACTED]</p>	<p><i>In the future plan make sure that supplement be made available to the resident as ordered by the physician or APRN.</i></p>	<p><i>11/04/2015</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	7/30/14 was not recorded as taken by the resident.		11/04/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS No legend provided for the medication record.</p>	<p>Full names of primary care giver and substitute care giver should be written down in the legend to identify them. This citation has been corrected and from now on we fill in the legend in the recording entries.</p>	02/11/2015

Licensee/Administrator's Signature: 

Print Name: 

Date: 03/17/2015

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: House of Aloha	CHAPTER 100.1
Address: 86-569 Paheehee Road, Waianae, Hawaii 96792	Inspection Date: February 10, 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> (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.</p> <p>FINDINGS [REDACTED] No annual physical examination.</p>	<p>[REDACTED]</p> <p><i>I will post reminders on calendar when physical exam or TB clearance is needed. I will make sure I have enough time to get PE or TB clearance. I will put reminders on calendar before they expire.</i></p> <p>[REDACTED]</p> <p><i>I will keep all clearances until after the next annual inspection.</i></p>	<p>02/17/2015</p> <p>03/16/2015</p> <p>02/24/2015</p>
<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 [REDACTED] - No tuberculosis (TB) clearance.</p>	<p>[REDACTED]</p> <p><i>I will keep all clearances until after the next annual inspection.</i></p>	<p>02/11/2015</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p>FINDINGS Substitute care givers – No documentation of training for blood sugar checks.</p>	<p>In the future PCG will have a written documentation for substitute care givers who are trained for Blood sugar checks. Written documentation was done right away for blood sugar checks for all substitute care givers.</p>	<p>02-11-2015</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>	<p># for future plan don't give resident over the counter medication without order from the doctor (esp. on the weekend). Call physician exchange prior to giving medication to the resident. # make sure that in the future medication label and medication record follows what is written in the physician order. I will check medication label and compare to physician order. if it's not the same I will call the physician to verify the order. # I will check the physician order if it has the name of medicine clearly written, if not I will call the doctor.</p>	<p>02/23/2015 02/11/2015</p>
☒	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the</p>	<p>I will put reminders on my calendar when the list of medications needs to be updated or completed.</p>	<p>02/11/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	physician or APRN, not to exceed one year. FINDINGS [REDACTED]	<i>Before I leave the office I will schedule telephone order for 4 mos follow-up.</i>	<i>02/19/2015</i>
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. FINDINGS [REDACTED]	<i>I will write all telephone orders immediately on physician order sheet and have physician sign on the next office visit.</i>	<i>02/11/2015</i>
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS [REDACTED] und	<i>I will record all medications taken by the resident on medication record. I will record it with date, time, name of drugs and dosage and initialed by the care giver.</i>	<i>02/11/2015</i>
<input checked="" type="checkbox"/>	§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.	<i>a schedule of activities will be developed and implemented for each resident. At the time of admission, I will develop schedule of activities. I will use my admission checklist to keep track of them.</i>	<i>02/11/2015</i>

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS Resident #1 – No schedule of activities.	plan of schedule activities was made for all 3 residents.	02/11/2015
<input checked="" type="checkbox"/>	§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: Physician or APRN signed orders for diet, medications, and treatments; FINDINGS [REDACTED] No physician order for blood sugar checks twice a day.	In the future we need to get physician order for blood sugar checks signed by the physician or APRN. Physician order for blood sugar checks was acquired.	02/23/2015
<input checked="" type="checkbox"/>	§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS [REDACTED] No annual TB clearance.	Resident will have TB clearance re-evaluation yearly. I have a big calendar as a reminder as to when the next TB-clearance is due. [REDACTED]	02/23/2015 02/25/2015
<input checked="" type="checkbox"/>	§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; FINDINGS [REDACTED]	In the future plan make sure that supplement be made available to the resident as ordered by the physician or APRN. I will record the glucerna on medication record.	04/01/2015

	Rules (Criteria)	Plan of Correction	Completion Date
	7/30/14 was not recorded as taken by the resident.		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> No legend provided for the medication record.</p>	<p><i>Full name and initials of PCG and substitute care giver will be written down in the legend to identify them</i></p>	<p><i>02/11/2015</i></p>

Licensee/Administrator's Signature:

Print Name:

Date: 04/01/2015