

cityOffice of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yoon's care home	CHAPTER 100.1
Address: 1754 Komo Mai Drive, Pearl City, Hawaii 96782	Inspection Date: May 15, 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]</p>	<p>[REDACTED]</p> <p>See attach document. I will remind [REDACTED] prior to 1 month expiration of PE.</p>	5/15/15
<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]</p>	<p>See attach document PCG will remind [REDACTED] expiration of screening for symptoms consistent with TB prior to 1 month. so won't forget.</p>	5/15/15

	[REDACTED]	see attach document	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>5/20/15</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</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>I will make sure keep record in facility.</p>	<p>5/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(5) 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>Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required.</p>	<p>[REDACTED]</p>	<p>5/28/15</p>

	FINDINGS [REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	[REDACTED]	5/30
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Current menu was not posted in the resident dining area.</p>	<p>I will post current menu in the front of refrigerator. see attach menu.</p>	5/15
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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</p>		

	<p>such diets.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>I will post menu in front of refrigerator</p>	<p>5/15/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS Medication cabinet was unlocked.</p> <p>Refrigerated laxative suppository was not in a locked container.</p>	<p>[REDACTED]</p> <p>PCG will remind SCG to lock the door cabinet door all the time PCG bought ^{Small} cabinet with lock to put in the refrigerator.</p>	<p>5/15</p>
<p><input checked="" type="checkbox"/></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>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>5/30/15</p>

5/30/15

pls see back. →

- §11-100.1-15 Medications. (l)
There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.

FINDINGS

I will put expiration date in the MAR for PRN medication so won't forget expiration date. PCCG wasted expired medication

5/15/15

- §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:

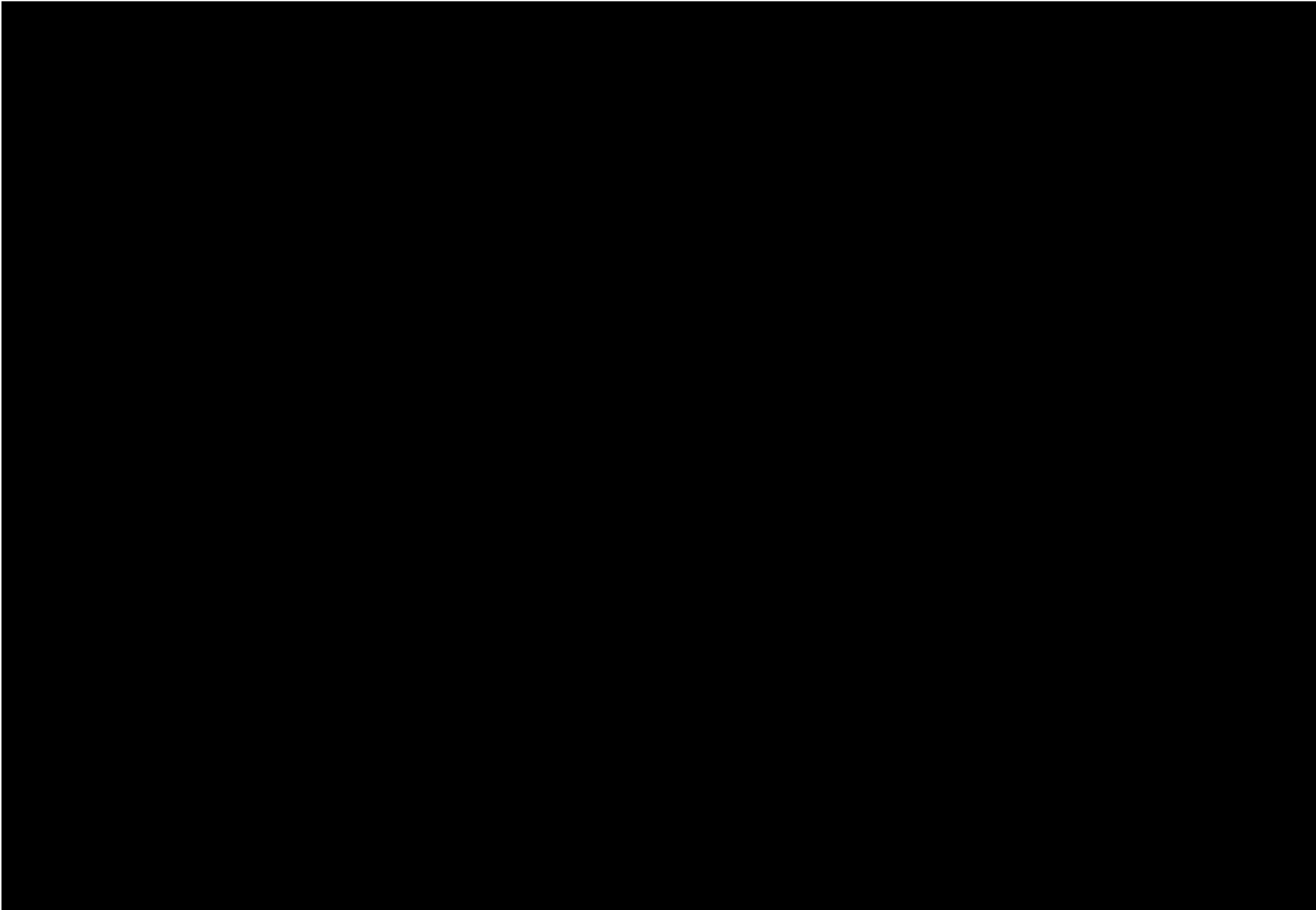
Documentation of primary care giver's assessment of resident upon admission;

FINDINGS

I have admission packet for new client. I will use admission packet when

client readmit from hospital.

Admission packet include - See attach document pls,



<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(2) 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>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p>FINDINGS [REDACTED] - Emergency Identifying Information form incorrectly identified the resident's name.</p>	<p>[REDACTED]</p> <p>I will double check after write any document.</p>	<p>5/15/15</p>
<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 [REDACTED]</p>	<p>[REDACTED]</p> <p>PCG will make sure to check discharge order,</p>	<p>5/30/15</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>See next paged please</p>	<p>5/18/15</p>

	<p><u>FINDINGS</u> Resident #1 – Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • Incontinent of urine and bowel • Taken to the toilet during the day requiring two (2) staff • Requires wheelchair for mobility • Requires two (2) staff to ambulate and transfer from bed to wheelchair • Requires maximum assistance with activities of daily living • Needs to be fed • Should be on a pureed diet. Observed a regular consistency lunch served on the day of the inspection; however, the primary care giver stated by telephone that the resident was on a pureed diet. • Tolerance to pureed consistency diet and nectar consistency thickened liquids 	<p>see attach document, will record any kind of client's change condition.. put sign in front of client's chart for PCCG & SCG "record any change client's condition in progress note and notify to PCCG."</p>	<p>5/18/15.</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident records were in an unlocked cabinet.</p> <p>Resident #1 – Correction tape used in the progress notes –</p>	<p>see next page pls.</p>	<p>5/15/15</p>

PCG will keep record in facility.

	<p>4/17/15 and 4/20/15.</p> <p>[REDACTED]</p>	<p>PCG or "do not use correction tape for any record."</p> <p>put that notes in front of chart.</p>	<p>5/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS [REDACTED] - The inventory of possessions did not reflect the resident's wheelchair.</p>	<p>" pls reflect client's valuables, when bring new items "</p> <p>put that notes in front of each client's chart.</p>	<p>(each client's chart)</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS [REDACTED]</p>	<p>Contaminated lancets bottle will be placed laundry room cabinet with lock</p>	<p>5/15/15 in laundry room.</p>

Licensee/Administrator's Signature: Young Youn

Print Name: Young Youn

Date: 7/7/15.

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Address: 1754 Komo Mai Drive, Pearl City, Hawaii 96782	Inspection Date: May 15, 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]</p>	<p>I will make check list for expiration date & License, CPR first aid, physical examination TB clearance.) so I won't miss again.</p>	9/5/15
<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 HM #1 – No screening for symptoms consistent with</p>	<p>I will make check list for expiration date (license, CPR first aid, physical examination TB clearance) so I won't miss expiration date.</p>	9/5/15

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	pulmonary tuberculosis. Submit a copy with the POC.		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	[REDACTED]	9/5/15
<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</p> <p>[REDACTED]</p>	[REDACTED]	9/5/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(5) 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>Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required.</p> <p>FINDINGS</p>	[REDACTED]	9/5/15

I will keep medication records in my cabinet all the time,

I will post menu in front of refrigerator every week, and I will change menu every Sunday. If there is special diet

I will train GCG. I will make train list for SCG and I will make folder for special diet.

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	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>If my client will be admitted hospital and back to my care home</p> <p>I will go to hospital client^{error} to assess ^{clients} head to toe, and diet.</p> <p>If client change their level of care.</p> <p>I won't readmit client and recommend short term rehab or other expanded ARCH</p> <p>I will discuss family and s.w before readmit client to my</p>	<p>9/5/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS</p> <p>Current menu was not posted in the resident dining area.</p>	<p>Care home,</p> <p>I posted menu in front of refrigerator 9/5/15 and I will change menu every Sunday</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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</p>		<p>RECEIVED</p>

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	<p>such diets.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>I will make folder book for special diet and make train list for special diet and I will train them annually.</p>	<p>9/5/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS Medication cabinet was unlocked.</p> <p>Refrigerated laxative suppository was not in a locked container.</p>	<p>I will make work list what should be done before start to work. then post in front of refrigerator. then let them sign everyday.</p>	<p>9/5/15</p>
<p><input checked="" type="checkbox"/></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>[REDACTED]</p> <p>[REDACTED]</p>	<p>I will double check physician order before readmit client. So I will make readmission pocket then check all document before readmit client.</p>	<p>9/5/15</p>

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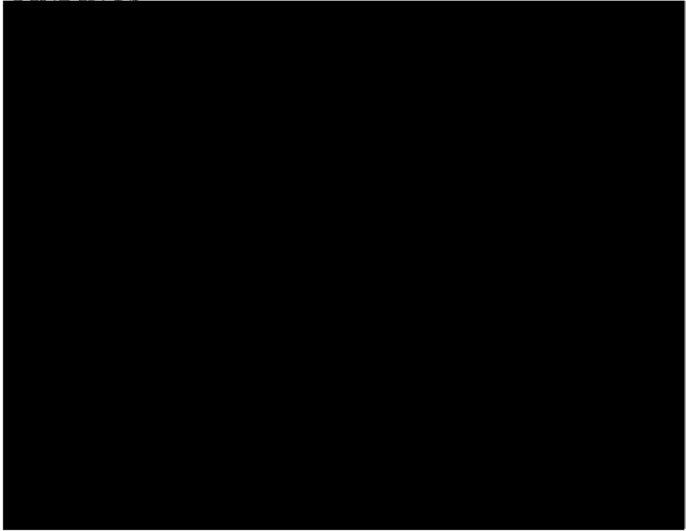
	   		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS</p> 	<p>I put expiration date of PRN medication in the MAR, so I won't miss expiration date of PRN medication.</p>	<p>9/5/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS</p> 	<p>I make readmission pocket. will make sure all document before readmit client, > physician orders for medication, diet</p>	<p>9/5/15</p> <p>RECEIVED SER 10 2015</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(2) 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>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p>FINDINGS [REDACTED] Emergency Identifying Information form incorrectly identified the resident's name.</p>	<p>I will let family review ^{error}</p> <p>I will review document with family to make sure all identifying form is correct.</p>	<p>9/5/15</p>
<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 [REDACTED]</p>	<p>I will double check physician all order before readmit client in the hospital. and will match at previous order with new order</p>	<p>9/5/15</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</p>		

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Initial: _____

	<p>when any incident occurs;</p> <p>FINDINGS</p> 		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> ✓</p> <p>All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS</p> <p>Resident records were in an unlocked cabinet.</p>	<p>> Key will be endorsed to next shift 9/5/15 (SCG to SCG.)</p> <p>> Will make work sheet or check list What should be done before start to work,</p>	<p style="text-align: right;">RECEIVED</p>

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