

Office of Health Care Assurance

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State Licensing Section



'16 JUN 25 P1:21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE LICENSING SECTION  
11.4.4

|   |   |
|---|---|
| Facility's Name: Andaya's                                 | CHAPTER 100.1                           |
| Address:<br>94-029 Poailani Circle, Waipahu, Hawaii 96797 | Inspection Date: August 13, 2015 Annual |

|                                     | Rules (Criteria)   | Plan of Correction | Completion Date |
|-------------------------------------|--|--------------------|-----------------|
| <input checked="" type="checkbox"/> | §11-100.1-13 <u>Nutrition.</u> (d)<br>Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.<br><br><b><u>FINDINGS</u></b><br>No menu posted in kitchen. |                    |                 |
| <input checked="" type="checkbox"/> | §11-100.1-14 <u>Food sanitation.</u> (e)<br>A metal stem thermometer shall be available for checking cold and hot food temperatures.<br><br><b><u>FINDINGS</u></b><br>No metal stem thermometer for measuring cold food temperatures.    |                    |                 |
| <input checked="" type="checkbox"/> | §11-100.1-15 <u>Medications.</u> (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  |                    |                 |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date       |
|-------------------------------------|--|--|-----------------------|
|                                     | <p><b>FINDINGS</b></p>    |  |                       |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(3)<br/> 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b>FINDINGS</b><br/>  Resident Emergency Information Sheet not maintained. Medication list was not current.</p> | <p><i>In the future, if I take residents to the doctor and there are changes, I will update Resident Emergency Information sheet immediately in order not to forget.</i></p> | <p><i>1/23/16</i></p> |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date       |
|-------------------------------------|--|--|-----------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(6)<br/> 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><b>FINDINGS</b><br/> Resident [REDACTED] no diet order.</p>   |  |                       |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A)<br/> 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>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b>FINDINGS</b><br/> Resident room floors were unclean.</p> | <p><i>In the future, I will maintain cleaning the facility regularly by sweeping, mopping &amp; dusting, also scheduling it every other day or if it needs to be cleaned every day to ensure residents health especially those who has indoor allergens.</i></p> | <p><i>1/23/16</i></p> |

Licensee/Administrator's Signature: \_\_\_\_\_



Print Name: VIRGINIA F. ANDAYA

Date: 1/23/16

Office of Health Care Assurance

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| Facility's Name: Andaya's                                 | CHAPTER 100.1                           |
| Address:<br>94-029 Poailani Circle, Waipahu, Hawaii 96797 | Inspection Date: August 13, 2015 Annual |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (d)<br/>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><b>FINDINGS</b><br/>No menu posted in kitchen.</p> | <p>Presently, there's a menu posted in the kitchen upstairs.<br/>In the future, I will maintain posting menus downstairs &amp; upstairs in a conspicuous place for the residents &amp; department to review.</p>  |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation</u>. (e)<br/>A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b>FINDINGS</b><br/>No metal stem thermometer for measuring cold food temperatures.</p>    | <p>I went to restaurant supply to buy the metal stem thermometer to check cold food temperature.<br/>In the future, I will maintain &amp; keep the metal stem thermometer to ensure resident's health safely.</p> |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p>  | <p>I changed the time schedule for administering medication of -</p>  |                 |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date |
|-------------------------------------|---|---|-----------------|
|                                     | <p><b>FINDINGS</b></p> <p>[REDACTED]</p>  | <p>[REDACTED]</p> <p><i>In the future, I will follow doctor's order or APRN schedules.</i></p>  |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(3)<br/> 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b>FINDINGS</b><br/> [REDACTED] Resident Emergency Information Sheet not maintained. Medication list was not current.</p> | <p>[REDACTED]</p> <p><i>In the future, I will always maintain the Emergency Information sheet and update all the information in order not to confuse medical departments or doctor.</i></p> |                 |

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|---|--|---|-----------------|
| ☒ | <p>§11-100.1-17 <u>Records and reports.</u> (a)(6)<br/> 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><b>FINDINGS</b><br/> [REDACTED] no diet order.</p>  | <p><i>I found the Physician/APRN orders for the diet. I filed it correctly in the client's folder. In the future, I will file it in a right place to be made available by the departments to review.</i></p>  |                 |
| ☒ | <p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A)<br/> 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>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b>FINDINGS</b><br/> Resident room floors were unclean.</p> | <p><i>I cleaned <sup>all</sup> the resident's room regularly by dusting, sweeping and mopping. In the future, I will clean the resident's room regularly to ensure resident's health safely especially to those residents who has indoor allergies.</i></p> |                 |

Licensee/Administrator's Signature: \_\_\_\_\_



Print Name: VIRGINIA F. HALDAYA

Date: 12/17/15