

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kokua Gardens	CHAPTER 100.1
Address: 340-B Kawainui Street, Kailua, Hawaii 96734	Inspection Date: November 3, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident [redacted] No initial TB clearance.</p>	<p>- Resident [redacted] Personal record was reorganized, Divider was labeled boldly to make sure all records are accessible and easier to find.</p> <p>- Resident [redacted] has an initial 2 step TB clearance upon admission.</p>	<p>11/3/15</p> <p>16</p>

Licensee's/Administrator's Signature: _____

Print Name: LINDON G. ODEWIA

Date: 2/24/16

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gacula, Jessie (ARCH)	CHAPTER 100.1
Address: 55 Ahona Place, Hilo, Hawaii 96720	Inspection Date: March 27, 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> (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 No documentation of training for substitute care givers to make medications available to residents.</p>	<p>(1) TRAINING FOR SUBSTITUTE: IF I AM NOT AVAILABLE TO GIVE MY RESIDENTS THEIR MEDICATION MYSELF, I TRAINED MY SUBSTITUTES BY SUPERVISING THEM TO CHECK THE DOCTORS ORDER FIRST IN THE MAR, TO CHECK THE 5 RIGHTS WHILE LOOKING AT RESIDENT MEDICATION BOTTLE: 1. RIGHT PATIENT, 2. RIGHT MEDICATION, 3. RIGHT DOSE, 4. RIGHT FREQUENCY, 5. RIGHT TIME.</p> <p>PLAN OF CORRECTION: IN THE FUTURE I WOULD CARET THAT I GAVE PROPER TRAINING TO ALL MY SUBSTITUTES ON HOW TO ADMINISTER MY RESIDENTS MEDICATIONS.</p>	MAY 15, 2015
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH</p>	<p>(2) LEVEL OF CARE ASSESSMENT: RESIDENT [REDACTED] PLEASE SEE ENCLOSED</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident [redacted] No level of care assessment obtained prior to readmission.</p>	<p>PLAN OF CORRECTION: I WILL MAKE SURE THAT BEFORE RE-ADMISSION FROM THE HOSPITAL RESIDENT LEVEL OF CARE SHALL BE OBTAINED PRIOR TO RE-ADMISSION AND HAVE AVAILABLE FOR REVIEW BY THE DEPARTMENT.</p>	<p>MAY 15, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p>FINDINGS Fire drills conducted every four (4) months instead of required quarterly drills (every three months).</p>	<p>(3) FIRE DRILLS: IN THE PAST YEARS WE CONDUCTED EVERY QUARTER OF EMERGENCY EVACUATION PLANS FOR STAFF & RESIDENTS. BUT LAST YEAR FIRE MARSHAL MR. JOHN PEPPER SAID EVERY FOUR MONTHS REQUIRED IS FINE. SO WE FOLLOW WHAT HE SAY. PLAN OF CORRECTION: YEAR AND AFTER WE WILL CONDUCT FIRE DRILLS QUARTERLY AS REQUIRED BY THE STATE LICENSING.</p>	<p>MAY 15, 2015</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 No menu in posted in residents' dining area.</p>	<p>(4) MENUS POSTED: WE HAVE OPEN KITCHEN, DINING ROOM, TOGETHER, THE BULLETIN BOARD WITH THE MENUS WAS HANG ON THE WALL FOR YEARS. & WAS ACCEPTABLE. THE RESIDENTS CAN LOOK EASY WHAT WANT FOR THE DAYS MENUS. CORRECTION: TODAY I MOVE THE BULLETIN BOARD W/ THE MENUS TO THE MIDDLE OF THE DINING AREA AS REQUESTED.</p>	<p>MAY 15, 2015</p>
<input checked="" type="checkbox"/>	<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>(5) ANT SPRAY: I WAS SPRAYING OUT THE HALL WAY (OUTSIDE THE HOUSE) THE INSPECTOR COME & FORGET TO KEEP THE SPRAY CAN IN THE LOCK CLOSET.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Unsecured ant spray in resident accessible laundry area.</p>	<p>PLAN OF CORRECTION: IN THE FUTURE I WILL SEE TO IT THAT IT WILL NOT HAPPEN AGAIN, ALWAYS KEEP TOXIC CHEMICALS IN A LOCK CLOSET.</p>	<p>MAY 15, 2015</p>
<p>☒</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 Unsecured and expired "Diphenhydramine cream" (expired 1/15) in Resident [REDACTED]'s bedroom.</p>	<p>(6) UNSECURED & EXPIRED DIPHENHYDRAMINE CREAM RESIDENT [REDACTED] BED ROOM SORRY I MISSED CHECKING THE EXPIRED DIPHENHYDRAMINE CREAM IN THE DRAWER.</p> <p>PLAN OF CORRECTION: FROM NOW ON, I WILL MAKE SURE THAT NO MORE OTHER EXPIRED DRUGS AND BE STORED IN A SECURED MEDICINE CABINET WITH A SAFETY LOCK.</p>	<p>MAY 15 2015</p>
<p>☒</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 [REDACTED]</p>	<p>(7) MEDICATION [REDACTED]</p> <p>PLAN OF CORRECTION: FOR SURE I HAVE THEM AVAILABLE RIGHT AFTER DINNER AT 5:30 PM EVERYDAY [REDACTED]</p> <p>PLAN OF CORRECTION I THINK PRN ARTIFICIAL TEARS NOT REALLY NEEDED FOR ALL THESE EYE DROPS GIVEN. IN THE FUTURE I WILL MAKE SURE TO RECORD THAT ARTIFICIAL TEARS PRN NOT GIVEN.</p>	<p>MAY 15, 2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident [REDACTED] readmitted. No physician examination prior to readmission.</p>	<p>(8) [REDACTED]</p> <p>PLAN OF CORRECTION: I HAVE THEM ON HAND, BUT I DID NOT FILE THEM IN THE BOOK OF RESIDENT [REDACTED] IN THE FUTURE I MAKE SURE TO FILE ALL INSIDE THE RECORD BOOK.</p>	<p>MAY 15, 2015</p>
☒	<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 Resident [REDACTED] readmitted. No diet order prior to readmission.</p>	<p>(9) [REDACTED]</p> <p>PLAN OF CORRECTION: THE ONLY OF INSPECTION I CAN'T THINK WHERE I FILE THEM. NEXT TIME I WILL BE MORE UP TO DATE AND MAKE SURE TO HAVE THEM AVAILABLE FOR REVIEW.</p>	<p>MAY 15 2015</p>
☒	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p>	<p>(10) RESIDENT REGISTER: RESIDENT [REDACTED] PLEASE SEE ENCLOSED</p>	

Rules (Criteria)	Plan of Correction	Completion Date
<p>FINDINGS Resident [redacted] discharged and readmitted. Permanent general register does not reflect the discharge and readmission.</p>	<p>PLAN OF CORRECTION : FROM NOW ON I WILL RECORD AND MAINTAIN THE ADMISSION AND DISCHARGES OF RESIDENT,</p>	<p>MAY 15, 2015</p>
<p><input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (b) Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p>FINDINGS Primary care giver listed on Resident [redacted] bank account statement as "custodian". Please provide a detailed explanation in your POC as to what it means to be a "custodian" and why the resident's bank account has been set up in this manner.</p>	<p>(11) BANK ACCOUNT (BANK OF HAWAII) [redacted]</p> <p>PLAN OF CORRECTION : FROM NOW ON I SHALL NOT INVOLVED THIS KIND OF MISTAKE WE MADE . I HAVE A VERY CLEAR INTENTION TO HELP AND GUIDE MY RESIDENT.</p>	<p>MAY 15, 2015</p>
<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident [redacted] readmitted 1/23/15. No self-preservation certification prior to readmission.</p>	<p>(12) SELF PRESERVATION RESIDENT [redacted] PLEASE SEE ENCLOSED</p> <p>PLAN OF CORRECTION : HERE AND AFTER I WILL TRY MY BEST NOT TO DUPLICATE THE SAME MISTAKE .</p>	<p>MAY 15, 2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Residents [REDACTED] No plastic pillow protectors or permanent marking to indicate ownership.</p>	<p>(13) BEDROOM FURNISHING: PLASTIC PILLOW PROTECTION AND PERMANENT MARKING TO INDICATE OWNERSHIP ARE ALREADY FURNISHED.</p> <p>PLAN OF CORRECTION I WILL MAKE SURE TO HAVE PLASTIC PILLOW PROTECTION AT ALL TIME, WITH MARKING TO INDICATE OWNERSHIP.</p>	<p>MAY 15, 2015</p>

Licensee/Administrator's Signature: _____

[REDACTED SIGNATURE]

Print Name: JESSIE P. GAYNOR

Date: MAY 15, 2015