

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Care Homes By Hale Makua	CHAPTER 100.1
Address: 1540 Lower Main Street, Wailuku, Hawaii 96793	Inspection Date: October 8 & 9, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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 Resident #2 – [REDACTED]; the medication label reflected "PRN." The medication is ordered daily.</p>	<p><i>Immediate action taken:</i> PCG discussed with pharmacist consultant regarding the issue of a [REDACTED] order changing from PRN to routine. Per law, pharmacies are not permitted to re-label medications that have already been dispensed to reflect change from PRN to routine. Additionally per the pharmacist, insurance companies and physicians will not dispense more [REDACTED] if the physician ordered dosage has already been dispensed and is available, regardless of the label reflecting PRN. <i>continued on page 1A</i></p>	10/12/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p>		

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<p><u>§11-100.1-15 Medications (e) - continued</u></p> <p><i>Immediate action taken:</i> Therefore, the ARCH will utilize a pharmacy approved sticker that reads "Order has changed, refer to chart" that will be placed on the medication whose frequency order has changed. This will direct the licensed nurse to verify the current physician order in the chart prior to administration of the medication.</p> <p><i>Preventative action:</i> PCG met with licensed nurses to inform them of the process of adding the sticker directly to the medication bottle when an order has been changed and when new medication bottle/label is unable to be obtained due to dispensing laws. PCG and/or designee will check the medication bottles routinely to ensure that labels reflect the current physician order or have a label in place reflecting the change in order. The policy and procedure for medication administration was updated to reflect this process.</p>

	<p>FINDINGS Resident #1 – No incident report initiated for [redacted] episode of [redacted] behavior with staff. [redacted]</p> <p>Resident #1 – [redacted] the first day of the [redacted] annual inspection, no incident report for [redacted] episode of [redacted] behavior with peer. [redacted]</p> <p>[redacted] the second day of the [redacted] annual inspection, an incident report regarding the above situation was in the facility’s incident report folder. [redacted] Facility’s policy indicates “initiate the appropriate form as soon as the event is discovered”.</p> <p>Resident #1 – Facility <u>Event Report</u> policy noted to initiate the appropriate form (Event Report) for Medication Error/Omission Report for all resident medication and treatment errors. [redacted]</p> <p>Resident #2 – No incident report for [redacted] episode [redacted].</p>	<p><i>Immediate action taken:</i> [redacted] PCG performed a chart audit of all active records to ensure that an incident report existed for any unusual occurrence as per regulation and policy. PCG reviewed the policy for incident reporting with all staff during post-survey meetings and reiterated that any unusual occurrence requires an incident report.</p> <p><i>Preventative action:</i> PCG and/or designee will perform routine chart audits on a weekly basis to review all progress notes, MAR/TAR, and monthly summaries to ensure that any unusual occurrence including but not limited to unusual behaviors, illnesses, and omitted medications have a concurrent incident report. Any staff noted to be documenting unusual occurrences in the clinical record but not completing an incident report shall be counseled and subject to corrective action when deemed necessary.</p>	10/12/15
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) 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 such diets.</p> <p>FINDINGS Resident #2 – No documentation that admission diet order [redacted] was provided as ordered.</p>	<p><i>Immediate action taken:</i> PCG reviewed the chart for resident admitted [redacted]. Admission orders [redacted] state [redacted]. There is no order on the admission order sheet for a [redacted] as stated in the statement of deficiencies. PCG did find a statement in the physician’s H&P [redacted] which stated [redacted], however, the physician did not order a [redacted] on the ARCH admission orders. <i>continued on page 2A</i></p>	10/9/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (b)(3)</p>		

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§11-100.1-13 Nutrition (I) - continued

Immediate action taken:

Furthermore, the physician signed for a regular diet order on each quarterly order recertification thereafter. Nursing staff were following the admission diet order for [REDACTED] as given by the physician. It was also being documented on the monthly summary that the resident was receiving [REDACTED] as per physician admission order and recertification order. PCG discussed with the licensed nurses that clarification should have been done with physician regarding the diet ordered on admission, and the diet plan stated on the H&P.

Preventative action:

PCG and/or designee will carefully screen all admission orders, H&P, and other applicable documents to verify that the correct diet order is reflected on all documents. Clarification orders will be made with the physician for any discrepant documentation regarding diets. Licensed nurses will continue to document that the ordered diet is being provided on the monthly summary sheets.

	<p>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>FINDINGS Resident #2 – Progress notes [redacted] stated that resident [redacted] but [redacted] ordered [redacted]</p>	<p><i>Immediate action taken:</i> PCG reviewed the chart for resident admitted [redacted]. Admission orders [redacted] state "Regular Diet". There is no order on the admission order sheet for a [redacted] as stated in the statement of deficiencies. PCG did find a statement in the physician's H&P [redacted] which stated [redacted] however, the physician did not order a [redacted] on the ARCH admission orders. Furthermore, the physician signed for a [redacted] on each quarterly order recertification thereafter. Nursing staff were following the admission diet order for a [redacted] as given by the physician. It was also being documented on the monthly summary that the resident was receiving [redacted] as per physician admission order and recertification order. <i>continued on page 3A</i></p>	10/9/15
☒	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p>FINDINGS Resident #1 – No documentation that the Registered Dietitian was utilized to provide nutritional assessment for resident identified to be at nutritional risk. [redacted]</p>	<p><i>Immediate action taken:</i> PCG reviewed chart for resident who experienced the [redacted] weight loss [redacted]. Licensed nurse did identify and document that the resident had lost [redacted] and also documented notifying the resident's physician of the weight loss. The physician at that time did not feel intervention needed to be done, due to weight loss being beneficial to the resident [redacted]. The [redacted] physician did not order a dietician consult at that time. PCG discussed with licensed nurse staff to in the future specifically request an order from the physician anytime a resident experiences significant weight loss/gain in order to document that compliance with this regulation has been met, and to identify any potential nutritional concerns. <i>continued on page 3A</i></p>	10/9/15
☒	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p>	<p><i>Immediate action taken:</i> During the ARCH inspection, it was identified by this PCG that the ARCH Registered Dietitian who spoke with the DOH Registered Dietician misunderstood the question being asked. The specific question was whether food service/preparation staff receives training on special diets. <i>continued on page 3A</i></p>	10/9/15

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<p><u>§11-100.1-17 Records and Reports (b)(3) - continued</u> <i>Immediate action taken:</i> PCG did discuss with the licensed nurses that clarification should have been done with physician regarding the diet ordered on admission, and the diet plan stated on the H&P. <i>Preventative action:</i> PCG and/or designee will carefully screen all admission orders, H&P, and other applicable documents to verify that the correct diet order is reflected on all documents. Clarification orders will be made with the physician for any discrepant documentation regarding diets. Licensed nurses will continue to document that the ordered diet is being provided on the monthly summary sheets.</p>
<p><u>§11-100.1-55 Nutrition and Food Sanitation (1) - continued</u> <i>Preventative action:</i> Licensed nurses will continue to screen residents for significant weight gain/loss as per policy, and will continue notifying the resident's physician and POA. The PCG and/or designee will continue to audit all weight flow sheets and compare weekly and/or monthly weights with—previous weights. Any resident experiencing significant weight gain/loss will receive a dietary consult and this consult will be documented in the clinical record.</p>
<p><u>§11-100.1-55 Nutrition and Food Sanitation (2) - continued</u> <i>Immediate action taken:</i> The ARCH Registered Dietician thought that this question was referring to the ARCH staff who <i>serve</i> the food, and answered that these staff do not receive education on preparing special diets. These staffs, however, do not prepare the food. The regulation states that all food preparation staff must be trained. All staff who are involved in preparing food for the ARCH receive training on preparing special diet orders upon hire, annually, and as needed. This training is documented. <i>Preventative action:</i> PCG will ensure that documentation showing that all food preparation staff receive training on the preparation of special diets is readily available during the next ARCH inspection.</p>

	<p>FINDINGS No documentation that the Registered Dietitian provided special diet training [REDACTED] for food preparation staff.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Urine odor from bathroom of Bedroom #5.</p>	<p><i>Immediate action taken:</i> Resident occupying this room was a [REDACTED] resident who was able to independently use the toilet, but did occasionally have issues with [REDACTED] the toilet. PCG discussed issue with the sanitation inspector at the time of the inspection, who stated that having the ARCH staff spray bleach containing surface cleaner around the toilet on a daily basis would suffice, in addition to the daily mopping that was already occurring. PCG added this extra task for bathroom #5 to the daily task list for the ARCH staff to perform each shift.</p> <p style="text-align: right;"><i>continued on page 4A</i></p>	10/12/15
<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 A number of pillows did not have plastic pillow protectors.</p>	<p><i>Immediate action taken:</i> Resident who had several pillows in [REDACTED] room that were not covered in plastic has documented request to not have plastic coverings because [REDACTED] does not like it. PCG discussed this with the sanitation inspector, who stated that in this case, the non-covered pillows needed to be directly labeled with the resident's name so that no other resident would be given those pillows to use. PCG immediately instructed staff to label all pillows without plastic coverings with the resident's name who uses them. PCG performed inspection afterwards to ensure that all pillows without plastic coverings were labeled.</p> <p style="text-align: right;"><i>continued on page 4A</i></p>	10/9/15

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<p><u>§11-100.1-23 Physical Environment (h)(1)(D) - continued</u> <i>Preventative action:</i> PCG and/or designee will perform frequent inspections for all bathrooms in the ARCH to check for odors. Any bathroom found to have odors will have additional cleaning tasks performed immediately, and added to the list of tasks done every shift by staff. In addition, all ARCH staff were instructed to immediately spray surfaces with an approved bleach containing spray if odors were noted, regardless if this was part of their assigned task list.</p>
<p><u>§11-100.1-23 Physical Environment (o)(3)(B) - continued</u> <i>Preventative action:</i> All residents admitted to the ARCH will be provided with plastic covered pillows. For those residents who have documented a request to not use plastic covered pillows, staff will immediately label all such pillows with the resident's name and will distribute those pillows only to those residents. Laundry is performed daily, and staff will inspect each pillow on a daily basis to ensure that it is only being used by the resident for which it is labeled. PCG and/or designee will perform routine inspections to ensure that any pillow that does not have a plastic covering, has the resident's name labeled on the pillow and is not being used by any other resident.</p>


