

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Comfort Care Home, L.L.C.	CHAPTER 100.1
Address: 1543 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: July 7, 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 SCG #1 - No current physical examination. Submit a copy with the plan of correction (POC).</p>	<p>SCG</p> <p>(1) Physical examination for SCG #1 has been completed. A copy printed and ready for submission</p> <p>(2) CCH will require each CG to submit updated and valid P.E. CG PE should be updated yearly and filed in cch binder. Monthly binder checks will be done to ensure all documents are in cch binder.</p>	
<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>Reminder of expiration shall be given to CG 1-2 months prior to expiration of P.E.</p> <p>(1) A copy of First Aid Certificate for PCG has been printed for submission.</p>	9/16/15

<p>PCG – No first aid certification. Submit a copy with the POC.</p>		
<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) 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 currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS PCG – No cardiopulmonary resuscitation certification. Submit a copy with the POC.</p>	<p>① A copy of CPR certificate for PCG has been printed and ready for submission.</p>	
	<p>A reminder will be sent to all employees and caregiver 2-3 months prior to expiration of CPR. Reminder notes will be posted on a monthly calendar noting exact date of expiration and visible to all caregivers (CG). If CPR is not completed by exp. date, employee will not be allowed to return to</p>	<p>*</p>

work until CPR has been updated. Monthly inspection of binder will be done to check if all CPR cards are current.

<p><input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS Expired [redacted] ointment in the first aid kit.</p>	<p>① Expired [redacted] ointment has been removed and properly discarded</p> <p>② Daily inspection of 1st Aid Kit will be done to ensure only Arch approved supplies are in first aid kit at all times.</p>	<p>7/7/15</p>
<p><input checked="" type="checkbox"/> §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>① A copy of CCH menu has been posted in dining area visible for clients and visitors to see</p> <p>② Instruct all caregivers to keep menu posted in dining area. Daily inspection of menu will be done to ensure menu is intact.</p>	<p>7/8/15</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS</p>	<p>(1) CCH has purchased a brand new refrigerator. Temp is currently WNL 12/20/15</p> <p>(2) Inspection of refrigerator Temp. (45°F) shall be done every shift to ensure temp. is within normal limits. (45°F)</p> <p>Instructed all CG to inspect 2 refrigerator to make sure door is properly closed prior to leaving the kitchen. If temp. is not within normal limits, (45°F) maintenance will be notified immediately for repair.</p>
	<p>Refrigerator thermometer registered 47° F.</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>FINDINGS</p> <p>Raid insect spray and Lysol deodorizer unsecured at a resident bedside.</p>	<p>(1) Raid insect spray and Lysol deodorizer has been permanently removed from resident's bedside and locked in secured cabinet 7/7/15</p> <p>(2) CCH will lock all hazardous substance in designated area. CG will explain to resident and family the danger of leaving hazardous substance in open area and should be locked for safety of others residing in CCH. Will check every shift for any dangerous substance.</p>



§11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

FINDINGS

Resident #1 - No physician order for [redacted] reflected on the [redacted] medication record as taken [redacted]

Resident #1 - No physician order to discontinue [redacted] cream.

(1) Obtained proper physician order for [redacted] from Dr. [redacted] order for [redacted] was clarified and rewritten to read [redacted] "physician order to discontinue [redacted] cream was found behind a progress note in the chart. Dr. [redacted] notified of special instructions for [redacted] and new orders to give [redacted] as directed [redacted] has been obtained.

(2) Will ensure proper physician order is written and obtained prior to medicating client, will call physician to clarify ~~and~~ any orders that is not clear. No medication will be given until order is obtained and label of bottle has been inspected and has no discrepancies. Will read medication label and follow 5 rights in medication administration to avoid medication error.

CG will check client binder for new order written by physician prior to administering any new medication. CG will do weekly inspection of client binder to check if all medication has a physician order

and filed properly in binder
CG will inspect medication label
and compare it to physician
order to ensure that both are
the same. If a discrepancy
has been found, no medication
will be given until physician
has been notified. A new
clarification order will be
written prior to giving any new

medication, the new clarification
order must be signed by physician
ASAP. CG will inspect binder
daily to check if all orders
are signed and match all
labels on medication bottle.
CG will call physician to clarify
special instruction noted on medication
label and will document any
new instructions that physician
will order. CG will inspect binder
weekly to ensure all physician
orders are filed properly and
visible for all inspectors and CG to
see.

NS/M

§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
 Resident #1 - No admission assessment [REDACTED]

CG will obtain a checklist of all required documents to be completed for a new client admission. CG will complete the admission assessment form and initial checklist after completion of document. CG will do weekly inspection of client binder to ensure all required documents are filed properly and visible for all CG and Datt inspectors to see.

*

CG will do weekly inspection of client binder to ensure all required documents are filed properly and visible for all CG and Datt inspectors to see.

*

(1) Admission assessment records is required to be completed was found in the back of progress note and properly filed in cctt binder

7/7/15

(2) Admission assessment records is required to be completed on admission day of resident. Will review documents in cctt binder annually to ensure all required documents are in cctt binder.



§11-100.1-17 Records and reports. (b)(3)
During residence, records shall include:

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;

CG will keep a personal notebook to document any health changes while working with client.

FINDINGS

Resident #1 - Progress notes did not include the resident's condition upon return from the emergency room [REDACTED]

(1) Obtained a progress note of resident's condition upon return 7/14/15 from the caregiver on duty [REDACTED]

(2) Will instruct all CG to write a progress note for all resident who return from an ER visit, doctor visits or any significant health changes. CCH has annual inservice on proper documentation for all caregivers.

While client is resting or during downtime, CG will complete all necessary charting and documentation on progress notes.

daily inspection will be done to ensure notes have been written by CG. Annual inservice will be given to CG for proper documentation



§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)
Residents' rights and responsibilities:

Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:

Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;

FINDINGS

Resident #1 - No documentation that the resident, resident's family was informed of related charges.

(1) Monthly related charges for each client can be seen on a document under rates for services in each residents cmt binder.

(2) Each resident shall have a specific amount of monthly related charges found under residents policy tab in cmt binder on "Rates for Services"

7/14/15

Rates for services is included on the checklist to complete for every client admitted to cmt - CG will meet with family member responsible for signing document. CG will initial checklist when rates for service document has been signed by family member. CG will inspect binder monthly to ensure all rates for service document has been completed with exact amount agreed by both parties.



<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS One resident bedroom had a fan and a chair obstructing access from two doorways to the area of refuge.</p>	<p>(1) Fan and chair removed from doorways and placed in area where it will not obstruct doorway to refuge. Instructed all CG to inspect all doorways and make sure there is no obstruction to doorways every shift.</p> <p>(2) Instructed all caregivers and residents living in CCH not to obstruct doorways at all times. All CG will inspect doorways every shift for any obstructions.</p>	<p>7/7/15 7/8/15</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p>FINDINGS Three (3) locking devices noted at the front and back exits.</p>	<p>(1) Three lock device is currently intact at the front and back exit however, one lock from each door has been disabled, third lock cannot be locked and left intact to prevent insects from entering the home.</p> <p>(2) CCH will use two locking mechanism on front and back door.</p>	<p>7/7/15</p>	

Monthly inspection of CCH property will be done to check for any new construction without proper approval. Any construction or alteration of CCH without

approval will be removed immediately. A reminder will be sent out to all CG regarding the need for construction or alteration approvals every month or when necessary. CG will be responsible for ensuring that there are no more than 2 locking devices for each exit.

<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B)</p>	
	<p>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 No pliable plastic pillow protectors for two (2) residents.</p>	<p>(1) Applied pillow protectors to all pillows in use in cett.</p> <p>(2) Will inspect all pillows that are in use at every shift so all pillows will have pillow protectors intact. Cett will purchase extra pillow protectors to ensure supply of pillow protectors.</p> <p>7/8/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (p)(5)</p> <p>Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS No signaling device at one (1) bedside (broken).</p>	<p>(1) All signaling device inspected and replaced if broken. Cett has installed built in call bell/buzzer.</p> <p>(2) The CG will keep an inventory of all signaling devices. All signaling devices will be checked every shift and replaced immediately if broken. All signaling device will be placed within reach of resident.</p> <p>7/8/15</p>

Licensee's/Administrator's Signature: Richard Miller

Print Name: Richard Miller

Date: 3/10/16

Licensee's/Administrator's Signature: Richard Miller

Print Name: Richard Miller

Date: 6/13/16
