

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cora's	CHAPTER 100.1
Address: 1711 Ema Place, Honolulu, Hawaii 96819	Inspection Date: January 19, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Digital thermometer could not be turned on during the day of the annual inspection.</p>	<p>Bought new thermometer. In the future I make sure to check when needed the thermometer if it works or not.</p>	3/1/16
<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><u>FINDINGS</u> Gain detergent, Clorox bleach, Raid roach and ant spray unsecured in resident accessible laundry area.</p>	<p>[REDACTED]</p> <p>I put all the detergent, Clorox bleach, Raid roach and ant spray inside the cabinet. I put a new pad lock. In the future when I finished washing clothes or whenever I use the cabinet I put it back to the lock cabinet.</p>	3/1/16
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and</p>	<p>In the future I make sure to</p>	

put [REDACTED] in the box of locked and keep it inside the refrigerator for safety. I make sure to put medication that require storage in refrigerator to be properly labeled and keep in the separate locked container for [REDACTED]

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	<p>security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS [redacted] unsecured in refrigerator indicated for resident use.</p>		3/1/14
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p>FINDINGS Life safety inspection conducted [redacted], door knobs on Bedrooms #2, and #3 installed so residents can be locked in their rooms. Door knobs reinstalled [redacted] so that resident could lock the door from the inside of the room. Primary care giver during annual inspection said [redacted] to install door knobs that way because [redacted] was unable to supervise resident [redacted]</p>	<p>[redacted]</p> <p><i>fixed all door knobs & filled correctly. In the future I make sure the door knobs stilled correctly every rooms. Purchased inside commode and urinal</i></p> <p>[redacted]</p>	3/1/14

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	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS [REDACTED] lab draws [REDACTED] not noted in progress notes.</p>	<p>[REDACTED]</p> <p>In the future I make sure that when they go blood test, Di's appt. or any professional personnel I make sure to put it in my progress notes.</p>	<p>3/1/16</p>
<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> <p>FINDINGS No incident reports for [REDACTED] residents under emergency circumstances [REDACTED].</p>	<p>[REDACTED]</p> <p>In the future I make sure that any emergency I always make sure to make incident report the day of the incident. The resident physician should be called immediately if medical care may be necessary.</p>	<p>3/1/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes,</p>	<p>[REDACTED]</p>	

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	<p>coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS [redacted] [redacted] no documentation that change in physical condition reported to physician.</p>	<p>[redacted]</p> <p><i>I'll document in the progress note and notify the doctor in the future [redacted] to notify physician and document.</i></p>	<p>3/1/14</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>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:</p> <p>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;</p> <p>FINDINGS [redacted] signed agreement no specific rate for services.</p>	<p>[redacted]</p> <p><i>In the future will be more specific for the exact amount of my charges and services.</i></p>	<p>3/1/15</p>
<p><input checked="" type="checkbox"/> ①</p>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(C) Residents' rights and responsibilities:</p> <p>Each resident shall:</p>		

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<p>①</p>	<p>Be free from chemical and physical restraints and not be humiliated, harassed, or threatened.</p> <p>FINDINGS Life safety inspection conducted [redacted] door knobs on Bedrooms #2, and #3 installed so residents can be locked in their rooms. Door knobs reinstalled [redacted] so that resident could lock the door from the inside of the room. Primary care giver during annual inspection said [redacted] to install door knobs that way because [redacted] was unable to supervise resident [redacted].</p>	<p><i>you are welcome to come and inspect any time day or night.</i></p> <p>[redacted]</p> <p><i>fixed all the door knobs stalled correctly. In the future I make sure the door knobs stalled correctly every room. Purchased bedside commode and urinal [redacted]</i></p>	<p>3/29/16</p>
<p>⊗</p> <p>②</p>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D)</p> <p>Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be</p>	<p>[redacted]</p> <p><i>In the future if I can't handle the resident I'll discharge for cause.</i></p>	<p>3/29/16</p>

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<p>(2)</p>	<p>obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p>FINDINGS Life safety inspection conducted [redacted], door knobs on bedroom #2, and #3 installed so residents can be locked in their rooms. Door knobs reinstalled [redacted] so that resident could lock the door from the inside of the room. Primary care giver during annual inspection said [redacted] to install door knobs that way because [redacted] was unable to supervise resident [redacted].</p>		
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (b)(2)(B) Primary care givers' rights and responsibilities:</p> <p>The primary care giver has the right to:</p> <p>Terminate a resident's agreement for just cause after a written 30 day notice;</p> <p>FINDINGS [redacted] signed agreement reflects primary care giver may terminate resident's agreement for just cause after a written two week notice.</p>	<p>[redacted]</p> <p>sign new agreement of resident right to be discharged terminate a resident after ^{a written} 30 days notice. In the future I make sure to give them 30 days notice to terminate the resident agreement.</p>	<p>3/1/18</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

3/29/11