

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Holy Family II	CHAPTER 100.1
Address: 47-410 Ahuimanu Road, Kaneohe, Hawaii 96744	Inspection Date: July 30, 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><u>FINDINGS</u> Resident #4 – [redacted] ordered [redacted]; however, was not reflected on the [redacted] medication record. No physician order to discontinue.</p> <p>Resident #4 – [redacted] with medication and breakfast. [redacted]</p>	<p>This order has been discussed with the physician. [redacted] written on the P.E. form [redacted] was an error; this was an old order that had been discontinued during a previous hospitalization and not intended to be reordered. Post hospital follow up had been done with this physician to update medication orders and patient's condition (and this medication was not reordered by the physician).</p> <p>To prevent future deficiencies, nursing staff will more carefully review all physicians' forms. Any discrepancies and/or orders will be clarified and charted as a written telephone order if necessary. All new orders will be promptly recorded on the correct MAR by the RN.</p>	9/2015
		(continued on back)	

RECEIVED

'16 MAY 19 AM 11:54

STATE OF HAWAII
DOH-OHCA LICENSING

In compliance with Chapter 11-100.1-17(a)(1), the administration time [REDACTED] has been changed to indicate a time before breakfast and all nursing staff are aware of this medication consideration.

To prevent future deficiencies, this issue has been discussed with the pharmacy and a request has been made to include medication reminders or guidelines on the blister pack for medications with any special administration considerations. RN staff will note any special instructions/ nursing considerations for all medications and adjust administration times accordingly. RN staff has also discussed common medications with special instructions for administration to be aware of for future reference.

copying
7/2015



§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 #4 – The admission assessment for the readmission did not reflect the status of [REDACTED]

This was a nursing documentation oversight. A nursing assessment was done upon readmission to the facility but did not specifically follow up on the status of the patient's [REDACTED]. To prevent future deficiencies, nursing staff have been advised to be thorough when documenting in patients' charts.
 (continued on back)

8/2015
 Ongoing

[11-100.1-17(a) continued] A follow up on the patients' discharge condition/ reason for discharge has also been added to our admission/readmission checklist. RN staff will utilize checklist to ensure all necessary documentation is obtained post hospital discharge, and also ensure that thorough and complete admission assessment/documentation is done upon readmission to the facility, which is to include a follow up on the reason for hospitalization.



§11-100.1-17 Records and reports. (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.

FINDINGS

Resident #1 – No incident report for change in condition [redacted] resulting in hospitalization for [redacted].

Resident #4 – No incident report initiated when resident admitted to the hospital [redacted].

This was a documentation oversight. Resident #1 was noted to have a change in condition which was addressed by seeking further physician follow up and care. However, an incident report was not written upon initial observation and assessment of this change in condition.

Resident #4 had been taken to the physician for this change in condition and from the physician's office was subsequently admitted to the hospital for further treatment. At that time the resident was discharged and the chart closed.

In compliance with Chapter 11-100.1-17(c) and to prevent future deficiencies, an incident report will be written and filed immediately upon the occurrence of the incident and/or change in condition so that even if a discharge occurs, documentation will be complete. RN staff are required to complete incident reports as part of the chart documentation of any unusual occurrences.

(continued on back)

Ongoing

RECEIVED

'16 MAY 19 AM 11:54

STATE OF HAWAII
NON-OHCA LICENSING

[11-100.1-17(c) continued] The facility Incident Report Policy has been revised to reflect these requirements and reviewed with the staff.

<input checked="" type="checkbox"/>	<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>FINDINGS Resident register did not reflect Resident #1 discharge [REDACTED] and readmission [REDACTED].</p> <p>Resident register reflected Resident #2 admission [REDACTED]; however, resident record noted admission [REDACTED].</p>	<p>The resident register is updated by the care home operator and/or administrator. These missing entries were due to a documentation oversight. The register has since been updated. In compliance with Chapter 11-100.1-17(h)(1) and to prevent future deficiencies, the register will be kept at the nurses' station and updated by whoever does the admission or discharge. The nursing staff has been instructed as to how to complete the register for any changes in census. The register will also be reviewed by the care home operator for accuracy.</p>	<p>10/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS Resident #1 – SCG #1, SCG #2, and SCG #3, no documentation of training for aspiration precautions.</p>	<p>Aspiration precaution training is done annually or biannually at the facility. SCG #1, SCG#2, and SCG#3 were hired within the year and did not receive this training as part of their orientation. Training for aspiration precautions has since been done and all current employees have now been trained. In compliance with Chapter 11-100.1-83(1) and to prevent future deficiencies, all new employees will receive basic dysphagia and aspiration precaution training as part of employee orientation (to be done by an RN), as well as annual training by speech therapy as scheduled.</p>	<p>8/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary</p>		

	<p>immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident #2 – No documentation of influenza vaccination.</p>	<p>Resident #2 refused the influenza vaccine. This resident is now more agreeable to care and has received the influenza vaccine. In compliance with Chapter 11-100.1-87(c)(2) and to prevent future deficiencies, a physician order/ documented consent will be obtained and kept as part of the chart if a resident refuses any type of treatment.</p>	10/2015
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS</p> <p>[REDACTED]</p> <p>However, no medications ordered. Daily blood pressure has not been taken/recorded.</p>	<p>Resident #2 was admitted to the facility with no medication ordered. All previous medications had been discontinued by the physician prior to the care home admission. Upon admission it was noted by the nursing staff that the case manager service plan included medications and monitoring that were not ordered. The case manager and the care home operator were advised at that time and a corrected service plan requested. A new faxed service plan also included the same error and a second request was made. The case manager later brought in a copy of the service plan (which still contained the same error) and filed it in the chart.</p> <p>In compliance with Chapter 11-100.88(c)(4) and to prevent future deficiencies, nursing staff/care home operator will continue to review the service plan and notify the case manager for any discrepancies or necessary updates. To ensure timely updates, the case manager will be asked to hand write and initial any corrections during the monthly visits until a corrected service plan can be provided. Nursing staff and/or the care home operator will physically point out any issues and review the service plan with the case manager.</p>	12/2015
☒	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Resident #3 – No special diet menu for [REDACTED] diet.</p>	<p>This physician diet recommendation has been discussed with the RD and physician. The diet order has been discontinued, as the order for additional nutritional supplements is adequate. In compliance with Chapter 11-100.1-13(b) and to prevent future deficiencies, all new special diet orders will be checked against the menu to ensure that the proper menu extension is included and obtained if needed.</p>	12/2015

<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 [REDACTED]</p>	<p>The [REDACTED] diet has since been clarified with the physician to reflect a diet in better compliance with the standard special diet list provided.</p> <p>In compliance with Chapter 11-100.1-13(1) and to prevent future deficiencies, nursing staff have been provided with the standard special diet list and will clarify non-standard orders with the physician as needed to reflect these orders.</p>	<p>10/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (7) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Meal planning, food purchase, meal preparation and service, and referral and use of consultant registered dietitian;</p> <p>FINDINGS General operational policies did not include topics related to referral and use of the Consultant Registered Dietitian.</p>	<p>Referral and use of the Consultant Registered Dietician has been discussed with the dietary manager, and written nutrition risk guidelines were provided with instructions for notifying the RD.</p> <p>In compliance with Chapter 11-100.1-54(7) and to prevent future deficiencies, the General Operational Policies have been revised to include these guidelines. The nutrition risk guidelines and recommendations for informing the RD have been given to the nursing staff.</p>	<p>12/2015</p>
<input checked="" type="checkbox"/>	<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 No documentation that the Consultant Registered Dietitian was utilized to provide nutritional assessments for residents at nutritional risk. [REDACTED]</p>	<p>Resident #3 had been identified as [REDACTED] and had been sent to the physician to address this concern. Nursing staff had believed that the physician's follow up and orders were adequate to address this resident's needs [REDACTED].</p> <p>Resident #4 had been identified as [REDACTED] and had been evaluated by the Consultant Registered Dietician within the year. [REDACTED] However, the resident had been [REDACTED] within the year and the Consultant RD had not yet done a new nutritional assessment [REDACTED].</p> <p>(continued on back)</p>	<p>Ongoing</p>

RECEIVED

*16 MAR -7 09:57

STATE OF HAWAII
D. H. CHUA, JUDGE

Continued Chapter 11-100.1-55(1):

In compliance with Chapter 11-100.1-55(1) and to prevent future deficiencies, written nutrition risk guidelines, with instructions for notifying the RD, were obtained.

The nutrition risk guidelines and recommendations for informing the RD have been given to the nursing staff. The Consultant RD will be notified for any residents.

<input checked="" type="checkbox"/>	<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>FINDINGS No documentation that the Consultant Registered Dietitian was utilized to provide special diet training for food preparation staff.</p>	<p>Special diet training had been done by the dietician but not specific to these exact diets. These diets have since been clarified with the physician to better reflect standard special diet orders, for which annual training is done.</p> <p>In compliance with Chapter 11-100.1-55(2) and to prevent future deficiencies, all non-standard diets will be clarified with the physician. The dietary manager and RD will be notified of all special diet orders in advance so that staff training can be tailored to meet the facility and residents' specific needs.</p>	<p>12/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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>FINDINGS Bedroom #2 door did not open easily. The bottom part of the door came in contact with the floor.</p> <p>Men's bathroom cabinets' paper coverings were peeling off.</p> <p>Most of the bedroom wooden door frames were splintered.</p>	<p>Bedroom #2 door has since been fixed and now opens and closes easily with no resistance/ contact with the floor.</p> <p>The men's bathroom cabinets have since been replaced are now in good repair, with no peeling.</p> <p>We have been obtaining estimates for door frame repairs and painting of the facility. We are currently in the process of budgeting for these necessary repairs and maintenance, which are expect to completed within the year.</p> <p>(continued on back)</p>	<p>1/2016</p> <p>2/2016</p> <p>2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(B) 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>		

RECEIVED

'16 MAR -7 7:19:57

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

Continued Chapter 11-100.1-23(h):

In compliance with Chapter 11-100.1-23(h) and to prevent future deficiencies, staff have been instructed to note the ease of closing of all doors during fire drills and notify the administrator as needed. In addition, a maintenance reserve budget will be maintained to help cover the cost of any repairs necessary to maintain the facility and equipment in a safe and comfortable manner. Routine checks will be done of the facility to identify needed repairs.

	<p>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p><u>FINDINGS</u> Bedroom #12 had a strong urine smell.</p>	<p>This resident was admitted by APS for . At the time of this inspection, the resident was in an adjustment period and remained extremely resistant to care/hygiene and was being followed by a physician to address behaviors. Housekeeping was scheduled to clean this room (continued on back)</p>	<p>11/2015</p>
--	---	--	----------------

Continued Chapter 11-100.1-23 (h)(1)(B):
three times per day and all staff would attempt to encourage the resident to use the restroom and bathe/change clothes at regular intervals throughout the day. This resident is now cooperative with care and bathes daily as well as uses the restroom facilities independently.
To prevent future deficiencies, staff will continue to try and maintain the cleanliness of the facility and resident rooms as much as possible while maintaining the dignity and safety of each resident.

RECEIVED

'16 MAR -7 09:57

STATE OF MARYLAND
COMMUNITY CARE



§11-100.1-23 Physical environment. (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.

Housekeeping:

All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.

FINDINGS

Bedroom #10 picture frame hanging on the wall was dusty.

The picture frame has since been cleaned. Housekeeping has been advised regarding dusting all fixtures/surfaces within the facility. To prevent future deficiencies, random checks of the facility will be done to help maintain the cleanliness of the environment.

Ongoing

Licensee/Administrator's Signature: _____

George Guillermo

Print Name: _____

GEORGE GUILLERMO RN

Date: _____

3-01-16

Licensee/Administrator's Signature: _____

Suzanne Lee

Print Name: _____

Suzanne Lee RN

Date: _____

5-1-16