

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Home Away From Home	CHAPTER 100.1
Address: 1321A Palolo Avenue, Honolulu, Hawaii 96816	Inspection Date: June 8, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Substitute care giver (SCG) #1 [REDACTED] tuberculosis (TB) skin test was negative. No proof of a positive TB test only an attestation in record. Send copy of a TB skin test or a proof of positive with your plan of correction (POC).</p>	<p>[REDACTED]</p> <p>A monthly spread sheet was designed and started, with the employee's name and date of current PE/TB. In the future a reminder will be enclosed in their Paycheck prior to the due date. A CNA has been assigned this responsibility. This form is kept in a separate binder for Monthly review, and quarterly inservices will be held to prevent re-occurrence.</p>	6/18/16
<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 SCG #2 first aid certification expires [REDACTED]. No current</p>	<p>SCG# 2 First Aid certification is enclosed.</p> <p>A monthly spread sheet was started with the employee's educational requirements (CPR/FIRST AID). In the future, it will be the responsibility of each employee to review this spread sheet. This form is in a separate binder for easy assessability and review. This subject will be reviewed at our quarterly inservices to prevent further reoccurrences from happenings.</p>	6/27/16

	Rules (Criteria)	Plan of Correction	Completion Date
	certification in record. Provide a current copy of first aid certification with your POC.		
<input checked="" type="checkbox"/>	<p>§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 SCG #2 cardiopulmonary resuscitation (CPR) certification expires [REDACTED]. No current certification on record. Provide a copy of CPR certification with your POC.</p>	<p>[REDACTED]</p> <p>The same educational spread sheet is used as stated in #2 and in the future quarterly inservices will be scheduled to prevent re-occurrence of this citation.</p>	6/27/16
<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>FINDINGS Metal stem thermometer reads hot only, should read both cold and hot.</p>	<p>A stem thermometer has always been in place to measure the hot temperature and has passed previous surveys and it was acceptable. It was only made aware to me at this survey that a digital thermometer that measures hot and cold was needed- it has been purchased, and the staff has been trained to use this thermometer correctly in reading hot and cold temperatures.</p>	6/8/16
<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 [REDACTED] dose discontinued [REDACTED] on medication administration record (MAR) no physician order to discontinue medication.</p>	<p>A P.O. for discontinuation of [REDACTED] is enclosed.</p> <p>This difeciency was cited because although the order was there, it was signed by [REDACTED] nurse. In the future CHO and staff has been made aware that a physician order is not acceptable without [REDACTED] (MD) signature.</p>	6/27/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident #1 PM dose of [REDACTED] already signed as given for today [REDACTED]. 2. Resident #1 [REDACTED] has perimeters for administration [REDACTED] not listed on MAR for medication administration. Resident has separate list in chart for [REDACTED] readings. Reading should be on MAR to remind care givers if medication should be held. 	<p>This medication error of signing the med sheet before dispensing the medication was careless and unacceptable. In the future all staff was made aware of the importance of timely dispensing of meds and the proper coding (w/a circle) if an error was made..</p> <p>The resident [REDACTED] reading are now kept in the [REDACTED] book and the MAR for the purpose of following accurate medication perimeters. In the future this citation will not re-occur because CHO has proper understanding of administering of [REDACTED] meds with perimeters</p> <p>[REDACTED]</p>	<p>6/9/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #I physical examination (PE) expired [REDACTED]. No current PE on record. Provide a copy of the current PE with your POC.</p>	<p>[REDACTED]</p> <p>CHO will review the spread sheet for the resident PE due date. In the future the CHO will review quarterly as a reminders to prevent reoccurrence of this problem.</p> <p>[REDACTED]</p>	<p>6/27/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or</p>	<p>Each resident will have a narrative and detailed monthly progress note written by the CHO and reviewed monthly by the newly hired nurse consultant for proper and timely documentation so this will not re-occur.</p>	<p>6/9/16</p>

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	<p>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 #1 no monthly summaries for [REDACTED] or [REDACTED]. Narrative notes do not address diet or response to medication as required.</p>	<p>If there are any changes in condition it will be immediately documented and incident report made immediately. Effective this date and in the future one monthly detailed progress notes will be completed as well as a one narrative note totaling two notes a month per resident or more if necessary written by the CHO.</p> <p>Meal intakes will be completed as well as response to meds and treatments will be recorded monthly in the progress note by CHO.</p>	6/9/16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #1 emergency data sheet has wrong doses and discontinued medication listed under current medications. List not updated to current physician orders.</p>	<p>Effective this date and in the future all medications will be accurately listed and update to current MD Orders.</p> <p>Emergency data sheet will accompany the resident to their medical appointments and if any medication changes, it will be updated at that time. This procedure is in effect now and will be this way in the future to prevent re-occurrence.</p>	6/27/16
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1 list of possessions not updated since admission [REDACTED], should be updated yearly and as needed.</p>	<p>If a family member adds clothing or any other personal items to the original clothing list (on admission) it will be recorded immediately and reviewed annually by the CHO to prevent this from happening again. The annual review for every resident chart will be [REDACTED] prior to our annual DOH survey.</p>	6/9/16

Licensee's/Administrator's Signature: Ena P Avelliano

Print Name: Ena Pauliasi Avelliano

Date: 06/28/16

Licensee's/Administrator's Signature: Ena P Avelliano

Print Name: Ena Pauliasi Avelliano

Date: 07/14/16