

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ka Malama Home II	CHAPTER 100.1
Address: 45-332 Ka Hanahou Circle, Kaneohe, Hawaii 96744	Inspection Date: February 10, 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><u>FINDINGS</u> Substitute Care Giver #2 No current TB clearance, attestation only, no documentation of chest x-ray, and documentation of positive PPD. Submit documentation of chest x-ray, and documentation of positive PPD with your plan of correction.</p>	SEE ATTACHED	2/11/2016
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Substitute Care Givers #1, #2 No documentation of training by primary caregiver to make medications available to residents and document such action. Submit documentation of training by primary caregiver to make medications available and document such action for Substitute Care Givers #1, #2.</p>	SEE ATTACHED	2/12/2016
☒	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 admitted [REDACTED], level of care assessment obtained [REDACTED].</p>	SEE ATTACHED	2/15/2016
☒	<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> No metal stem thermometer to measure hot and cold.</p>	SEE ATTACHED	2/13/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Residents' medication unsecured, keyed padlock but screw link that secures door handles shut is not fused shut.</p>	SEE ATTACHED	2/13/2016
☒	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 [REDACTED] syrup expired [REDACTED].</p>	SEE ATTACHED	2/15/2016
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS Resident #1 self-preservation certification obtained after admission.	SEE ATTACHED	2/15/2016
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p>FINDINGS Residents' dining room table 25 ¼" clearance.</p>	SEE ATTACHED	2/20/2016

Licensee's/Administrator's Signature: *Helen Elizabeth*

Print Name: HELEN ELIZABETH

Date: 4/29/2016

11-100.1-9 (b) I obtained a copy of the TB clearance Certificate with negative (0) MM result from "Care Giver # 2 together with the MD Tuberculosis Risk Assessment and Attestation Screening Report . [REDACTED] To prevent this from happening again, I made an Annual Checklist for documents needed during the Annual evaluation for Care - Givers and Household Members. I will ensure that updated original copies be filed in each Care -Giver/Household member"s file.

Licensee/Administrator's Signature : *American*

11-100.1-9 (e) (4) Immediately, the PCG scheduled an in-service training on Medication Administration and Documentation . I notified "Care Givers #1 and #2 " about the scheduled training. [REDACTED] Topics discussed and handouts provided include the Five (5) Rights and Medication Records (MAR). [REDACTED] [REDACTED] In the future, any special procedures / treatments/ Medications for the Residents , I will ensure that all the Care Givers/CH workers be given such trainings to meet the needs of the residents. In addition, a certificate of completion or documentation of the trainings be available and be kept on-file.

Licensee/Administrator's Signature: *Museizah*

II-100.1-10(a) : A copy of the Level of Care Assessment was filled –up and sent to the Care Home by the APRN of Resident # 1 [REDACTED], although the actual assessment made by APRN was during [REDACTED] visit at the resident's home [REDACTED] where [REDACTED] also gave [REDACTED] a Flu shot and a PPD test in preparation for [REDACTED] admission to the Care Home [REDACTED]

To prevent this to happen in the future, I will utilize the Care Home Admission Checklist and review /discuss with the family representative and the prospective resident the requirements before the admission date. In the event that the admission paperworks are not complete in time, the prospective resident will be denied admission unless an approval from the DOH representative to admit the resident while on the process of completing the requirements.

Licensee/ Administrator 's Signature: *[Handwritten Signature]*

II—100.1-14 (e) Immediately, I purchased a metal stem thermometer designated solely for the Care home and another one for the Private Home kitchen since the one that we have been using to measure hot and cold was not the standard one acceptable to the department. To comply with the requirements of the department in the future, I will ensure that an inventory of the kitchen utensils for food safety and sanitation will be conducted every six (6) months to assure the availability of the above equipment at all times. In addition, a designated place at the kitchen drawer will be assigned/labeled for such utensils/equipments.

Licensee/Administrator's Signature *Ameliza*

11-100.1-15 (a) To comply with the standard safety and security of the Resident's medications and treatment, I immediately requested the Care Home Administrator to change the old unsecured pad locks into a standard and more safer and secured ones. To ensure that the keys are well kept, I came up with a designated place in the office drawer next to the medication cabinet and a logbook will be signed by the trained Care Givers in case they need to open the medication cabinet to provide treatment or medications to any of the residents.

Licensee/Administrator's Signature: *Amelizah*

11-100.1-15 (1) : I called up the MD/APRN of Resident #1 to inform them about the expired PRN meds. for cough brought by the daughter-in-law during the admission. I also requested an order for refill for the same cough medicine to be sent to the pharmacy where the family picks - it up . In the future, to prevent this thing to happen, I will check thoroughly all the meds. brought in by the family (routine or PRN Meds.) and the more if its over the counter meds. In addition , I need to check thoroughly the sticker label if it jives with the MD/APRN's orders and the expiration date of the medicines. At all times, the standard procedure of the Care Home for disposing discontinued and expired meds. will be implemented.

Licensee/Administrator's Signature : *Anteliza*

II-100.1-23(g)(3)(l) : I informed the APRN of Resident # 1 about the importance of the timely filling-up of the Self Preservation Certification before the scheduled admission to the Care Home in compliance to the rules of the department . Although the blank form was sent to the APRN's office before the admission date, it was sent back to the Care Home after Resident # 1 was already admitted to the Care Home. In the future, to prevent this from happening again, I will reiterate the utilization of the Care Home Admission Checklist to the representative of the prospective resident or the MD/APRN in case the prospective resident is coming from the hospital. In the event that the Admission paperworks are not complete in time, the prospective resident will be denied admission to the care Home.

Licensee/Administrator's Signature : Antizana

11-100.1-23(1)(1) : I informed our Administrator about the existing Dining table that it was found not within the standard measurement by the department. Immediately , our Care Home Maintenance/ Repair man was contacted and did some innovations to provide a twenty nine inches clearance between the floor and the lower edge [REDACTED] [REDACTED]. In addition, I also offered the table on my office to be used since it is within the standard measurement for a [REDACTED] resident.

Licensee's/Administrator's Signature: Antizah