

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Korean Care Home	CHAPTER 100.1
Address: 525 Kiapu Place, Honolulu, Hawaii 96817	Inspection Date: September 1, 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><b>FINDINGS</b> Resident #2 private companion did not have documentation of physical examination. <b>Submit copy with plan of correction.</b></p>	<p>1. All the private companions were examined by physician &amp; documented evidences were submitted.</p> <p>2. Administrator will make sure all the individuals who provide care or services to residents should have documented evidence that they have been examined by a physician prior to their first contact with residents and should be examined by a physician annually.</p>	09/30/15
		<p>1. Administrator will instruct that private companions must bring following documents</p> <p>a. A 2-step TB clearance from the PCP</p> <p>b. completed physical exam. from the PCP.</p> <p>2. Document should be submitted prior to contact with the resident.</p> <p>3. Instruct the private companions</p>	

<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><b>FINDINGS</b> Resident #2 private companion did not have documentation of tuberculosis clearance. <b>Submit copy with plan of</b></p>	<p>1. All the private companions submitted documented evidence of initial tuberculosis clearance.</p> <p>2. Administrator will make sure all the individuals who provide care or services to residents should have documented evidence of an initial TB clearance prior to first contact</p>	<p>09/30/15</p>
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correction.

that TB clearance and physical exam will be required annually

4-15-2016

<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> <p><b>FINDINGS</b> Substitute care givers – No documentation of training to make prescribed medication available to residents.</p>	<p>1. All the substitute care givers were trained &amp; documented of training for medication.</p> <p>1. Administrator will give training to all SCGs regarding medication; how to store, administer, document and to discard when it is expired.</p> <p>2. Give training re. safe medication management including right resident, right medication, right dose, right time, and right route.</p> <p>3. Document training</p>	<p>10/12/15</p> <p>4-15-2016</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3)  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>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><b>FINDINGS</b>  Substitute care givers – No documentation of training to identify hypo- and hyperglycemia reactions and interventions.</p>	<ol style="list-style-type: none"> <li>All the substitute care givers were trained to identify hypo- and hyperglycemia reactions &amp; interventions. The training was documented.</li> <li>Administrator will make sure all the care givers are trained to identify hypo- and hyperglycemia and update training annually. Administrator will make sure that the training shall be documented.</li> </ol>	<p>Work in progress. Target completion date_ 3/31/16</p>	
	<p>Administrator will</p> <ol style="list-style-type: none"> <li>Recognize the specific needs for the resident.</li> <li>Give In-Service education to the SCGs regarding specific needs for the resident, i.e., identifying hypo-hyperglycemia reactions and interventions</li> <li>Document the In-Service education</li> </ol>	<p>4-15-2016</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><b>FINDINGS</b>  Refrigerator thermometer for refrigerator in Building B.</p>	<ol style="list-style-type: none"> <li>Administrator will make sure all refrigerators have thermometers and maintained at 45 degree F or lower.</li> <li>Will have temperature log for all the refrigerators and maintain 45 degrees or below.</li> </ol>	<p>03/08/16</p>	
	<p>Bedroom #1 containing perishable food items reflected 50° 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><b>FINDINGS</b> Main building – Lysol disinfectant spray unsecured in one resident bathroom.</p>	<p>1. Lysol disinfectant spray has been secured in a locked storage.</p>	<p>09/01/15</p>	
		<p>1. Administrator will instruct all employees on the proper storage of toxic chemicals and cleaning agents.</p> <p>2. Housekeeping staff will check all bathrooms daily and make sure there is no hazardous materials in residents' bathrooms</p>		
		<p>3. Housekeeping staff will report any violations to office manager</p>		
4-15-2016				
<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 security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b> Main building - ointment unsecured at resident bedside.</p>	<p>1. ointment was sent back to resident's family since there was no order.</p>	<p>09/01/15</p>	
		<p>Administrator will</p> <p>1. Instruct the resident/family about regulation that any medication should not be left unsecured at the resident's bedside</p> <p>2. Educate the staff any medication should not be left at the bedside.</p> <p>3. Make sure staff check residents' bedside daily and report to the administrator if there is any violation.</p>		
4-15-2016				
<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 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><b>FINDINGS</b> Resident #2 – Progress notes did not reflect that testing was performed multiple times in a single day per</p>	<p>1. Late entry documented.</p> <p>2. Administrator and care givers will make sure to document if testing performed multiple times per resident request</p>	<p>09/30/15</p>	

<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b> Resident #2 – reading recorded on the medication record was not consistent with the meter. example:</p>	<p>1. Late entry for the correct reading was documented.</p>	09/30/15
	<p>Administrator will</p> <ol style="list-style-type: none"> <li>Educate the staff who check to write down the number as soon as they read it.</li> <li>Educate the staff to check the memory on the monitor daily and make sure the recorded number is as same as the number in the memory.</li> </ol>	<p>4-15-2016</p>

<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><b>FINDINGS</b> Resident #1 – No progress notes for visits on</p>	<p>1. Late entry documented for visits on</p>	09/30/15
	<p>Administrator will</p> <ol style="list-style-type: none"> <li>Educate the staff to document in the nursing record all visits and consultations.</li> <li>Instruct the staff to double check on a weekly basis <sup>date</sup> all in-house visits and consultations <sup>are</sup> documented.</li> </ol>	<p>4-15-2016</p>

<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Resident #1 &amp; #2 – No documentation that resident, resident's family was informed of charges for services at the time of admission.</p>	<p>Administrator and office manager will make sure</p> <ol style="list-style-type: none"> <li>1. Resident/family read admission policy which will state the ARCH monthly rate.</li> <li>2. The original admission policy with ARCH monthly rate documented/signed will be kept in resident's file</li> <li>3. A copy of the signed admission policy with ARCH monthly rate will be given to resident/family for their record.</li> </ol>	<p>4-15-2016</p>
	<ol style="list-style-type: none"> <li>1. Late entry documented that resident's family was informed of charges for services at the time of admission.</li> </ol>	<p>09/30/15</p>	
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> No special diet menu for diet.</p>	<ol style="list-style-type: none"> <li>1. The order for diet was discontinued.</li> <li>2. Administrator will make sure that menus are available for special diet.</li> </ol>	<p>09/02/15</p>

<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><b>FINDINGS</b> Resident #1 – No documentation that diet was provided as ordered by the physician</p> <p>Resident #2 – No documentation that the non-standard diet order was clarified with the physician.</p>	<p>Resident #1 1. The order for diet was discontinued. 2. Administrator will make sure that special diets shall be provided only as ordered by their physician or APRN and should be documented.</p> <p>Resident #2 1. Late entry for clarification for the non-standard diet order 2. Administrator will make sure that any non-standard diet order such as</p>	<p>09/02/15</p> <p>09/03/15</p>	
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Administrator and the staff will

1. Check the diet order upon admission and when there is a change
2. If special diet is ordered, make a note and put it on the bulletin board in the kitchen
3. Communicate with the staff who prepare the food and serve the food.

4-15-2016

1. All diet order will be reviewed by administrator upon admission or when there is a change
2. Will contact the physician for non standard diet order and clarify
3. Will contact consultant RD for clarification and guidelines.

<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 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><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not include observations of the resident's response to diet</p> <p>Resident #2 – Progress notes did not include observations of the resident's compliance to diet</p> <p>Resident #2 – Progress notes did not reflect that resident was not having meals in the designated dining area on a regular basis.</p>	<p>Resident #1</p> <ol style="list-style-type: none"> <li>1. The order for the diet was discontinued.</li> <li>2. Administrator will make sure the observation of the resident's special diet has to be documented.</li> </ol> <p>Resident #2</p> <ol style="list-style-type: none"> <li>1. Late entry for the observation of the resident's compliance to was documented.</li> <li>2. Administrator will make sure the observation of the resident's compliance to special diet should be documented.</li> </ol> <p>Resident #2</p> <p>Late entry for resident not having meals in the designated dining area on a regular basis was documented.</p> <ol style="list-style-type: none"> <li>2. Administrator will make sure the progress note should reflect if the resident is not having meals in the designated dining area.</li> </ol>	<p>09/14/15</p> <p>09/14/15</p>
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<p>Administrator will</p> <ol style="list-style-type: none"> <li>1. Instruct the staff to observe any changes in behavior/condition if resident is on special diet.</li> <li>2. Educate the staff to document any changes in behavior/condition in the progress note.</li> <li>3. Check regularly if monthly summary reflects the observations of the resident's response to special diet.</li> </ol>	<p>4/15/2016</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (1)(3) 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>Residents shall be served meals in dining rooms unless they are temporarily confined to their bedrooms;</p> <p><b>FINDINGS</b> Resident #2 – Resident was not served meals in the designated dining area on a regular basis.</p>	<p>1. Explained to the resident that resident shall be served meals in dining room unless they are temporarily confined to their bedrooms. 2. Administrator and caregivers will make sure that residents shall be served meals in dining room unless they are temporarily confined to their bedrooms.</p>	<p>09/30/15</p>	
<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><b>FINDINGS</b> No documentation that the Consultant RD provided special diet training for high fiber diet and modified consistency diets for food preparation staff.</p>	<p>1. Order for diet was discontinued. 2. The training with Consultant RD will be scheduled for modified consistency diets. (Date: 03/19/16)</p>	<p>09/30/15</p>	
		<p>Administrator will</p> <p>1. Review the diet order 2. Contact Consultant RD for special diet order 3. Schedule training for food preparation staff with consultant RD 4. Document training</p>	<p>4/15/2016</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b>FINDINGS</b> Small refrigerator in Cottage B used to store eggs &amp; yogurt. This type of refrigerator cannot maintain required product temperature of 41° F.</p>	<p>1. Egg and yogurt was moved to a bigger refrigerator from the small refrigerator in Cottage B.</p>	<p>09/01/15</p>	
		<p>Office Manager and Administrator will</p> <p>1. Instruct all the employees the small refrigerator is not used to store eggs and yogurt. 2. Make a sign, "No Eggs and No Yogurt" and put it on the small refrigerator.</p>	<p>4-15-2016</p>	

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Licensee's/Administrator's Signature: SamSil Cannon RN

Print Name: SAM SIL CANNON

Date: 3-8-2016

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Licensee's/Administrator's Signature: SamSil Yun Cannon

Print Name: SAMSIL YUN CANNON

Date: 4-15-2016