

Office of Health Care Assurance

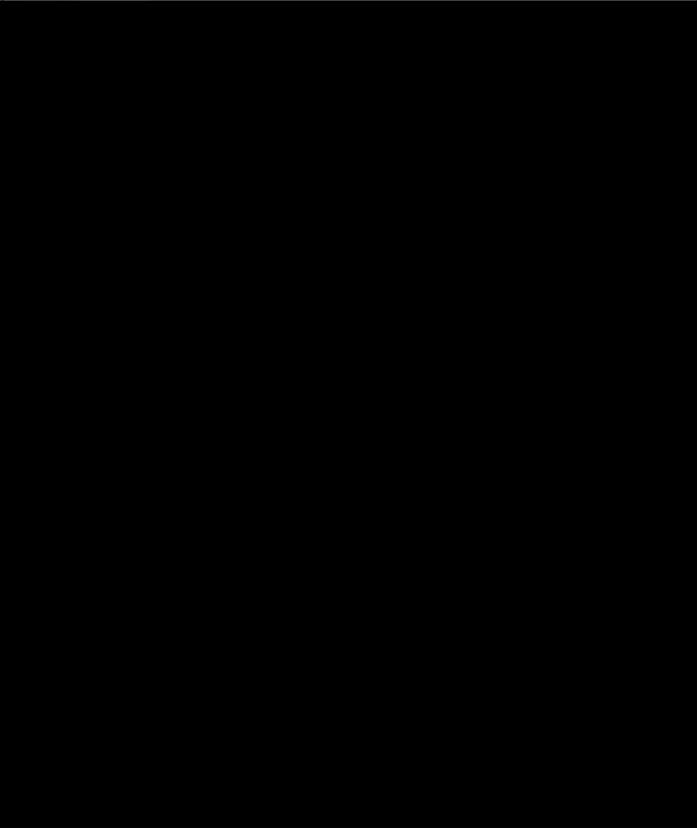
State Licensing Section

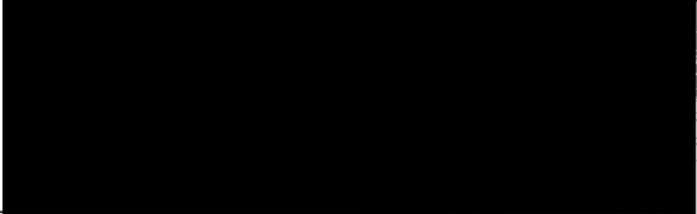
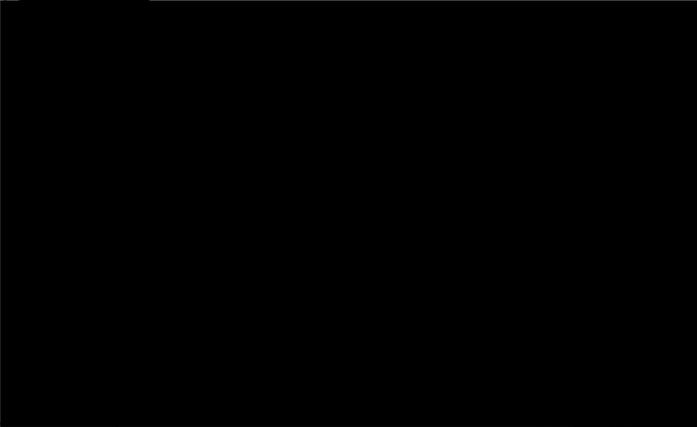
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ligaya Navasca (DDDH)	CHAPTER 89
Address: 99-058 Upapalu Drive, Aiea, Hawaii 96701	Inspection Date: December 8, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b>FINDINGS</b> Above the sliding door in the dining room, there was a 6"x12" (approximate) rectangular hole in the ceiling. Below it was a 6"x10" (approximate) piece missing from the trim adjacent to the wall.</p>	SEE ATTACHED	12/10/15
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><b>FINDINGS</b> A pediatric arm sling was in the first aid kit rather than a triangular bandage and/or an arm sling for adults. The pediatric arm sling is too small for the adult residents.</p>	SEE ATTACHED	12/10/15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3)  The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><b>FINDINGS</b>  A current self-preservation statement was not on file for Resident #2.</p>	<p>SEE ATTACHED</p>	<p>12/19/15</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(11)  Medications:</p> <p>Discontinued or outdated medications shall be disposed of by flushing down the toilet.</p> <p><b>FINDINGS</b>  Resident #1's bottle of [REDACTED] in the medication container noted an expiration date of [REDACTED] however, was not disposed of.</p>	<p>SEE ATTACHED</p>	<p>12/8/15</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12)  Medications:</p>	<p>SEE ATTACHED</p>	<p>12/8/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b></p> 	<p>SEE ATTACHED</p>	<p>12/8/15</p>

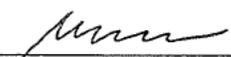
	Rules (Criteria)	Plan of Correction	Completion Date
		SEE ATTACHED	12/8/15
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><b>FINDINGS</b></p> 	SEE ATTACHED	12/9/15
		SEE ATTACHED	12/2/15

	Rules (Criteria)	Plan of Correction	Completion Date

Licensee's/Administrator's Signature: 

Print Name: LIGAYA NAVASCA

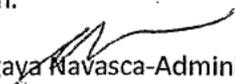
Date: 4/18/14

Licensee's/Administrator's Signature: 

Print Name: LIGAYA G. NAVASCA

Date: 6/6/14

11-89-12: I notified Caregiver#2 regarding the discrepancy and asked [REDACTED] to fix it, and [REDACTED] fixed it right away for the safety of everybody. As an Administrator I will have to make sure that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, and housing and other codes, ordinances and laws. I will develop a checklist to make sure that the facility is in compliance and it will be done every month.

  
Ligaya Navasca-Administrator

11-89-14(b) As soon as I found out that the pediatric arm sling was not supposed to be in the First Aid supplies, I immediately replaced it with adult sling. I will check the First Aid Supplies List against with my available First Aid Supplies once a month, when the supplies are low or as needed to replenish the supplies. From now on I have to make sure that I have the right First Aid Supplies needed by checking the First Aid Supplies List with my First Aid Supplies to avoid this thing to happen again.

  
Ligaya Navasca-Administrator

6/6/14

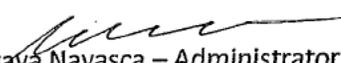
11-89-14 (d)(3) [REDACTED] Resident #2 had a Physical Exam. I have to double check that I used the correct form that reflects/includes the Self Preservation. I will have to make sure that all the residents have a current Self Preservation Statement on file. I have to check if I use the latest form when they have their Physical Exam to avoid these things to happen again. [REDACTED]

  
Ligaya Navasca-Administrator

11-89-14(e)(11) On 12/8/2015 When I was notified that the [REDACTED] was already expired I immediately disposed it by flushing down the toilet. To avoid these to happen again, I will check all the expiration date of all the resident's medications. If expired I will disposed it by flushing down the toilet.

11-89-14(e)(11) I have reviewed your comments/advisements on how to disposed discontinued or outdated medications on your comments dated June 03, 2016. I also reviewed and followed the handout that you send it to me "How to Dispose of Unused Medicines". It's been noted and filed for our future reference and guidelines for the Domiciliary Home. Thank you very much for sending it.

To avoid this to happen or recurring again, I will check the expiration dates of all medications every month or as needed.

  
Ligaya Navasca - Administrator

6/6/14

11-19-14(e)(12) 12/08/2015 As soon as it was brought to my attention and noticed the inconsistencies of my Medication Record Notes with the Physician's Orders, I immediately updated my medication record notes. In the future to avoid these to happen again I have to make sure by double checking the Physician Orders if it will match with my medication record notes. I have to double check my entry to match with the Physician orders.

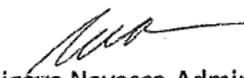
12/08/2015 When it was brought out into my attention, I immediately reflected on my Medication Record Notes from [REDACTED]. I asked [REDACTED] doctor for a doctor's order to discontinue the [REDACTED]. To avoid this to happen again, I have to make sure that the medications will be reflected on the Medication Record Notes by double checking it.

  
Ligaya Navasca-Administrator

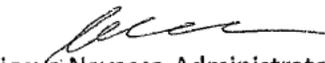
12/08/2015 When it was brought to my attention, I immediately reflected and corrected on my Medication Record Notes for January 2015. To avoid this to happen again, I have to make sure by double checking that these Medications will be reflected on the Medication Record Notes by following the Doctor's order.

  
Ligaya Navasca-Administrator

12/08/2015 When it was brought to my attention I immediately corrected by reflecting the times the medication was given. To avoid these to happen again, I have to make sure by double checking the times given on the Medication Record Notes.

  
Ligaya Navasca-Administrator

12/08/2015 When it was brought to my attention, I immediately reflected the strength of the medication on the Medication Record Notes. To avoid these to happen again, I have to make sure by double checking that the strength of these medications will reflect on the Medication Record Notes.

  
Ligaya Navasca-Administrator

11-89-18(c) On 12/09/2015 I contacted CMU3 and my Supervisor at Manawa Lea Health Services to provide me a completed copy of the Incident Reports. Copies of Incident Reports and letter from Manawa Lea Health Services are attached for your reference. To avoid these to happen again, If an Incident Report will be submitted I have to make sure that I will have a completed copy by follow up or asking my Supervisor a copy.

Incident Report dated 06/30/2015-I have attached a letter from Manawa Lea Health Service regarding the Incident Report. I discussed with my Supervisors that any unusual incidents such as bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within 24 hours from the time of the incident and shall be retained by the facility.

To avoid this to happen again, if I will submit an Incident Report I will follow up a completed Incident Report from my Supervisors.