

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Care Center	CHAPTER 100.1
Address: 1010 C Wanaka Street, Salt Lake, Hawaii 96818	Inspection Date: December 24, 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> (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 #5 No current annual tuberculosis clearance.</p>	<p>see attached</p>	<p>1/20/16</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>FINDINGS Resident #1 No progress notes for physician visits [REDACTED], and dentist visit [REDACTED].</p>	<p>see attached</p>	<p>12/30/15</p>

S11-100.1-17 Per my phone conversation with DOH nurse consultant, Resident #1 was not taken to any physician visit [REDACTED]. This is determined because resident #1 gets taken to the physician's office by the family member and the process is, the resident gets signed in and out when the resident leaves. There was no entry where resident #1 left the care home [REDACTED]. Furthermore, resident #1 was admitted into care home [REDACTED] and [REDACTED] first physician visit was [REDACTED].

As for the other listed dates, resident #1's progress notes have been updated to include physician visits. PCG has been educated further to ensure that all physician visits, communications, orders, etc. must be documented in all resident's progress notes. Going forward, licensee will also include this item to follow-up during monthly audits.

S11-100.1-17 Incident report for resident #1 was been updated to include the date of incident [REDACTED]. PCG has been educated to triple check all documentation to ensure that all forms are completely filled out. Going forward, licensee will include this item to follow up during monthly audits.

S11-100.1-17 File cabinet has been replaced with a new one to include a working lock. Licensee will check on monthly audits to ensure that file cabinet is lockable where all resident charts are kept.

S11-100.1-23 Per my phone conversation to DOH nurse consultant, it was explained that fire exit #1 is the front door and is a double door entry. The first door has the door locks and the second has two sliding latches, one on the top and one on the bottom to keep the door closed, without these latches, the front door will be able to open freely. PCG has been reprimanded and has been explained to as to why the latches are there to protect the door from opening freely and not "prevent wandering residents from leaving." Fire safety are aware of the doors and its locking mechanism. Also, prior nursing consultants have done inspections without any issues regarding the door. I feel that this became a deficiency due to PCG's answer as to why it was there. Going forward, PCG has been educated as to why the latches are there on the door.

S11-100.1-23 Dining room table has been updated with leg lifts to include a clearance of 29 inches from floor to lower edge. Going forward, licensee will follow-up to include this item on the monthly audits.



S11-100.1-23 Plastic pillow protector has been put on pillows for resident #2. Going forward, PCG has been reminded and educated on the policies regarding bedroom furnishings. Licensee will also include this item on monthly audits to ensure that all residents' bedroom furnishings are compliant.

S11-100.1-23 Resident #2 had a preference as to where [REDACTED] bed was located. Since the inspection, resident has been educated as to why it was important the bed be positioned closer to the wall and within reach of the signaling device. PCG has also been reminded and educated about the importance of bed placement. Going forward, the licensee will include this item to follow up on when the monthly audits are done.



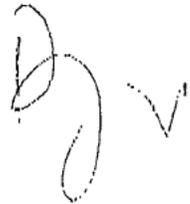
Plan of corrections: 12/24/2015

S11-100.1-9 Proper annual TB clearance has been obtained. Annual TB screening form signed by MD obtained. [REDACTED] To ensure that this is accurate annually, a checklist has been created for all CG's to ensure that all clearances are current and accurate. This checklist will include all expiration dates to all clearances of each CG, including PE, TB, CPR & First Aid, in-services, and it will be checked on each monthly audit to ensure that all clearances are current. PCG has also been educated to ensure that the checklist reflects current clearances.

S11-100.1-17 Resident #1 progress notes have been updated to include the incidents that occurred [REDACTED] [REDACTED] PCG has been educated to ensure that proper documentation is done for all incidents that occur in the care home. [REDACTED] has been made aware to properly follow all steps outlined in the "emergency procedures". This item will be included on the monthly audits done by licensee to ensure that it doesn't happen in the future.

S11-100.1-17

As for the other listed dates, resident #1's progress notes have been updated to include physician visits. PCG has been educated further to ensure that all physician visits, communications, orders, etc. must be documented in all resident's progress notes. Going forward, licensee will also include this item to follow-up during monthly audits. To add to preventing it, the PCG also has been educated to document in the resident's progress notes on the day of the visit to ensure that the records are in correlation with the physician visit record.



Licensee's/Administrator's Signature: 
Print Name: Darrell Aguinardo
Date: 3/18/14

Licensee's/Administrator's Signature: 
Print Name: Darrell Aguinardo
Date: 4/18/14