

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tanacio's (DDDH)	CHAPTER 89
Address: 94-1166 Hoomakoa Street, Waipahu, Hawaii 96797	Inspection Date: April 19, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS For Caregivers #1 and #2, verification of only 3 hours of training was available. (NOTE: Submit verification of the additional 5 hours of training for each caregiver.)</p>	<p>The additional 5 hours training for caregiver 1 and 2 was completed May 21, 2016. In the future I will put in my calendar, to remind me that we have to complete the 8 hours inservice or training before the annual recertification so it will not repeat the same deficiency.</p>	<p>June 21, 2016</p>

	RULES (CIRCLES)	TYPE OF CORRECTION	COMPLETION DATE
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><u>FINDINGS</u> No verification that a 2-step TB skin test was completed for Household Member #2 prior to first contact with residents.</p>	<p>Before moving into my house they have to acquire all the requirements before they move in, other wise they cannot move in, like wise for new caregivers they will not be use until clearances are made.</p>	<p>8-04-2016</p>
	<p>Evidence of only a single step TB skin test, dated April 5, 2016, was on file. (NOTE: Submit verification of a 2-step TB skin test with your POC.)</p> <p>No verification of TB clearances for Caregiver #3 and Household Member #1. (NOTE: Submit verification of TB clearances with your POC.)</p> <p>For Caregiver #4, a TB skin test was done on April 5, 2016; however, results were not noted. (NOTE: Submit a copy of the results of the TB skin test with your POC.)</p>	<p>Upon receipt of the TB clearance i. will double check to insure that the results are recorded; if not i will return the TB clearance to the staff or household member for follow up with their doctor.</p>	<p>8-04-2016</p>

To prevent from the same deficiency in the future i have to mark my calendar and ask also my household members to remind each other, that before the annual inspection all requirements will be done.

Rules (Criteria)	Plan of Correction	Completion Date
	<p>① Submitted copy of step 2 TB Test for Household member #2 (Negative) on May 9, 2016, in the future before someone or somebody as a household member prior to be in the contact with the residents, they need to require all necessary requirements so I will not repeat the same mistake again.</p> <p>② Submitted copy of Vaccination TB clearance for caregiver #3 and household member #1 on May 9, 2016, so in the future I will put in my calendar all the requirement and double check before my annual recertification so I will not repeat the same mistake again.</p>	<p>July 7, 2016</p> <p>July 7, 2016</p>
	<p>③ For caregiver #4 TB clearance was done on April 5, 2016 submitted copy on May 9, 2016, however in the future I will put in my calendar so that all requirements will be done before my annual recertification so I will not repeat the same mistake again.</p>	<p>July 7, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p><u>FINDINGS</u> Household Member #2 was utilized in the capacity of a Responsible Adult; however, a caregiver application was not submitted for [redacted] approval.</p>	<p>a caregiver application for household member #2 was submitted June 24, 2016.</p> <p>for all new caregiver an application will be submitted to OHC before use in the home, they will not be use in the home until approve.</p>	<p>June 24, 2016</p> <p>8-04-2016</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> [redacted]</p>	<p>① Submit copy of doctor note for [redacted] was not on the resident chart, cause they didn't give me a copy, the guardian will sign the consent form physically in the doctors office, i keep on calling but the guardian is busy. [redacted] copy on april 28, 2016.</p> <p>[redacted]</p>	<p>May 9, 2016</p> <p>May 9, 2016</p>
		<p>in the future before we go to the doctors apto i have to call the doctors office to verify if the guardian updated the consent, that they will give me copy of the doctors order, so i will not repeat the same deficiency.</p>	<p>June 21, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <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><u>FINDINGS</u></p>	<p>[REDACTED]</p> <p>to in the future I have to ask the doctor to write a note to discontinue the prescribed medicine not given.</p>	<p>May 9, 2016</p>
	<p>[REDACTED]</p>	<p>The doctor ordered [REDACTED] for resident 1, it was given but I don't know that I have to record on the medication bottle record, in the future I have to put on the medication chart record.</p>	<p>May 9, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u></p> <div style="background-color: black; height: 150px; width: 100%;"></div>	<p><i>I did an incident report per [redacted] submitted to my service supervisor but I didn't make a copy (and) so in the future I have to make a copy and keep on the my incident record book before I will give to my service supervisor.</i></p>	<p><i>May 9, 2016</i></p>

Licensee's/Administrator's Signature: Shirly M. Tanacio

Print Name: SHIRLY M. TANACIO

Date: May 9, 2016

Licensee's/Administrator's Signature: Shirly M. Tanacio

Print Name: SHIRLY M. TANACIO

Date: June 21, 2016

Licensee's/Administrator's Signature: Shirly M. Tanacio

Print Name: SHIRLY TANACIO

Date: July 7, 2016

Licensee's/Administrator's Signature: Shirly M. Tanacio

Print Name: SHIRLY M. TANACIO

Date: 8-04-2016