

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E. Cottage - Hilo #2	CHAPTER 98
Address: 100 Apoke Street, Hilo, Hawaii 96720	Inspection Date: April 22, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure: administrative and organizational plan, (c)</u> Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>FINDINGS "CARE Hawaii - LCRS Policies and Procedures F10.7 Storage of Consumer's Medications #6 read, Should disposal of a non-narcotic medication be required due to expiration, discontinuation or contamination, it will be placed in a sealed envelope that is provided by Medi-Pharm Pharmacy. This envelope is to be placed in the mail to be sent directly to the Medi-Pharm pharmacy for disposal." [REDACTED]</p> <p>[REDACTED] found in resident medication bin.</p>	<p>* Immediately following the inspection Resident #1's discontinued medications were removed from consumer's medication bin</p> <p>* Expired / Discontinued medication that was placed into the envelopes / bags were sent to Medi-Pharm for destruction.</p> <p>* Charge RN provide re-education + supervision to all RN's regarding LCRS Policies and procedures F10.7. This was also addressed at our monthly staff meeting on 5/10/16.</p>	<p>4/22/16</p> <p>5/5/16</p> <p>5/15/16</p>

Plan of Correction	Completion Date
<p>To ensure minimum standards for licensure; administrative and organizational plan is followed the following has been implemented:</p> <p>A.) LCRS Charge RN provided a re-education on the parts that were addressed in the inspection & how to adequately adhere to the policies and procedures</p> <p>B.) PAs will be reviewed throughout the year in staff meeting + supervisions</p> <p>C.) Ongoing feedback will be provided to staff in vivo and during</p>	<p>• 5/17/14</p> <p>• ongoing</p> <p>• ongoing</p> <p>• ongoing</p>
<p>• Charge RN met w/ RN's to discuss ways to document that physician has been consulted & significant illnesses has been discussed within 5 days +</p> <p>• Utilize progress note to record consultation, while awaiting fax from medical Director for physicians orders.</p> <p>* Resident #'s Admission orders attached</p>	<p>• 5/18/14</p> <p>• 5/18/14</p> <p>• 5/2/14</p>

FINDINGS

"CARE Hawaii - LCRS Policies and Procedures F10.7 Storage of Consumer's Medications #6 read, Should disposal of a non-narcotic medication be required due to expiration, discontinuation or contamination, it will be placed in a sealed envelope that is provided by Medi-Pharm Pharmacy. This envelope is to be placed in the mail to be sent directly to the Medi-Pharm pharmacy for disposal."

found in resident medication bin.

§11-98-12 Minimum standards for licensure: services. (5) Individual records shall be kept on each resident which

contain the following:

Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;

FINDINGS

Resident #2, admitted, no documentation that a physician was consulted within five (5) days of admission.

§11-98-14 Physical facility. (c)
 Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.

FINDINGS

- 1) Bedroom screens were dusty.
- 2) Sanitizing solution for dishes with two (2) tablespoons of chlorine bleach per gallon of water. New requirement is 1-3 tsp. per gallon of water since all chlorine bleach available on the market are now "Ultra" or "Concentrated."

- Bedroom screens were cleaned immediately following inspection - 4/22/14

- Charge RN provided reeducation about new requirement - 1-3tsp per gallon of bleach - 6/17/14

- signs were posted to remind staff of new requirement - 6/17/14

Supervisors to monitor and address adherence - implemented 5/17/14

1.) Plan of correct to improve overall cleanliness of both houses:

A.) Maintenance hours increased allowing more time to clean & keep all screens properly cleaned - 5/11/14

B.) Staff will check to ensure home are clean, swept & vac. and will clean up on each shift - Implemented 5/17/14

2.) Plan to ensure correct bleach solution

A.) Staff were properly trained on new standard for bleach solution - 5/17/14

B.) Ensure training for all new staff - ongoing

Spot check to ensure compliance as needed

Licensee's/Administrator's Signature: Sherrie Janaghi, unit admin ongoing

Print Name: Sherrie Janaghi

Date: 5/11/14

Licensee's/Administrator's Signature: Sherrie Janaghi, unit admin

Print Name: Sherrie Janaghi

Date: 6/23/14