

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E. Cottage – Hilo	CHAPTER 98
Address: 100-A 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.</u> (c) 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><b>FINDINGS</b> "CARE Hawaii – LCRS Policies and Procedures F10.12 Medication Administration #1, Prescription medications must have been prescribed by the physician, psychiatrist, M.D., APRN or dentist and will only be dispersed from the containers bearing the proper labels by the RN." [redacted] [redacted] unlabeled in medication refrigerator.</p>	<p>• [redacted] [redacted] were placed back into the consumer's properly labeled medication box following the inspection</p> <p>• Charge RN implement daily checks of refrigerator &amp; individual medication boxes to monitor medication storage &amp; checking for proper labels.</p> <p>• All RN's were re-educated on policy F10.12 and are now properly trained on medication labeling protocol &amp; understand that all medication needs to remain in proper labeled containers.</p>	<p>• 4/22/16</p> <p>• 5/14/16</p> <p>• 5/18/16</p>
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and</p>	<p>• RN's will verbally consult with medical Director, Dr. Giannasio regarding significant illnesses on the day of arrival and with note this consult on a progress note</p>	<p>• 5/18/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	injuries;  <b>FINDINGS</b> Resident #1, admitted [redacted] no documentation that a physician was consulted within five (5) days of admission.	<ul style="list-style-type: none"> <li>• RN's will continue to fax admission orders to Medical Director for each admission orders for identified client attached.</li> <li>• Medical Director or designee will review, sign a fax back order. Identified client's order attached.</li> </ul>	<ul style="list-style-type: none"> <li>• 4/7/14</li> <li>• 4/25/14 Fax received Back from Medical Director.</li> </ul>
<input checked="" type="checkbox"/>	§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.  <b>FINDINGS</b> <ol style="list-style-type: none"> <li>1) One reach-in reefer thermometer was broken.</li> <li>2) Termite activity was seen in areas of the home.</li> <li>3) Stair floor and a portion of the kitchen floor was unclean.</li> <li>4) Bedroom #1 &amp; #2, missing light bulb in ceiling light fixture.</li> </ol>	<ul style="list-style-type: none"> <li>• Refrigerator thermometer was replaced. Broken thermometer was removed.</li> <li>• Kitchen floor was swept &amp; mopped immediately following inspection. Stair vacuumed thoroughly that afternoon.</li> <li>• Replaced light bulbs in ceiling light fixtures for bedroom #1 &amp; #2</li> <li>• Increased maintenance hours for both houses</li> </ul>	<ul style="list-style-type: none"> <li>• 4/23/16</li> <li>• 4/22/16</li> <li>• 4/22/14</li> <li>• 5/11/16</li> </ul>

• Scheduled termite testing = 6/22/16  
Date of Termirex Testing.

1.) Plan to ensure refrigerator will always have a working thermometer: A.) Thermometer was replaced on B.) Charge RN met with all RN's to educate them on how to detect breaks or problems with thermometer C.) Charge RN informed all staff to notify [redacted] in writing immediately when detecting a broken thermometer. Broken thermometers will be replaced same day.	<ul style="list-style-type: none"> <li>A.) 4/23/16</li> <li>B.) All supervisions completed by 6/19/16</li> <li>C.) 6/19/16</li> </ul>
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<p>§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.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1) One reach-in reefer thermometer was broken.</li> <li>2) Termite activity was seen in areas of the home.</li> <li>3) Stair floor and a portion of the kitchen floor was unclean.</li> <li>4) Bedroom #1 &amp; #2, missing light bulb in ceiling light fixture.</li> </ol>	<p>2.) Plan to Address Termite Activity  A.) Tenting was scheduled for 4/22/14.  B.) Terminex unable to tent on 4/22/14. Tenting will be rescheduled.</p> <p>3.) Plan to keep floor in kitchen clean  A.) Increased maintenance hours to allow for  B.) Floor x will be replaced</p>	<ul style="list-style-type: none"> <li>• need to reschedule tenting</li> <li>• 5/11/14</li> <li>• 8/7/14</li> </ul>
	<p>4.) Plan to ensure all bedrooms will have light bulbs in all fixtures  • Light bulbs replaced  • Extra bulbs will be available for replacement at all times. Staff purchased extra bulbs.  • Daily walk through of rooms to ensure all lights work properly</p>	<ul style="list-style-type: none"> <li>• 4/23/14</li> <li>• 4/23/14</li> <li>• ongoing implementation 4/23/14</li> </ul>

Licensee's/Administrator's Signature:

*Sherrie Langishi*, CMT QMHP

Print Name:

Sherrie Langishi

Date:

4/22/14

Licensee's/Administrator's Signature:

*Sherrie Langishi*, CMT QMHP

Print Name:

Sherrie Langishi

Date:

5/11/14