

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cora's	CHAPTER 100.1
Address: 1711 Ema Place, Honolulu, Hawaii 96819	Inspection Date: January 7, 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> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver #1 No documentation of training to make prescribed medications available to residents.</p>	<p><i>In the future I make sure that the primary ^{substitute} care giver will be trained before giving medication and if they don't have the training can't work.</i></p>	<p><i>8/18/14</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the</p>		

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	next office visit. <u>FINDINGS</u> Resident #1 No physician order for [redacted] diet.	In the future I make sure that when new resident admitted diet order for [redacted] has to be written in the physician order: form if not signed don't admit.	8/17/15
<input checked="" type="checkbox"/>	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. <u>FINDINGS</u> Resident #1 No physician order for [redacted] liquids.	In the future I make sure that when new resident admitted the physician order for [redacted] liquid has to be written in the physician order form and signed by the doctor if not don't admit.	8/18/15
<input checked="" type="checkbox"/>	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Unsecured toxic chemicals 1) Resident bathroom sink (Degreaser, AJAX, rubbing alcohol) 2) Laundry area (Detergent, Fabric Softener).	In the future the resident bathroom sink + laundry area rubbing alcohol detergent, fabric softener has to be in the locked cabinet when not using [redacted]	8/18/15

#5

<input checked="" type="checkbox"/>	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> [redacted]	[redacted] If no instructions are given throw the drugs in the household trash but take out the original container and mix them w/ an undesirable substance such as used coffee ground and put them in a plastic bag or another container to prevent the medication from leaking. 2 In the future I make sure that resident #2 don't put anything - meds. in the bedroom and I inspect [redacted] also no medication	8/17/15
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flow sheet. The flow sheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>In the future I make sure that I'll mark medication record held, refused or given or document if medication made available.</p>	<p>4/27/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident#1 Medications were not updated [REDACTED]</p>	<p>In the future when resident go for their appt, make sure that every 4 months medication has to be updated and the Physician or APRN has to sign MAR and Calendar appt. to keep track.</p>	<p>8/18/14</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS [REDACTED]</p>	<p>medication.</p> <p>Expired medications in the first Aid Kit are thrown away the day of my inspection. Answer is just like to S. In the future I make sure that no expired meds in the first Aid Kit. No meds anyway because Dr. make the prescription.</p>	<p>1/7/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p>		

make sure it matches if not it
 matches then I won't have it

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<p>FINDINGS</p> <p>[REDACTED]</p>	<p>In the future the name of the medication in the bottle has to be the same in the medication record. I changed 8/18/11 and the pharmacy to change the label to correct. When I received the medication in the future I make sure that what is written in the bottle is the same in the medication record indicate my in the dosage and copy I did fix in my record from Nov - Dec. When the order of the medication in the Dr's when I transcribe the order to the MAR I'll check again M.D. order and medication label.</p>	<p>8/18/11</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #1 No current TB clearance. Submit copy with plan of correction.</p>	<p>In the future when admitting new resident I make sure that they have T.B. clearance Step 1 and Step 2 and then have announce the TB clearance and it has to be written in the P.E. and the Nurse has to sign the report if not don't admit. It has to be read 24 hrs.</p>	<p>8/18/11</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Blue ink used on the June 2014 medication record.</p>	<p>In the future I make sure that I'll be using black ink every time I document my record. Get rid of the blue pen.</p>	<p>8/18/11</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS Front exit door had sliding bolt lock installed at the top of the door, externally.</p>	<p>In the future I make sure that front door exit door I removed the sliding lock bolts as soon as Mr. Phifer left. Also Ingel took out the lock. In the future when he comes for my inspection 2018 I'll show it to [redacted] to check.</p>	8/18/16

Licensee/Administrator's Signature: Cora Ingel

Print Name: CORA Ingel

Date: 4/27/15

Licensee's/Administrator's Signature: Cora Ingel

Print Name: CORA INGEL

Date: 8/18/16