

Office of Health Care Assurance

State Licensing Section

Complete Inspection Rules (Criteria)

for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |  |
|---|--|
| Facility's Name: Fely Irons' Adult Residential Care Home  | CHAPTER 100.1                            |
| Address:<br>2036 Komo Mai Drive, Pearl City, Hawaii 96782 | Inspection Date: January 21, 2015 Annual |



§11-100.1-13 Nutrition. (e)

Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.

**FINDINGS**

For Resident #1, physician order [redacted] read, [redacted] However, primary care giver note [redacted] read, [redacted] Please clarify physician diet order.

11-100.113(e)

[redacted] Also call OACA nutritionist and request more information and [redacted] mailed some sample menu for high protein diets, supplements and used them [redacted]

Completion Date

5/3/02

11-100.1-13 (e)

- > Clarify diet order by physician + obtained verbal order + document on physician order sheet
- > Document on the Progress Notes new order + changes receive + if resident eating was improve.
- > Written confirmation by the physician shall be obtained during the next physician visit.
- > I will contact Mrs Annette Jackson OACA nutritionist to request clarification about diets, supplements + sample menu for high protein diets.

8/27/02



§11-100.1-15 Medications. (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.

FINDINGS

Resident #1, physician re-evaluated and signed medication orders: [REDACTED]

11-100.1-15(g)

Resident is seen by a physician [REDACTED] for an exam to obtain new orders. Write on a calendar and make note on a Log Book to see a physician [REDACTED]. Also Clinic Staff called as a reminder that a resident has an appt. in 2-3 days before.

5/3/16

11-100.1-15(g)

All medications orders shall be re-evaluated and signed by the physician every four months or as ordered by the physician not to exceed one year.

I will bring resident to a physician office for an exam to obtain new orders.

8/27/16



§11-100.1-15 Medications. (h)

All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.

FINDINGS

For Resident #1, primary care giver entered [redacted] as a verbal order, [redacted], in progress notes; however, no written confirmation.

11-100.1-15(h)

All Telephone and verbal orders for medication shall be recorded immediately on the physician sheet and written confirmation shall be obtained on the next physician visit and not later than four months from the date on the verbal order for the medication.

8/2/16

11-100.1-15(h)

Telephone + verbal orders for medication shall be recorded immediately on the physician order and documented on Progress Notes and written confirmation shall be obtained at the next physician visit and not later than four months from the date of the verbal order for the medication.

8/27/16



§11-100.1-17 Records and reports. (b)(3)  
During residence, records shall include:

Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;

FINDINGS

For Resident #1 progress notes,

1. No monthly progress note [REDACTED];
2. [REDACTED] no documentation of resident response.

11-100.1-17 (b)(3) Plan ahead of time. When resident had physician appointment write down on a piece of paper all important questions regarding the resident, refill medications, current med and ask physician to write on physician order. Document on Progress Notes all necessary procedures and orders as soon as possible.

5/3/16

11-100.1-17 (b)(3)

- > Check Progress Notes weekly and as needed
- > Document when residents are weighed every 1st day of the month + reviewed every end of the month if updated & completed.

8/22/16

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | §11-100.1-23 <u>Physical environment.</u> (o)(1)(D)<br>Bedrooms:   |  |  |
|                                     | General conditions:<br><br>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;<br><br><b>FINDINGS</b><br>Bedroom #1- [REDACTED], large supply of paper towels and wipes in storage. |  |  |

11-100.1-23 (o)(1)(D)

[REDACTED], large supply of paper towels and wipes was removed from the room and put them away and placed them in a storage or an adjacent enclosed space.

8/10/16

11-100.1-23(o)(1)(D)

- 7 Daily room check, clean + dust side tables + beds
- 7 Remove clutter for the free passage of [REDACTED] residents including [REDACTED], toilet, corridors + exit shall be maintained at all times.
- 7 Walker, paper towels, wipes was removed + kept on a separate storage outside the room.
- 7 Post signs + reminders by the Storage Area.

sp/We

|                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 Physical environment. (o)(3)(B)<br/>Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b><br/>For Bedrooms #2 and #3 - no plastic pillow covers.</p> |  |  |
|-------------------------------------|---|--|--|

11-100.1-23 (o)(3)(B)

As a caregiver be calm esp on or before inspection. Be healthy,  
Always check the calendar + Log Book all the necessary  
future appts for the residents. Chart every day if  
possible. Check all necessary papers often, medication  
refills. Be alert.

5/3/14

11-100.1-23 (o)(3)(B)

7 Weekly checked plastic pillow covers  
7 Changed, wash every week or as needed if  
torn or damaged.

8/22/14

Licensee/Administrator's Signature: Galy M. Irons

Print Name: FELY M. IRONS

Date: May 29, 2015

Licensee/Administrator's Signature: Galy M. Irons

Print Name: FELY M. IRONS

Date: May 31, 2016

Licensee/Administrator's Signature: Galy M. Irons

Print Name: FELY M. IRONS

Date: 8/22/16