

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Halawa Heights Home	CHAPTER 100.1
Address: 99-619 Pualaa Street, Aiea, Hawaii 96701	Inspection Date: March 17, 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 For substitute care giver (SCG) #1 and SCG #2, no training by primary care giver to make medications available. Please submit documentation with the plan of correction.</p>	<p>FINDINGS Proper training already done to substitute care givers in all aspects of care and both can administer meds and do patient care safely. Enclosed are copies of training sheets as required by the department. To avoid or mislook this as a requirement a checklist is placed in the folder to do training to incoming or potential sub care givers so training will be done right away.</p>	8/16/2016
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p>	<p>-Already stocked 7 cases of bottled water - 24 bot. each case and stored in an accessible place in their dining area, replenish stock as soon as consumed.</p>	2/6/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p>FINDINGS One (1) flat of bottled (½-liter) water. However, per Civil Defense guidelines, water supply not adequate to respond to disasters.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS For Resident #1, [REDACTED] stored together in one (1) single container.</p>	<p>PLEASE SEE ATTACHED SHEETS</p>	<p>3/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS [REDACTED]</p>	<p>Discontinued meds on extra unused meds already discarded in the trash mixed with left over food put in ziploc. Make it a point to discard all discontinued meds</p>	<p>2/6/14</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>Discontinued meds removed at medicine cabinet after inspection and discarded in trash mixed with left over food put in ziploc and brought to disposable place of state for incineration (cont over)</p>	
		<p>To avoid that to happen again a reminder note is posted in the med cabinet to "Remove any DC meds" at once upon ordered</p>	<p>8/10/2014</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS For Resident #1, [REDACTED] were stored with [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS For Resident #1, admitted [REDACTED], no primary care giver assessment upon admission available.</p>	<p>PLEASE SEE ATTACHED SHEETS</p>	<p>3/17/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p>FINDINGS [REDACTED]</p>	<p>PLEASE SEE ATTACHED SHEETS</p>	<p>3/17/15</p>

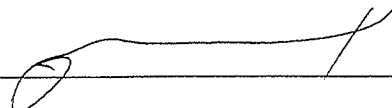
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS [REDACTED]</p>	<p>Monthly wt is already recorded. - Make it a habit to check wt first day of each month same time wt. is taken ✓</p>	<p>2/6/16</p>
	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p>FINDINGS Bedrooms licensed by the department used for storage of items not used by the residents living in the following rooms:</p> <ol style="list-style-type: none"> 1. Bedroom #1 - [REDACTED] 2. Bedroom #2 - [REDACTED] a set of golf clubs. 	<p>PLEASE SEE ATTACHED SHEETS</p>	<p>3/17/15</p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

Licensee/Administrator's Signature:



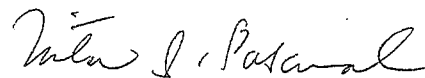
Print Name:

CARLOS PASCUAL

Date:

5/8/15

Licensee's/Administrator's Signature:



Print Name:

NITA S. PASCUAL

Date:

2/6/16

Licensee's/Administrator's Signature:



Print Name:

NITA S. PASCUAL

Date:

8/10/2016