

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Harmony	CHAPTER 100.1
Address: 1631 Owawa Street, Honolulu, Hawaii 96819	Inspection Date: October 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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><b>FINDINGS</b> Substitute care givers – No documentation of training to make prescribed medication available to residents.</p>	<p>1) THE SUBSTITUTE CARE GIVER WAS FORMALLY TRAINED TO MAKE PRESCRIBED MEDICATION AVAILABLE TO RESIDENTS AND WAS SHOWN HOW TO PROPERLY RECORD SUCH ACTION</p> <p>2) PRIMARY CARE GIVER WILL MAKE SURE THAT ALL SUBSTITUTE CARE GIVERS WHO WORKS LESS THAN FOUR HOURS ARE PROPERLY TRAINED ON SUCH ACTIONS-</p> <p>3) SUBSTITUTE CARE GIVERS WERE TRAINED &amp; DOCUMENTED TO MAKE PRESCRIBED MEDICATION AVAILABLE TO RESIDENTS</p>	<p>JAN 25, 2016</p>
		<p>CREATE A CHECKLIST OF REQUIREMENTS FOR SUBSTITUTE CAREGIVER THAT INCLUDE TRAINING FOR PRESCRIBED MEDICATIONS. ALSO USE THE PRIMARY AND SUBSTITUTE CAREGIVER TRAINING FORM TO DOCUMENT THE TRAINING.</p>	<p>7/20/16</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer registered 48° F.</p>	<p>1) WE EQUIPPED THE REFRIGERATOR WITH AN APPROPRIATE &amp; RELIABLE THERMOMETER AND THE TEMPERATURE WAS MAINTAINED @ 45° F AND LOWER.</p> <p>2) WE ARE KEEPING A BACK UP THERMOMETER IN CASE THE ONE WE'RE USING IS BROKEN OR NOT WORKING.</p>	<p>JAN 25, 2016</p>
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<p>a) WE HAVE TAKEN THE FOLLOWING STEPS TO ENSURE THE REFRIGERATOR THERMOMETER IS MAINTAINED AT 45°F OR BELOW.</p> <p>b) WEEKLY CHECK UP OF REFRIGERATOR THERMOMETER HAS BEEN IMPLEMENTED &amp; DOCUMENTED ON OUR WEEKLY TEMPERATURE LOG : ATTACHED COPY</p>	<p>MARCH 5, 2016</p>
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- c) BACK UP UP FREE STANDING REFRIGERATOR THERMOMETER IS ON HAND.
- d) ATTACHED IS THE WEEKLY REFRIGERATOR TEMPERATURE LOG !!  
1 (EXHIBIT B)



§11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

FINDINGS



1) ALL MEDICATIONS AND SUPPLEMENTS, SUCH AS VITAMINS, MINERALS AND FORMULAS WERE PROCURED AND MADE AVAILABLE AS ORDERED BY A PHYSICIAN OR APRN.

2) RESIDENT #1 MEDICATION [REDACTED] IS GIVEN [REDACTED] BEFORE FOOD IS TAKEN.

3) PRIMARY CARE GWBL WILL MAKE SURE THAT [REDACTED] IS GIVEN [REDACTED] BEFORE MEAL/ FOOD IS SERVED & 8 OZ OF PLAIN WATER

JAN 25, 2016

READ ALL MEDICATION LABEL INSTRUCTIONS. CHECK THE MEDICATION RECORDS IF THERE'S ANY CONFLICT WITH THE TIMING OF THE MEDICATION. EDUCATE ALL THE SUBSTITUTE CAREGIVERS TO ENSURE ACCURACY.

7/20/16



§11-100.1-17 Records and reports. (a)(6)

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:

Physician or APRN signed orders for diet, medications, and treatments;

FINDINGS

- 1) THE LICENSEE OR PRIMARY CARE GIVER MADE AN INDIVIDUAL RECORD FOR EACH RESIDENT AND MADE AVAILABLE FOR THE DEPARTMENT REVIEW.
- 2) RECORD OF ADMISSION, RE-ADMISSION & TRANSFER OF A RESIDENT ARE PROPERLY NOTED & CHARTED FOR THE DEPT. REVIEW.
- 3) PHYSICIAN OR APRN SIGNED ORDERS FOR DIET, MEDICATIONS AND TREATMENT WERE ALL CHARTED.

JAN 25, 2016

AT THE TIME OF ADMISSION WE WILL CHECK THE MEDICATION ORDERS FOR THE COMPLETENESS. NAME OF DRUG, <sup>THE</sup> STRENGTH, THE DOSAGE, FREQUENCY & ROUTE. EDUCATE THE SUBSTITUTE CAREGIVERS SO THEY CAN DOUBLE CHECK.

7/20/16

READ THE PHYSICIAN'S ORDER CAREFULLY IF THE PHYSICIAN'S ORDER HAS PARAMETERS FOR MEDICATION. WE NEED TO DOCUMENT ON THE MAR AND FOLLOW THE PARAMETERS. EDUCATE THE SUBSTITUTE CAREGIVERS.

Licensee/Administrator's Signature:

~~TINA RHODES DIAZ~~

Print Name: TINA RHODES DIAZ

Date: JANUARY 25, 2016

Licensee's/Administrator's Signature:

~~TINA RHODES DIAZ~~

Print Name: TINA RHODES DIAZ

Date: MARCH 5, 2016

Licensee's/Administrator's Signature:

~~TINA RHODES DIAZ~~

Print Name: TINA RHODES DIAZ

Date: JUNE 10, 2016

Licensee's/Administrator's Signature:

~~TINA RHODES DIAZ~~

Print Name: TINA RHODES DIAZ

Date: JULY 20, 2016