

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Living	CHAPTER 100.1
Address: 92-1269 Umena Street, Kapolei, Hawaii 96707	Inspection Date: January 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(2) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>A license, when granted, shall be in force for one year, or such other interval of time as may be determined by the department and shall expire at the end of that time unless renewed or extended by the department;</p> <p>FINDINGS The license allows for two (2) [redacted] residents; however, there were three (3) residents [redacted] at the time of the inspection.</p>	<p>Correction: Submitted signed Level of Care by PCP and [redacted] for resident #2 [redacted] and resident #4 [redacted]</p> <p><i>my plan is to limit capacity 2 [redacted] to dependent residents.</i></p>	<p>11/20/15</p> <p><i>9/14/14</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p>FINDINGS Uncovered food in the resident refrigerator:</p> <ol style="list-style-type: none"> 1. Half an apple 2. Piece of bread in a cup 	<p>Correction: Discarded the uncovered food found in the refrigerator.</p> <p>Plan of Correction: To prevent reoccurrence of the deficiency, PCG and SCGs were re-oriented with proper storage of foods in the refrigerator. Daily check will be conducted for proper storage.</p>	<p>1/5/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Uncovered food in the resident refrigerator:</p> <ol style="list-style-type: none"> 1. Half an apple 2. Piece of bread in a cup 		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS [redacted] stored in the [redacted] bathroom, unsecured.</p>	<p>Correction: [redacted] removed from medication cabinet in the bathroom. Plan of Correction: In-service given to PCG/SCG to place treatment medication to designated bin in the medication cabinet.</p>	<p>1/5/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. One plastic box used to store medications for one (1) [redacted] resident in the refrigerator, unsecured: 	<p>Correction: Purchased small refrigerator to place medication that needs to be refrigerated. Refrigerator is secured with locking device.</p> <p>Clarification: "Placed in their respective places" meant the [redacted] was stored in the refrigerator, and the [redacted] was stored in the resident's secured medication bin.</p>	<p>1/15/15</p>
	<ol style="list-style-type: none"> 2. Medication stored in refrigerator door, unsecured: 	<p><i>For those resident that admitted w/ require medication refrigerated, primary care giver will train staff on the procedure to receive medication in refrigerator using lock box</i></p>	<p><i>9/16/14</i></p>

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS [REDACTED] expired medications stored in refrigerator.</p>	<p>Correction: Expired medications were disposed properly using "Oil Disposal Box" Plan of Correction: Monthly check for expired and discontinued medications will be conducted.</p>	<p>1/15/15</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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS For Resident #1, no documentation of the primary care giver's assessment [REDACTED].</p>	<p>Correction: Nursing assessment was completed on #2 resident not #1. [REDACTED]</p> <p>Plan of Correction: Adhere to Chapter 11-100 in regards to admission, re-admission or transfer documentation. Established a Re-admission Form for better documentation see attachment.</p>	<p>1/18/15</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>		
<input checked="" type="checkbox"/>	<p>FINDINGS [REDACTED]</p>	<p>Correction: Reviewed resident records #1 resident record correct. [REDACTED]</p> <p>Plan of Correction: Monthly summary documentation, all data and info will be cross-referenced for accuracy and correctness.</p>	<p>1/19/15</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p>FINDINGS Resident records stored in the [REDACTED] closet, unsecured.</p>	<p>Correction: The door knob was replaced with key locking devise. Plan of Correction: To maintain privacy and security of residents records, storage room must be locked at all times. SCGs will be re-oriented where key is secured.</p>	<p>1/9/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>Plan of Correction: Upon admission, re-admission or transfer of a resident, Registry of Record has to be updated.</p>	<p>1/19/15</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p>	<p>Correction: Fire Drill will conducted monthly as scheduled per 2016 Fire Drill Schedule. See Attached sheet.</p>	<p>11/20/15</p>
	<p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS All quarterly drills occurred between 9:00 a.m. and 11:10 a.m.</p>	<p><i>Responsible care giver was assign to ensure schedule & conduct the fire drill at various time of the day See attach 2016 Schedule</i></p>	<p>9/16/14</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p>	<p>Correction: #1 resident [redacted] was seen by [redacted] PCM and MD certified resident's level of care [redacted]. #3 resident is already certified. #2 resident [redacted] was on the [redacted]. #4 resident [redacted] has an appointment for level of care certification [redacted].</p>	<p>2/20/15</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS The following residents were observed using [REDACTED]:</p> <ol style="list-style-type: none"> 1. Resident #1 2. Resident #2 3. Resident #3 <p>The following residents were certified as [REDACTED]:</p> <ol style="list-style-type: none"> 1. Resident #1 2. Resident #3 ③ Resident #4 	<p><i>the license / primary care upon admission will discuss policy + procedure pertaining to [REDACTED] + limit 2 resident.</i></p>	<p><i>9/14/14</i></p>

<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute care giver #1 completed only seven (7) of twelve (12) education hours. Please submit documentation for five (5) education hours with the plan of correction.</p>	<p>Plan of Correction: In the future, if residents will have changes in condition, I will seek guidance from my Nurse Consultant regarding of level.</p> <p>Correction: SCG #1 [REDACTED] attended 2 in-services. Plan of Correction: SCG #1 will be required to complete 12 hrs CEUs per year.</p>	<p>2/25/15</p>
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Licensee/Administrator's Signature: *Teresita Oculto RN*
 Print Name: TERESITA OCULTO
 Date: MARCH 9, 2015

Licensee/Administrator's Signature: *Teresita Oculto*
 Print Name: TERESITA OCULTO
 Date: November 20, 2015

Licensee/Administrator's Signature: *Teresita Oculto*
 Print Name: TERESITA OCULTO
 Date: Sept 16, 2016