

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nenita's	CHAPTER 100.1
Address: 5193 Likini Street, Honolulu, Hawaii 96818	Inspection Date: September 23, 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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Household member #2 No annual tuberculosis clearance, tuberculosis attestation no date.</p>	<p>-submitted plan of correction</p> <p>-the reason I got the deficiency was I did not know who was resident 1 and family member 1. In the future, I will call my nurse surveyor</p>	9/8/2016
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet 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><b>FINDINGS</b> Resident #1 [redacted] medication administration record no initials to indicate who made medication available to resident [redacted].</p>	<p>as soon as I get the soa, if still I don't understand, I will call the licensing supervisor and ask for a personal meeting</p> <p>-the reason I got the deficiency was my helper (substitute cg) did not initial after giving medicine</p>	

-In the future, I will check the MAR after each medication is administered and if my substitute cg continues not to document, I will retrain cg

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><b>FINDINGS</b> Resident #1 [redacted] made available [redacted]. No progress note to reflect response to medication.</p>	<p>- the reason why I got the deficiency was I forgot</p> <p>- In the future, I will make a daily checklist to remind me to document response to medication</p>	Oct. 16, 2015
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b>FINDINGS</b> Resident #1 [redacted] made available [redacted]. No actual dose indicated in the medication administration record.</p>	<p>- the reason why I got the deficiency was I forgot to write actual dose on the MAR</p> <p>- In the future, I will make a daily checklist to remind me to document actual</p>	
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) 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</p>	<p>dose on the MAR</p> <p>- I purchased 20 pillow protectors, I placed <sup>them</sup> on residents' pillows</p>	

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	<p>upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b>FINDINGS</b> Resident #1, #2, #4, #5. No plastic pillow protector.</p>	<p>-the reason why I got the deficiency was I used porous protectors</p> <p>-In the future, I'll be using only plastic protectors and when getting a new admission, will use pillow protectors on each pillow</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>- [REDACTED] fixed signaling device</p> <p>-the reason why I got the deficiency was I did not check</p> <p>-In the future, I will check signaling devices at 0800 daily</p>	<p>Oct. 16, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED]</p> <p>-In the future, I'll get from the hospice doctor orders that pneumococcal and flu vaccines are not warranted.</p>	<p>01/01/2016</p>

Licensee's/Administrator's Signature: Nenita V. Andradona Jose  
Print Name: NENITA V. ANDRADONA JOSE  
Date: 9/8/2016