

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TJ Factora Care Home	CHAPTER 100.1
Address: 830 Second Street, Pearl City, Hawaii 96782	Inspection Date: August 7, 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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS HM – No current physical examination. Submit a copy with the plan of correction (POC).</p>	See Attached	10/19/15
<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>FINDINGS HM – No screening for symptoms consistent with pulmonary tuberculosis. Submit a copy with the POC.</p>	See Attached	8/11/15

<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 Resident #1 – No documentation of substitute care giver (SCG) training for [REDACTED] medications.</p>	<p><i>See Attached</i></p>	<p>8/8/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(5) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required.</p> <p>FINDINGS Resident #1 – No documentation of SCG training for [REDACTED] diet and [REDACTED] served since admission</p>	<p><i>See Attached</i></p>	<p>8/8/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS [REDACTED]</p>	<p><i>See Attached</i></p>	

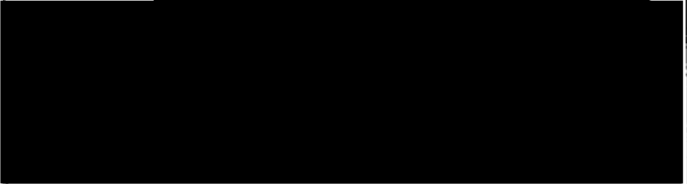
	[REDACTED]		
☒	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Resident #1 – No [REDACTED] menu. Resident has been given a [REDACTED] since admission [REDACTED]. Primary care giver (PCG) stated the [REDACTED] diet menu is used.</p>	See Attached	8/27/15
☒	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 – No physician order for [REDACTED] diet.</p>	See Attached	8/8/15
☒	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1 – No physician order for [REDACTED]. PCG stated [REDACTED] are provided. Substitute care givers could not state the consistency of the [REDACTED].</p>	See Attached	8/10/15
☒	§11-100.1-13 <u>Nutrition.</u> (l)		

	<p>Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 – No physician order for [REDACTED] special diet.</p>	See Attached	8/8/15
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p>FINDINGS Food stored on the floor of the pantry included a commercial sized bag of rice, bottled water, and juice drinks.</p>	See Attached	8/15/15
☒	<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 Resident #1 – No physician order to [REDACTED] medication. Medications included [REDACTED] [REDACTED]</p>	<p>See attached</p> <p>See attached</p> <p>See attached</p>	<p>8/10/15</p> <p>1/15/16</p> <p>1/15/16</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – The medication record did not reflect that medications are [REDACTED]</p>	<p><i>See Attached</i></p>	<p>8/10/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> [REDACTED]</p>	<p><i>See Attached</i> <i>See Attached</i></p>	<p>9/30/15 8/20/15</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><i>See Attached</i></p>	<p>1/9/16</p>

<p><u>FINDINGS</u> Resident #1 – The progress notes did not reflect: [REDACTED]</p>	<p>See attached</p> <p>See attached</p>	<p>1/14/16</p> <p>1/8/16</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2 – The resident register did not reflect [REDACTED] on [REDACTED] and [REDACTED] on [REDACTED].</p>	<p>See attached</p>	<p>8/7/15</p>
<p><input checked="" type="checkbox"/> §11-100.1-23. <u>Physical environment.</u> (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p>	<p>See attached</p>	<p>1/13/16</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 Fire drills conducted 9/1/14, 1/5/15; four month interval.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(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>FINDINGS [REDACTED]</p>	<p><i>See attached</i></p>	<p>11/15/15</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</p>	<p><i>See attached</i></p>	<p>1/7/16</p>

<p>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><u>FINDINGS</u></p> 		
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Licensee/Administrator's Signature: *TJ Factora*

Print Name: TESSIE J. FACTORA

Date: 2-17-16

Licensee/Administrator's Signature: *TJ Factora*

Print Name: TESSIE J. FACTORA

Date: Sept. 2, 2016

11-100.1-9(a): HM current physical examination was obtained 10/19/15. Copy is attached. To prevent a similar deficiency from recurring, PCG made an annual checklist for vaccinations and tests/examinations that need to be done annually which include the Annual Physical Examination of residents, staff and other household members. PCG posted a checklist in front of the computer table inside the office where it can be seen easily. In addition to that, PCG marked the calendar/planner 3 months before the 1 year expiration of the documents as a reminder for residents, staff and other household members.

11-100.1-9(b): HM screening for symptoms consistent with pulmonary tuberculosis was obtained 8/11/15. Copy is attached. To prevent a similar deficiency from recurring, PCG made an annual checklist for vaccinations and test/examinations that need to be done annually which include the Screening for symptoms consistent with pulmonary tuberculosis for residents, staff and other household members. In addition to that, PCG marked the calendar/planner 3 months before the 1 year expiration as a reminder for residents, staff and other household members.

11-100.1-9(e)(4): Training for [REDACTED] medications to SCGs was done 8/8/15. PCG demonstrated the right procedure and proper documentation was made and filed in the care home folder. Copy is attached. In the future, PCG will make sure that all the necessary training for substitute care givers will be done immediately to ensure orders are carried through. In addition, I will make sure the SCGs attend continuing education in services as well.

11-100.1-9(f)(5). Substitute care givers training for pureed consistency diet and thickened liquids was done 8/8/15. PCG demonstrated the right consistency for [REDACTED] and [REDACTED] needed to be served for Resident #1. In the future, the PCG will be checking the diet orders given by the resident's physician or APRN for either new residents or present residents of the care home. For any future special diet orders and thickened liquids, this PCG will provide the training for the diet consistency. In addition, PCG and SCGs alternate to attend continuing education in services to augment and update the trainings given by PCG.

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11-100.1-10 Admission policies. (d)

In the immediate future all resident admitted into this care home will be assessed by the resident's physician or APRN to ensure the level of care of the resident is suitable for Type I level of care. [REDACTED]

To prevent a similar deficiency from recurring, PCG will check the most recent level of care of the resident to be admitted to the Care Home signed by the Physician or APRN, making sure the resident is really appropriate for an ARCH I level. If the resident is not an ARCH level, the PCG must not admit such resident or PCG must refuse the admission into the Care Home. PCG must only admit the appropriate resident the Care Home is licensed for. If at any time a resident's level of care changes and is not appropriate to stay in the Care Home, the PCG must call the Consultant for advice regarding the possible continued care of the resident. If the ARCH level resident becomes an EC level, then PCG will contact and consult the Department on what to do next or the next appropriate move to be done. PCG will check with the consultant if a waiver is possible or appropriate regarding the continued care of the resident. PCG will follow up with the Department if such waiver for continued care of the resident is being granted or denied.

11-100.1-13(b): Regular [REDACTED] diet menu was made and a copy was submitted to Department of Health 8/27/15. A copy of the special diet menu is posted in the kitchen area. To prevent this from happening again, the cycle menu for all the 4 Special Diets were made available and ready for future diet menu guide and use.

11-100.1-13 Nutrition. (i)

PCG has obtained a physician order for [REDACTED] diet on 8/8/15. The special diet has been updated in [REDACTED] progress notes to reflect [REDACTED] diet change. To prevent a similar deficiency from recurring, PCG will make sure to check an appropriate diet order from the physician or APRN is received. If at any time, the diet order is missing, PCG will immediately follow up with the physician or APRN to get the necessary diet order.

Prior to any change on the diet, PCG will discuss the possible changes with the physician or APRN and get the appropriate diet order immediately either it be a telephone or verbal order. The important thing is get the necessary order from the MD. PCG will carry out new diet orders made and proper documentation will be noted in [REDACTED] chart to reflect how [REDACTED] is tolerating [REDACTED] present diet ordered.

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11.100.1-13 Nutrition: (k)

Physician's orders for [REDACTED] obtained on 8/10/15. To prevent similar deficiency from recurring PCG will check to make sure the right liquid consistency, regular or thickened liquids order is received. PCG will also ensure all SCGs are knowledgeable on the kinds of thickened liquids. PCG will make sure the specific trainings are conducted and such trainings are documented accordingly. PCG will monitor SCGs in regards to their understanding of the thickened liquids order, and that it is being served to the resident and followed as ordered accordingly.

11-100.1-13 Nutrition. (l)

PCG obtained the physician's order for [REDACTED] diet on [REDACTED] for Resident #1. To prevent similar deficiency from recurring, PCG will make sure to check the special diet order from the physician or APRN is received and ensure this special diet is followed through. Prior to changing any Type of diet, PCG need to get an order from the physician or APRN immediately. PCG will make proper documentation and progress notes are to be done to monitor how resident is tolerating [REDACTED] special diet order. PCG will be checking regularly on a daily basis, that the special diet is being provided to the resident as ordered.

11-100.1-14 Food sanitation. (a)

A wooden food rack measuring 6.5 inches high for food storage in the pantry was made 8/15/15. To prevent a similar deficiency from recurring PCG will make sure to check daily and regularly that all food supplies are stored properly under sanitary conditions in such a manner that no food will no longer be stored or placed on the floor. PCG gives proper training and instructions to SCGs to always store food in the pantry properly under sanitary conditions. PCG will monitor the pantry regularly, daily checking the pantry also for available food supplies for residents and that these foods are always properly stored.

J. Adams

11-100.1-15 Medications. (e)

This PCG received orders for [REDACTED] on 8/10/15. To prevent a similar deficiency from recurring, physician's order is needed for [REDACTED]. PCG will write the order on the MAR indicating that medications are to be crushed and mixed with food or pudding or apple sauce whatever the case maybe. PCG obtained a copy of the list of medications that shouldn't be crushed or chewed and by checking the list, PCG will inform the MD if the medication is on the list and have the MD order the appropriate medication form to be administered.

An order from the physician received on [REDACTED] for Resident #1 that the medication administration time was changed [REDACTED] is administered with [REDACTED]. To prevent such deficiency from recurring, PCG will make sure physician's orders regarding medications are to be administered the way they want them to be administered. If the medication is to administered with meal, PCG will administered the medication the same time the meal is being served in the Care Home. In this case dinner is served [REDACTED] so the time reflected or indicated to administer the medication was [REDACTED]. The PCG will check the right time on the order specific and appropriate with what is being ordered, such as when is the medicine taken with or without, such as take with plenty of water, take medicine with food, take medicine in an empty stomach or before breakfast, take at bedtime and many more. PCG will also read the medicine literature for some important information or specifications. PCG will always check for the appropriate time when medications are to be administered. When in doubt, PCG will clarify immediately with the ordering physician or APRN.

A new order has been received for Resident #1 to administered [REDACTED] to allow time for absorption [REDACTED]. To prevent a similar deficiency from recurring, PCG will always check on the instructions on the medicine label prior to setting the right time the medicine should be administered. PCG will monitor that the medication is given or administered at the right time as so ordered.

11-100.1-15 Medications. (m)

A new order has been received to [REDACTED]. This PCG adjusted and corrected the MAR to reflect the resident's medication is to be [REDACTED]. All SCGs have been verbally informed of this medication change. To prevent a similar deficiency from recurring, PCG will make sure to indicate in the MAR by writing "FYI" [REDACTED]. PCG will monitor the monthly written MAR, making sure the MAR reflect or indicate the medications are to be [REDACTED].

11-100.1-17(b)(I): Resident #1- This resident is now current with [REDACTED] physical examination. It was obtained on [REDACTED]. Likewise resident is now current with [REDACTED] tuberculosis clearance. It was obtained on [REDACTED]. To prevent this from occurring again, the PCG updated the resident immunization record, record has been adjusted and corrected to reflect the new dates and the above immunizations are now current. The next schedule for annual physical examination and tuberculosis clearance (PPD) has been noted. A checklist was made as a reminder on what to be done annually. (Please see attachment)

11-100.1-17 Records and reports. (b) (3)

Late entry made on [REDACTED] documentation of Resident #1 tolerance to [REDACTED] and [REDACTED]. To prevent a similar deficiency from recurring, PCG will regularly check the resident's tolerance to [REDACTED] diet ordered. PCG will write progress notes as often as necessary indicating in the progress notes entries how the resident responds to the diet ordered.

[REDACTED] To prevent a similar deficiency from recurring, PCG will monitor regularly all the residents in the Care Home how they are doing and checking the residents daily for any changes in condition, changes in the required assistance with ADLs, assistance with transfers to/from the bed and wheelchair and changes in the level of care. PCG will regularly asked and check with the SCGs in case the SCGs forget to inform or made the PCG aware of what is happening. Such changes the PCG will inform the MD immediately and family should be made aware also. If the level of care of the resident changes then the resident must be evaluated by the physician or APRN and let the physician or APRN make and sign a new and appropriate level of care assessment form. PCG will notify the DOH Consultant and discuss what to do next or what is the right move to be done immediately, that is to rightfully transfer resident to another ARCH or EC or discuss with the Consultant the process of a WAIVER for the continued care of the resident.

Late progress notes entries done on [REDACTED]. To prevent a similar deficiency from recurring, PCG and SCGs will make and write progress notes immediately and as needed for any resident's need for and response to PRN medications administered to residents. PCG will double check all progress notes entries made and monitor such entries are done correctly and signed by the SCG or staff making the progress notes entry.

Late entry, clarification and correction was done on [REDACTED] for the progress notes done on [REDACTED]. To prevent similar deficiency from recurring, PCG will double check the documentation of skin tear measurements written by SCG or staff, making sure the correct measurement was documented in the incident report and in the progress notes entry are the same. PCG will monitor regularly all the incident reports entries made and PCG will always check the correctness of the entries made.

11-100.1-17(h)(I): PCG revised the resident register on [REDACTED] and added on the record the [REDACTED] of resident #2 on [REDACTED] and [REDACTED] on [REDACTED]. In the future, to prevent this from happening, PCG will make sure to record immediately and properly all the discharges and readmission of residents on the resident register record. [REDACTED]

11-100.1-23(g)(3)(D): Effective immediately the fire drill schedule shall be held to have residents and care givers involved. To prevent this from happening again, a new fire drill schedule has been completed to reflect when the Fire Drills will be conducted with at least three months interval. The schedule Fire Drills for 2016 was made on 1/13/16 as a guide and reminder not to miss at all. (See attachment) Fire Drills with dates and times and the time it took to safely evacuate the residents will be recorded. This record shall be available for future survey and for the fire inspector upon request.

11-100.1-23(g)(3)(I): [REDACTED]

[REDACTED] To prevent this from happening again, any resident who needed hospital confinement is being discharge and if at any time decided to come back to be readmitted, PCG needs to assess the resident making sure the resident is suitable and meets the ARCH level of care and does not exceed the capacity the care home is license for. In addition, PCG made a checklist for the documents needed for readmission, the same documents needed for admission. PCG will give the family or persons placing the resident or any responsible party the blank documents to fill out, along with the checklist. In addition, PCG will make sure the documents are ready at least 24-48 hours for review and final assessment before the resident is going to be readmitted and will not admit or readmit the resident unless PCG has everything. It is very important to consider and inform the family or responsible party that such readmission does not exceed the capacity the care home is license for.

11-100.1-23(p)(5): A battery operated call light was placed in an area within [REDACTED] close to the bed. To prevent this from happening again, PCG provided all 5 beds a battery operated signaling device within the resident reach. In addition, the PCG will make sure the battery is working and will be check on a regular daily basis.

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