

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

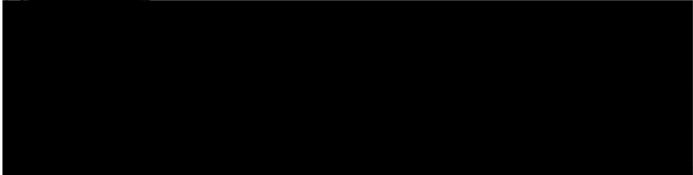
Facility's Name: TJ Factora Care Home	CHAPTER 100.1
Address: 830 Second Street, Pearl City, Hawaii 96782	Inspection Date: August 3, 2016 Annual

	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> Substitute care giver (SCG) #1 – No initial two-step tuberculosis clearance.</p>	<i>See Attached</i>	8-03-16
<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><b>FINDINGS</b> All SCGs – No documentation of training for nebulizer</p>	<i>See Attached</i>	8-04-16 d 8-09-16

	Rules (Criteria)	Plan of Correction	Completion Date
	medication and eye drops.		
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> Menu is not followed. For lunch on 8/3/16, menu reflected: brown rice, soy beans, corn, milk; however, was not provided. Residents served white rice, stir-fry chicken with broccoli and canned mandarin oranges. There is no substitution list.</p>	<i>See Attached</i>	<i>Started immediately (on going)</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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><b>FINDINGS</b> </p>	<i>See Attached</i>	<i>Started + followed immediately</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Pine-sol and bleach were stored in an unlocked cabinet.</p>	<i>See attached</i>	<i>8-04-16</i>
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (b)		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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><b>FINDINGS</b> Multiple bottles of children's medication unsecured in the refrigerator.</p>	<p><i>See attached</i></p>	<p><i>8-27-16</i></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><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 5px;"></div>	<p><i>See Attached</i></p>	<p><i>8-10-16</i></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 initialed by the care giver.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p><i>See Attached</i></p>	<p>8-04-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p><i>See Attached</i></p>	<p>8-03-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b> Admission notes [REDACTED] were not signed by the care giver making the entry.</p>	<p><i>See Attached</i></p>	<p>8-03-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<b>FINDINGS</b> 	<i>See Attached</i>	8-04-16
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. <b>FINDINGS</b> 	<i>See Attached</i>	8-10-16

Licensee's/Administrator's Signature: *TJ Factor*

Print Name: TESSIE J. FACTORA

Date: Aug. 29, 2016

**11.100.1-9 Personnel, staffing and family requirements (b)**

SCG #1 two-step tuberculosis clearance was obtained. The first step TB Clearance Date: 04-06-2016, Tuberculosis Clearance Certificate from the Department of Health and the second PPD Tuberculosis Skin Test Date: 7-21-16. [REDACTED] To prevent a similar deficiency from recurring, PCG made a checklist for all new hire SCG or staff (see attached checklist made as guide). Such checklist will be implemented accordingly for new hire staff and will not start to work if the requirements are not submitted in a timely manner. PCG will double check on all the necessary documents submitted by the staff and monitor the documents that need to be done annually. PCG will follow up with the SCGs or staff concern that the documents are due for renewal. PCG will monitor all the documents and all documents updated on a regular basis. For the tuberculosis clearance, initial 2 steps and then annual tuberculosis clearance are to be done.

**11.100.1-9 Personnel, staffing and family requirements. (e)(4)**

Training for nebulizer medication and eye drops to SCGs were done 8-04-16 and 8-09-16 [REDACTED] PCG demonstrated the proper procedure how to give nebulization and how to give eye drops and proper documentation were made and filed in the Care Home folder. [REDACTED] In the future to prevent such deficiencies from recurring, PCG will make sure that necessary training for SCGs be done immediately upon receipt of whatever new specialized orders or treatment or care the doctor orders or prescribed. Furthermore, to ensure orders are carried through when the medication is available for patient's use, PCG will read through the medicine literature enclosed. PCG will immediately do the proper training needed for the SCGs. In addition, the PCG and SCGs also attend continuing education to enriched their knowledge and skills as well. PCG will make sure all the necessary trainings are done, update trainings if possible and if needed and all these are properly documented and filed in a binder for easy monitoring of documents and records especially during annual inspections.



**11.100.1-13 Nutrition (b)**

A four weekly menus were made as a guide to be followed. These said menus were revised per residents likes and dislikes. Each and every resident were served food taking into consideration some of their preferences or likes. To prevent a similar deficiency form recurring, a substitution list was made and written so that the residents can make a choice on the list if preferring a different food from the menu listed for the day. PCG will make sure the menu is being followed and may do substitution from the list and will be documented, dated and make progress notes if resident tolerated the served substituted food. PCG will monitor and check the menus written one week in advance, revised periodically taking into consideration the resident's preferences of food, dated and will be followed. Furthermore, a Calendar Planner is made available to write the substitution made on a certain day. PCG will monitor and check regularly on a daily basis for the entries and making sure the substitution is written and documented on the provided Calendar Planner.

**11.100.1-13 Nutrition (l)**

[REDACTED]

The substitution list will be referred and should there be a substitution made it should be properly documented, dated and progress notes done if resident tolerated the food substitution given. For the short period of stay of the resident in the Care Home, the preferences, likes and dislikes were noted to suit the food served and the food preferences were listed. Diet orders of residents together with the lists of likes, dislikes and preferences are written and posted in the kitchen as a reminder for SCGs on how to prepare the food following the diet order. Notations and emphasis were also made on the special types of food that should be served such as "Hard or Difficulty with chewing, prefers soft food to be served". PCG will check and monitor regularly if the proper food texture per diet order is being followed strictly. The appetite of the residents and their tolerance to the food served are important measures to maintain their good health. PCG will also monitor resident's chewing capacity, checking regularly on the percentage of food intake. Any significant changes, the MD will be notified immediately so that appropriate diet changes will be ordered accordingly.

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**11-100.1-14 Food sanitation (f)**

The Pine-Sol and bleach were immediately stored in a locked cabinet. The bleach was stored below the sink for easy access and made sure the cabinet is always locked. To prevent similar deficiencies from recurring, the cabinet doors were labeled, "Keep Locked Always". PCG will check and monitor regularly if the cabinet doors are locked. PCG and SCGs will make it a habit to lock every cabinet doors always for everybody's safety.

**11.100.1-15 Medications. (b)**

A container with lock was made available for the storage of children's medications that are needed to be refrigerated. The container was labeled, "Keep Locked Always". To prevent similar deficiencies from recurring, PCG will make sure all medications refrigerated should be properly stored in a separate locked container. PCG will regularly check the refrigerator for any unsecured refrigerated children's medications and will make sure these medications are properly stored, labeled and kept in a separate locked container. PCG will train and inform all SCGs and staff for proper storage of medications that are needed to be refrigerated.

**11.100.1-15 Medication (e)**



In the future, to prevent similar deficiencies from recurring during clinic visit, PCG must check all entries on every page especially the Physician Record and make immediate clarifications and necessary corrections be made if anything is found. Furthermore, PCG or SCG can write down verbal orders by the doctor and have the doctor sign after the examination or visit so that nothing will be missed. If for some reasons PCG is unable to accompany the resident, PCG will write down in a piece of paper all concerns about the resident which are needed and very necessary for the doctor to know and be aware of and so that appropriate measures be done to solve the problem or concern the soonest

*J. Johnson*

possible time. PCG will make sure nothing will be missed. After every clinic or doctor's visit, PCG will double check orders received before writing the orders in the MAR and if there are some orders missed or need clarification, PCG will not hesitate to call the MD immediately. PCG or SCG will write telephone orders, clarification orders and have it signed by the MD in the next clinic visit or FAX it whichever is more convenient. Errors and mistakes really happen and cannot be avoided however these can be corrected but the important thing as much as possible is to prevent such thing to happen again.

#### **11.100.1-15 Medications (m)**

[REDACTED]

In the future to prevent similar deficiencies from recurring, PCG will double check on a regular daily basis the medication record entries and make sure the proper notations are made in the medication record especially for PRN medications that were administered. PCG will monitor the MAR on a regular daily basis especially the administrations of PRN medications making sure the time the medication was administered is written in the MAR. PCG will instruct the SCG to look at the clock for the time, write the time immediately on the MAR so that it will never be missed. PCG will check and monitor all entries on a regular basis making sure documentations are recorded. PCG will follow up on the effectiveness of the medications administered and SCGs will write the progress notes properly signed by the staff making the entry. A communication book is available for all staff to write all the concerns, issues or any observations regarding the residents or happenings which everybody can read and this communication book will serve as reminder for PCG and all SCGs and so that little things of importance that need to be documented will not be missed.

#### **11.100.1-17 Records and reports (b)(4)**

[REDACTED]

In the future to prevent similar deficiencies from recurring, whenever there are different choices of brands, the PCG will make sure to indicate the brand currently being used by simply writing or indicating or encircling whichever is

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currently in use. [REDACTED]

**11.100.1-17 Records and reports (f)(1)**

Admission notes [REDACTED] was signed by PCG who made the entry. In the future, to prevent similar deficiencies from recurring any entry made must be checked accuracy by reading to check for any corrections that are needed and signed immediately by the staff making the entry. The PCG as well will double check and make the necessary notations. PCG will monitor all the entries making sure entries are correct, dated and signed at the bottom.

**11.100.1-20 Resident health care standards (a)**

[REDACTED] To prevent a similar deficiency from recurring, the PCG will give proper instructions on the type of preparation of foods in the diet order. The preferences, likes and dislikes of residents were taken into consideration to better served them. If the meal intake and the appetite are good, it means good service and better health care are being provided by the care givers. PCG will be checking and monitoring the diet ordered and must be strictly followed, prepared as ordered and served accordingly. To maintain good health care standards of residents, the diet order is very important which must be followed. If the chewing capacity is the problem, the resident can discuss it with the MD to solve the problem.

**11.100.1-20 Resident health care standards (c)**

[REDACTED] To prevent similar deficiencies from recurring, MD should always be notified of the resident's changes in weights. PCG will make sure, to use the same weighing scale for the same resident if possible but use another one if there is any available scale and compare the weights taken. Have the weights of previous month

*J. Madson*

available to compare whatever reading you get. Monitor the patient's weight regularly and frequently specially when patient is sick, with poor appetite and with certain medications which could affect the resident's weight. PCG will make sure to always notify MD for any changes noted in the resident. PCG will follow up with the MD for any orders in regards to the weight loss or any changes on resident's health. PCG will check and monitor regularly the monthly weights recorded and immediately notify MD for any changes whether a weight gain or a weight loss. PCG, SCGs, together with the family of the resident and hand in hand with the doctor will all be involved in the resident's medical care and health.

*J. J. Odora*