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Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII  
DLH-OHCA LICEN.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TLC Ohana Hale, Inc.	CHAPTER 100.1
Address: 99-019 Kealakaha Drive, Aiea, Hawaii 96701	Inspection Date: August 14, 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> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b> Substitute care giver #5 No annual first aid certification.</p>	<p>[REDACTED] THE COPY OF #5 SCG FIRST AID CARD. CREATE A CHECK LIST OF REQUIREMENTS FOR SUBSTITUTE CAREGIVER WILL USE GOOGLE CALENDAR TO REMIND EXPIRATIONS.</p>	2/25/16
<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>WILL PROVIDE IN-SERVICE THAT ARE REQUIRED UPON ADDING A NEW SCG.</p>	2/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Substitute care giver #1, #2, #3, #4, #5 No documentation that the primary care giver trained to make medications available and properly record such action.</p>	<p>THE TRAINING DOCUMENTATION OF SCG # 1, 2, 3, 4, &amp; 5</p>	<p>2/25/16</p>
<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> Laundry detergent unsecured in resident accessible laundry area.</p>	<p>LAUNDRY DETERGENT WAS SECURED RIGHT AWAY.</p> <p>LAUNDRY DETERGENT WILL BE KEPT IN A LOCKED CABINET AT ALL <sup>THE</sup> TIMES. When not in use.</p>	<p>2/25/16</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><b>FINDINGS</b> Resident #6 date of discharge not reflected in permanent general register.</p>	<p>RESIDENT #6 WAS ADDED ON THE RESIDENT REGISTER THAT REFLECTS THE DISCHARGE.</p> <p>RESIDENT REGISTER WILL BE UPDATED UPON DISCHARGE OR ADMISSION ASAP.</p>	<p>2/25/16</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>THE COPY OF CONTINUING EDUCATION OF SCG #5</p> <p>CREATED A CHECKLIST OF REQUIREMENTS FOR SUBSTITUTE CAREGIVERS WILL USE GOOGLE CALENDAR TO REMIND EXPIRATIONS</p>	<p>2/25/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Substitute care giver #5 No documentation of 12 hours of continuing education.</p>		
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-84 <u>Admission requirements.</u> (a)(1) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p>A Type I expanded ARCH shall provide services to no more than two nursing facility level residents at any one time provided that more nursing facility level residents may be allowed at the discretion of the department;</p> <p><u>FINDINGS</u> Licensee licensed for two (2) nursing facility level residents. Resident #1 is [redacted] nursing facility level resident.</p>	<p>[redacted]</p> <p>LETTER WAS SENT [redacted] TO MR. MAGUERA TOGETHER w/ THE CO-RECTION LETTER OF PREVIOUS INSPECTION DEFECENCY. WAS VERBALLY TOLD NOT A PROBLEM, BUT WILL RECEIVE AN OFFICIAL ANSWER ON A DIFFERENT CORRESPONDENCE. W/C I NEVER RECEIVED. WHEN I CALLED SEVERAL TIMES FOR AN ANSWER I WAS REPEATEDLY TOLD THEY ARE WORKING ON IT.</p> <p>[redacted]</p>	<p>2/25/16</p>

Licensee's/Administrator's Signature: Aileen D. Coyle

Print Name: LILIBETH D. COYLE

Date: 2/25/16

1. For 11-100.1-9e(3) you wrote that you will use google calendar to remind you of when first aid certifications expire. Explain in your future plan how google calendar will remind you of expiring first aid certifications.

I will implement the use of google calendar alerts to remind myself as well as my substitutes of when first aid certifications are about to expire. I will create an alert at 1 month, and at 2 week prior to the expiration. I will implement the use of a google doc in which myself and the substitutes shall have access to upload the first aid requirements as well as to promote communication in an effective and timely manner.

2. For 11-100.1-9(e)(4) you wrote that you will provide an in-service upon adding a new Substitute Care Giver. Explain your future, step-by-step plan of how this in-service ensures that your Substitute Care Givers have documentation of training by the Primary Care Giver to make medications available to residents and document such action.

I have created a power point presentation with handouts that will be taught to each new Substitute Care Giver. The presentation with handout discusses proper medication reconciliation and documentation to ensure the resident's rights are ensured (right patient, dose, time, reason, route, and documentation). Each new caregiver will then be assessed through the use of a test to determine their knowledge base and to ensure that patient safety, and medications are available to residents.

3. For 11-100.1-84(a)(1) you did not explain how you corrected the deficiency. Also, you did not explain your future, step-by-step plan of how you will make sure you do not admit more expanded ARCH level of care residents that you are licensed for.

I have corrected the deficiency by discharging one of the expanded residents and am now in compliance with the amount of ARCH level of care clients that I am licensed for. If at any time I have a question regarding the ARCH level of care for a resident, prior to admission I will contact the Office of Health Care Assurance to ensure that I am abiding by the licensing rules and regulations. I will not admit any additional expanded patients once I have reached the limit that my license allows.

*Donell Com*

3/10/16