

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tender Loving Care	CHAPTER 100.1
Address: 94-1227 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: November 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(4) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Visiting hours;</p> <p><b>FINDINGS</b> Resident #1 No signed agreement or general operating policy that details visiting hours.</p>	<p><i>Current deficiency corrected:</i> Each resident has signed an agreement indicating General Operational Policy with visiting hours from 8:00am to 5:00pm.</p> <p><i>Future plan:</i> An admission checklist will include completion sheet of General Operational Policy Form with visiting hours specified. A check mark will be placed upon completion of each task. If I don't have the sign I will not admit</p>	11/10/15
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that</p>	<p><i>Current deficiency corrected:</i> Each resident has signed an agreement indicating General Operational Policy with visiting hours from 8:00am to 5:00pm.</p> <p><i>Future plan:</i> An admission checklist will include completion sheet of General Operational Policy Form. A check mark will be placed upon completion of each task. If I don't have the sign I will not admit.</p>	11/10/15

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	<p>resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b>FINDINGS</b> Resident #1 No signed agreement or general operating policy detailing resident's rights and primary giver's responsibilities.</p>		
<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 #3 No current annual first aid certification.</p>	<p>1) Current deficiency corrected: The substitute caregiver [redacted] has been documented completed certification in FIRST AID.</p> <p>2) FUTURE PLAN: Upon hire, each substitute caregiver will have a checklist including, CPR certification, First Aid certification, TB Test &amp; physical exam with the appropriate signatures. If the caregiver do not have the</p>	<p>11/6/15</p>
<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> Substitute care givers #1, #2, #3 No documentation of training by primary care giver to make medications available and document such action.</p>	<p>1) Current deficiency corrected: Each substitute caregiver, [redacted] has been documented to receive training by primary caregiver, me, Jovita Ibon (Medication procedure form)</p> <p>2) Future plan: A checklist is given to each substitute caregiver upon hire. Each task must be completed before work begins. When completed a check mark will be placed in the appropriate or corresponding box, this includes the Medication procedure form.</p>	<p>11/10/15</p> <p>each work listed the doo</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) 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>Be currently certified in cardiopulmonary resuscitation;</p> <p><b>FINDINGS</b> Substitute care giver #3 No current annual CPR certification.</p>	<p>1) Current deficiency corrected: The substitute caregiver [redacted] has been documented to have completed certification for CPR.</p> <p>2) Future plan: Upon hire, each substitute caregiver will have a checklist including CPR certification to be checked off once completed.</p> <p>if the caregiver does not have the CPR cert work cannot work until they do.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b>FINDINGS</b> No quarterly fire drills since 10/14.</p>	<p>1) Current deficiency: Although Fire drills were conducted on a regular basis (every month or so) it was not documented each time. A fire drill form should have been made for this past annual. Correction has been implemented to include a Fire Drill Record in the Main Arch folder.</p> <p>2) Future plan: Documentation is to be recorded on Fire Drill Record.</p>	<p>11/10/15</p> <p>but first of the month</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> Bathroom #2 for resident use, Comet cleanser, and Fantastik spray cleanser unsecured under sink cabinet.</p>	<p>Corrected → Bathroom #2 for resident use has added a lock under the sink cabinet to store cleaning products - Comet, Fantastik Spray, &amp; other potentially harmful chemicals for cleaning.</p> <p>2) Future plan: All cleaning agents and toxic chemicals are to be properly labeled and stored under locked sink cabinet in Bathroom #2.</p>	<p>11/10/15</p> <p>who never they are not in use</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p>		

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	<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 No progress notes for one year look back.</p>	<p><i>Acknowledged</i></p> <p>1) <i>Current deficiency: Monthly progress notes should have been documented in residents' progress notes tab. monthly as needed</i></p> <p>2) <i>Future plan: A calendar is to include monthly progress notes days. This calendar will be checked off once progress notes are completed per month. All incidents will also be documented as they occur. A calendar monthly checklist is provided in ARCH Folder</i></p>	<p><i>11/10/15</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b>FINDINGS</b> Resident #1 No monthly weights [REDACTED]</p>	<p>1) <i>Current deficiency acknowledged: Monthly record of weight should have been documented. A form - WEIGHT RECORD has been provided to each resident folder.</i></p> <p>2) <i>Future plan: A checklist monthly is provided - Monthly ARCH checklist per month - annual. Each task completed is to be checked off. Weight is to be recorded in resident folders.</i></p>	<p><i>11/10/15</i></p> <p><i>Weight will be taken first of the month</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> Resident #1 No progress notes for physician office visits [REDACTED], no progress notes for dental visits [REDACTED]</p>	<p>1) <i>Current deficiencies acknowledged: Caregiver should have brought resident folder to appointments, to document written orders or doctor's orders etc. Caregiver &amp; doctor or professional should have signed per visitation rule.</i></p> <p>2) <i>Future plan: Caregiver is to bring resident folder and document orders by physician &amp;/or professionals in care of resident signed by them &amp; caregiver. Progress notes after visits</i></p>	<p><i>11/10/15</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and</u></p>		

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	<p><u>responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b> Resident #1 No signed agreement that details specific charges for services.</p>	<p>1) Current deficiency corrected: All residents have signed a financial agreement indicating residential services to be rendered.</p> <p>2) Future plan: An admission check list will be placed in resident folder and given to resident/guardian to complete and checked off. If no sign agreement I will not admit.</p>	<p>11/10/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard</p>	<p>1) Current deficiency acknowledged and corrected: Monthly smoke detector operational checks should have been documented in smoke detector Form in ARCH folder.</p> <p>2) Future plan: A monthly ARCH checklist has been made to document smoke detector checks and changes of batteries. Smoke detector Form is placed in ARCH folder. Smoke detector will be done first of the month.</p>	<p>11/10/15</p>

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	giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;  <u>FINDINGS</u> No monthly smoke detector logs for one year look back.		

Licensee's/Administrator's Signature: Jovita Ibon  
 Print Name: JOVITA Ibon  
 Date: 4/1/14

Licensee/Administrator's Signature: Jovita Ibon  
 Print Name: Jovita Ibon  
 Date: 8/9/14