

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Trans Haven | CHAPTER 100.1 |
| Address: 74-5156 Kialoa Place, Kailua-Kona, Hawaii 96740 | Inspection Date: April 15, 2016 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1, diet order read [REDACTED] [REDACTED] Special diet menu read [REDACTED]</p> | <p>On 4/21/16 I had spoken with Jill Castanones, Nurse Consultant, and I was told that she had consulted with the Nutritionist, and said that this was an acceptable way of preparing this meal</p> | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised</p> | | |

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| | <p>periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Resident #1, physician order read, [REDACTED] However, no four (4) week menu available for review.</p> | <p>Two weeks menu was available. Additional two weeks menu were made and completed on 4/21/16. Thus, a total 4-week menu are now available for review. These menus will be checked monthly to ensure its availability at all times.</p> | <p>4/21/16 ongoing</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation</u>, (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS 1) Upstairs kitchen refrigerator was not equipped with the appropriate thermometer. (Meat thermometer was used.) 2) Downstairs refrigerator thermometer was inaccurate, as it read, 30°F and 66°F at room temperature.</p> | <p>Purchased new thermometers for upstairs and downstairs refrigerators on 4/18/16. Will check thermometers monthly to make sure they are functioning properly.</p> | <p>4/18/16 ongoing</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> <p>FINDINGS Resident #1, physician order dated [REDACTED] read, [REDACTED] However the number of ml's administered was not documented on the [REDACTED] and [REDACTED] medication records.</p> | <p>Dosage of medication shall be written upon administration of medication along with initial. This shall be checked daily for accuracy.</p> | <p>ongoing</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>FINDINGS Resident #1, [redacted] progress notes did not document the response to [redacted] medication.</p> | <p>Will document monthly patient's response to [redacted] medication. Will check in progress notes monthly for documentation to make sure it is noted</p> | <p>ongoing</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1, inventory list of resident's possessions was not updated since [redacted].</p> | <p>Inventory of resident's possessions for [redacted] updated on 4/16/16. Will review list of possession every year in January.</p> | <p>4/16/16 ongoing.</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1) Papayas, bananas, bottled water, canned juice were stored on the kitchen floor. 2) Resident #1, [redacted] stored on closet floor. | <p>Papayas, bananas, bottled water and canned juice were removed from the kitchen floor and were placed on the table and pantry shelves for storage on 4/15/16. Food and drinks shall be placed on shelves/tables and will remind household members and substitutes of such requirements.</p> | <p>4/15/16 ongoing</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-80 <u>Licensing.</u> (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> | | |
| | <p>FINDINGS Resident #1, [redacted] level of care assessment read, [redacted]. However, no expanded ARCH general operational policy.</p> | <p>Expanded ARCH general operational policy was written and included in the general policy on 4/19/16. Old policy discarded and new policy shall be used.</p> | <p>4/19/16 ongoing</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements</u>. (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p>FINDINGS Resident #1. no current tuberculosis (TB) clearance.</p> | <p>A TB clearance order was obtained from APRN on 4/22/14 will have APRN complete the TB attestation form along with the PE yearly for the resident.</p> | <p>4/22/14 ongoing</p> |
| | | <p>Have APRN address the TB clearance of patient... APRN TB written order shall be obtained yearly.</p> | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-84 <u>Admission requirements</u>. (b)(4)</p> <p>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>FINDINGS Resident #1, no documentation of pneumococcal and influenza immunizations.</p> | <p>Immunization records of influenza & pneumococcal vaccines were available. APRN ordered on 4/22/14 that influenza & pneumococcal vaccines were not to be given to resident due to history of reaction & refusal of vaccines. will have APRN address this yearly along with PE</p> | <p>4/22/14 ongoing</p> |

Licensee's/Administrator's Signature: Eden Trujillo

Print Name: Eden Trujillo

Date: 4/23/16

Licensee's/Administrator's Signature: Eden Trujillo

Print Name: Eden Trujillo

Date: 5/11/16