

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tabora's	CHAPTER 100.1
Address: 94-970 Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: February 11, 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> (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 giver (SCG) #1 and SCG #2 - No documentation of training to make medications available to residents. Submit copies for each with the plan of correction (POC).</p>	<p>Substitute caregiver #1 and #2 were trained by primary caregiver on 2/16/16 regarding medication administration per by putting POC in front of them, wash hands before and after giving medication verify doctor's order then follow 5 rights of drug administration such as right patient, right time, right drug, right dose and right patient. Copy of substitute care giver training checklist of medication submitted with plan of correction (POC)</p> <p>To prevent this from recurring I will schedule every primary caregiver as needed review of medication administration which includes 5 rights of medication administration correct MAR documentation and resident hand hygiene before and after drug administration</p>	2/13/16

<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>          Substitute care giver (SCG) #1 and SCG #2 - No documentation of training to make medications available to residents. <b>Submit copies for each with the plan of correction (POC).</b></p>	<p>Training for substitute caregivers 1 and 2 completed 2/15/16          To prevent similar deficiency from happen- ing again I will document the training on this form primary caregiver and substitute caregiver training for all substitute caregivers and their substitute caregivers</p>	<p>2/15/16</p>
-------------------------------------	--	---	----------------

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b)          All foods shall be stored in covered containers.</p> <p><b>FINDINGS</b>          Large, open package of hot dogs in the freezer.</p>	<p>Open package of hot dogs in freezer stored and food in Ziploc that sealed on 2/11/16          To prevent this from recurring I will properly store any package food in a sealed ziploc bag or closed container and date it before initial open date and use the food within the safe and estimated time frame from that open date.</p>	<p>2/12/16</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>          Cabinet containing toxic chemicals and cleaning agents under the sink in the resident area was unlocked.</p>	<p>7 Toxic chemicals and cleaning agents under the sink was removed and locked up in another separate storage.          7 In the future toxic chemicals will be lock at all times in a separate storage for safety of residents. Teach and train substitute caregivers</p>	<p>2/11/16</p>
-------------------------------------	---	--	----------------

I will place a sign to remind caregivers to secure the cabinet containing chemicals and toxic agents. Teach and train substitute caregivers to check the cabinet to make sure it's locked. I will check when I pass the cabinet to make sure it's lock

9/21/16

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)          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><u>FINDINGS</u></b>          Medication cart was unlocked.</p>	<p>I immediately checked to make sure no medication were missing and then I immediately locked the medication cart. on 2/12/16          To prevent this from recurring, I will make sure the medication cart is locked after removing medication</p>	<p>2/12/16</p>
		<p>Put sign to remind caregivers to lock medication cart after use. Teach and train substitute caregivers to check medication cart to make sure its locked. I will check the medication cart to make sure its lock when I pass by the cart.</p>	<p>9/21/16</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><u>FINDINGS</u></b></p>	<p>To prevent this from recurring I will double check the physician's order, compare it to the label in the medication bottle and transcribe it and document it correctly in the MAR.</p>	<p>2/11/16</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</p>	<p>I initialed the medication record on 2/28/15  3/31/15 and 12/31/15 on 2/11/16</p>	<p>2/11/16</p>
		<p>In the future after giving medication to resident caregivers should initial right away that medication was taken and given to resident.</p>	
		<p>Everyday at the end of the day I will check the medication records to insure that it was initialed by caregivers.</p>	<p>9/21/16</p>



§11-100.1-17 Records and reports. (b)(3)  
 During residence, records shall include:

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;

FINDINGS

There were no progress notes

From now on, whenever there is an incident in my care home, I will document as soon as possible when time permits the necessary information to include a) time b) nature of incident c) type of injury and appropriate action and incident done as well as assessment and evaluation of the client.

If there is no visible injury nor complaint of pain or discomfort I will still document it.

2/18/14



§11-100.1-17 Records and reports. (c)

Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.

FINDINGS

Resident #1 - Two (2) incident reports were in the resident's record.

Two (2) incident reports were removed from resident's record and was transferred to care home folder for file on 2/11/14  
 In the future incident reports will be filed in care home folder available for healthcare personnel to see and never in resident's record or chart.

2/11/14

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2)          General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b>FINDINGS</b>          Resident #1 – No legend for care giver initials on the November 2015 medication record.</p>	<p>I spoke to substitute caregiver on 2/12/16 that she did not initial on November 2015 medication record and I initialled it in the legend after.</p> <p>To prevent this from recurring I coached substitute caregivers to always properly document their names in the legend so this does not happen in the future.</p>	<p>2/15/16</p>
-------------------------------------	--	---	----------------

<p>I will check that it is signed every ink of the day that there is a legend for caregivers initial</p>	<p>9/21/16</p>
--	----------------

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3)          General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b>FINDINGS</b>          Medication cart containing resident records was unlocked.</p>	<p>Residents records were removed from med carts and placed in separate secret shelf then locked on 2/10/16</p> <p>In the future medication cart and resident records should be locked at all times and should be in a safe storage area.</p>	<p>2/10/16</p>
-------------------------------------	---	---	----------------

<p>I will put a sign to remind caregivers the storage room after use is locked. Teach and train caregivers to check the storage room is lock. I will check each time I pass the room to ensure it is locked.</p>	<p>9/21/16</p>
--	----------------

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and 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 documentation that the resident, resident's family was informed of charges for services.</p>	<p>I spoke with the patient's family that I will send them a copy of patient and caregiver's agreement of monthly payment services and the revised policy and procedure of Type I ARCH for them to sign it and return it back to me for my file.</p> <p>In the future I will go over with my patient and their family regarding payment with monthly services and it should be signed and agreed by both parties.</p>	<p>2/12/14</p>
		<p>Upon admission policies and procedure of (ARCH / EARL) should be given to resident or family member. A copy signed by resident / family member followed by primary care giver followed by charges for services as agreed upon by both parties documented and file on chart</p>	<p>2/12/14</p>
		<p>I will use the Admission <sup>copy of</sup> <del>policy</del> checklist as a reminder that I have also complete policies rights, rates of services at the time of admission</p>	<p>9/21/14</p>



§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(D)

Residents' rights and responsibilities:

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:

2/11/14

Be given advance written notice, of not less than thirty days, of involuntary transfer or discharges, except in an emergency.

**FINDINGS**

Resident #1 - The Policy of Tabora's Adult Residential Care Home/Expanded Care was inaccurate and incomplete. The policy:

1. Stated the resident would be given "two weeks" notice of transfer.
2. Referenced:
  - a. 11-100-2
  - b. 11-100-14(f)
3. Did not include rights as stipulated in Chapter 100.1: 11-100.1-21(a)(2)(F, G, J, L, M, N, O, T, U, V, X)

Policy of ARCH/EARCH was revised and file new policy on chart respectively 2/13/14 corrected two weeks to thirty (30) days notice  
 copy given to resident's family. revised changes included right by family and file on chart.

2/13/14

I threw away my old copies. I will use my revised policies for all new admissions

2/21/14



§11-100.1-83 Personnel and staffing requirements. (5)  
 In addition to the requirements in subchapter 2 and 3:

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.

**FINDINGS**

SCG #2 - No documentation of twelve (12) hours of continuing education. The SCG was the only one providing coverage on the following days:

1. 4/25/15 - 8 hour in-service at the Hawaii Convention Center
2. 12/9/15 - 3 hours

Submit copies of twelve (12) hours of training with the POC.

I immediately called the substitute caregiver on 2/10/16 to obtain a copy of twelve (12) hours of in-service training and place it in my file.

Copies of twelve (12) hours of training submitted with plan of correction (POC)

In the future substitute caregivers should have a copy of twelve (12) hours of in-service training for health personnel to see

2/13/16

Twelve hours of training was submitted previously.

I will maintain a record of continuous 12<sup>o</sup> training. I will ask substitute caregivers to give me copies of 12<sup>o</sup> training from other caregivers that they attended. I will use a checklist to keep track of in-services attended by substitute caregivers.

---

Licensee's/Administrator's Signature: Amador T. Tabora  
Print Name: LOURDES TABORA  
Date: 3/31/16

---

Licensee's/Administrator's Signature: Amador T. Tabora  
Print Name: LOURDES T. TABORA  
Date: 6/11/16

---

Licensee's/Administrator's Signature: Amador T. Tabora  
Print Name: LOURDES TABORA  
Date: 9/21/16