

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalaupapa Care Home	CHAPTER 100.1
Address: 814 Damien Road, Kalaupapa, Hawaii 96742	Inspection Date: December 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Medications unsecured in first aid kit as follows:</p>	See attached.	10-26-16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction,</p>	See attached.	10-26-16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> "White out" used for corrections as follows: 1. Fire Drills dated, 02/05/15, 03/06/15 and 04/12/15. 2. Battery check dated, 01/16/15.</p>	<p><i>See attached.</i></p>	<p><i>10-26-16</i></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><u>FINDINGS</u> Permanent register reflects zero (0) residents. However, Resident #3. during the inspection.</p>	<p><i>See attached.</i></p>	<p><i>10-26-16</i></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><u>FINDINGS</u> No process to maintain inventory for resident's possessions.</p>	<p><i>See attached.</i></p>	<p><i>10-26-16</i></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)(2)(D) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p><u>FINDINGS</u> Resident #1, no restraint agreement.</p>	<p><i>See attached.</i></p>	<p><i>10-26-16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p>	<p><i>See attached.</i></p>	<p><i>10-26-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Shower Room, peeling paint on the wall. 2. Bedroom #111, flickering floor light. 	<i>See attached.</i>	<i>10-26-16</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #109 and #113, no plastic pillow protectors.</p>	<i>See attached.</i>	<i>10-26-16</i>
<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><u>FINDINGS</u> Annual continuing education (CE) hours requirement was not completed by the following persons:</p> <ol style="list-style-type: none"> 1. Primary care giver, completed one (1) CE hour. 	<i>See attached.</i>	<i>10-26-16</i>

	Rules (Criteria)	Plan of Correction	Completion Date
	2. SCG #5, completed five (5) CE hours.	<i>See attached.</i>	<i>10-26-16</i>

Licensee's/Administrator's Signature: *John Callaway*

Print Name: *John Callaway*

Date: *Oct. 26, 2016*

11-100.1-83(5)

1. DON has compiled a folder to be kept at the nurse's station with current status of nursing staff's CE credits. The DON will review the folder quarterly and remind the staff of keeping up with their CE credits. The DON (APRN), will also give ample suggestions of free, online courses for CE available to the staff. DON will also provide appropriate in-service to staff for CE credit to be in compliance with required credits for staff development.

2. DON has compiled a folder to be kept at the nurse's station with current status of nursing staff's CE credits. The DON will review the folder quarterly and remind the staff of keeping up with their CE credits. The DON (APRN), will also give ample suggestions of free, online courses for CE available to the staff. DON will also provide appropriate in-service to staff for CE credit to be in compliance with required credits for staff development.

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2015 PLAN OF CORRECTION – KALAUPAPA CARE HOME

11-100.1-15(b)

1. As of 10-20-16, the _____ was removed from the First Aid Kit. The DON communicated with the nursing staff on 10-20-16 that all meds must have a MD/APRN order and be secured. No medications allowed in the First Aid Kit. DON will assign nursing staff to quarterly inventory checks of the First Aid Kit for proper contents as recommended by the OHCA.

2. As of 10-20-16, the _____ was removed from the First Aid Kit. The DON communicated with the nursing staff on 10-20-16 that all meds must have a MD/APRN order and be secured. No medications allowed in the First Aid Kit. DON will assign nursing staff to quarterly inventory checks of the First Aid Kit for proper contents as recommended by the OHCA.

11-100.1-17(g)

1. All "white out" was removed from the nurse's station on 10-20-16. DON sent a memo to all nursing staff reminding them of proper documentation and no record tampering with white out regarding Fire Drills and other documents. Proper documentation, and correction of errors were reviewed with the nursing staff on 10-20-16. The DON will periodically review the records for proper documentation and correction of errors.

2. All "white out" was removed from the nurse's station on 10-20-16. DON sent a memo to all nursing staff reminding them of proper documentation and no record tampering with white out regarding battery checks and other documents. Proper documentation, and correction of errors were reviewed with the nursing staff on 10-20-16. The DON will periodically review the records for proper documentation and correction of errors.

11-100.1-17(h)(1)

Staff did not follow the procedure for admission of residents to the ARCH/EARCH. DON will coordinate with the Hale Mohalu staff an in-service of the proper procedure for admission of residents and the necessary forms to be completed, by December 1, 2016. (Kalaupapa has had a staff overturn and all staff must have proper training of the Chapter 100.1 rules and regulations).

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11-100.19(d)

OHCA forms retrieved to properly document the resident's possessions and valuables, for all admissions to the ARCH/EARCH. DON will coordinate with the Hale Mohalu staff an in-service of the proper procedure for admission of residents and all the necessary forms to complete, by December 1, 2016. (Kalaupapa has had a staff overturn and all staff must have proper training of the Chapter 100.1 rules and regulations).

11-100.1-21(a)(2)(D)

The above rule was discussed and reviewed with all nursing staff, by the DON on 10-20-16. Our MD's have also been given a copy of the 100.1-21(a)(2)(D) rule and regulation, to review for orders of physical restraints.

11-100.1-23-(h)(3)

1. Work order for shower room peeling paint on the wall was completed by 1/14/2016. The DON has assigned the night shift staff to do monthly checks of the environment for required maintenance repairs in the ARCH/EARCH. The DON will assure that the physical environment and equipment are in safe and comfortable manner.

2. Work order for flickering floor light in bedroom #111 was completed by 1/14/2016. The DON has assigned the night shift staff to do monthly checks of the environment for required maintenance repairs in the ARCH/EARCH. The DON will assure that the physical environment and equipment are in safe and comfortable manner.

11-100.1-23(o)(3)(B)

On 10/21/16 plastic pillow covers were ordered for all of the pillows in the ARCH/EARCH. When order arrives, DON will instruct SCG #1 to place plastic pillow covers on residents' pillows and have a checklist of required bedding supplies which include plastic pillow covers for all residents' pillows.

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