

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Rafael Care Home                         | CHAPTER 100.1                              |
| Address: 98-1713 Laauhuahua Way, Pearl City, Hawaii 96782 | Inspection Date: September 30, 2015 Annual |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (b)<br/>                     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>FINDINGS</b><br/>                     Bedroom #1 closet, two (2) labeled pharmacy bottles unsecured inside one (1) plastic box.</p> | <p><i>what i did was i took them out inside the plastic box. Before i threw medication away i blocked out resident labeled information on the bottle with a black permanent marker, then the resident medication is thrown then in a sealed plastic to used ground coffee, got it from resident (husband).</i></p>                                      | 8/23/16         |
|                                     |   | <p><i>In the future, upon admission PCA will always check the resident's belongings. if PCA find a medication that the resident isn't using anymore, PCA will inform the resident family and will give it back, but if the medication still in use the PCA will put in a safety lock container or cabinet for safety at all times. no give PCA.</i></p> | 9/27/16         |

|                                     |   |  |                        |
|-------------------------------------|---|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (j)<br/>Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be</p>  | <p>During the inspection, the nurse consultant found out the resident #1 has no restraint policy and no M.D. renewal order. what i did was i called the case manager of my resident to make a restraint policy and also the PCP that i will make a weekly restraint order and PCP will sign the renewal restraint order for the next</p> | <p>Completion Date</p> |
|                                     | <p>notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><b>FINDINGS</b><br/>Resident #1. physician order dated _____ read, " _____ " and documentation of family consent obtained; however, <u>no restraint policy</u> and no M.D. renewal order.</p>                                | <p>to the future i will notify the case manager/Doctor to make a restraint order for what the resident needs, and renewal the restraint order for weekly basis to be sign by the Doctor or call Doctor to sign for the next, Doctor visit. <i>initial PCG</i></p>  | <p>8/23/14</p>         |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(4)<br/>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b><br/>Resident #1 admitted _____ . No documentation of tuberculosis skin test. <b>Submit copy with plan of correction.</b></p> | <p>"See Attached"<br/>For the TB Clearance record. <i>initial PCG</i></p> <p>I will put the requirements first in the front of the binder to remind me. <i>initial PCG</i></p>   | <p>8/23/14</p>         |

|   | Rules (Criteria)  | Plan of Correction  | Completion Date |
|---|---|---|-----------------|
| ☒ | <p>§11-100.1-23 <u>Physical environment</u> (e)<br/>Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><b>FINDINGS</b><br/>used by Resident in Bedroom ; however, no sign posted at the facility entrance.</p> | <p>During the inspection I was clarified that I didn't have sign in resident bedroom entrance; The sign was faded I called medical supply to pick up the sign and put right away. In the future I will make sure that the residents see a clear sign and put in their binder for a reminder. Not for PCG.</p> | 5/6/16          |

In the future, if a resident has an order from a Doctor, PCG should know the proper way to operate and be sure to have the sign posted by the facility entrance and resident room door also, Subtitle caregiver has training and responsibility to check the sign @ all times for safety. Not for PCG.

9/27/16

Licensee's/Administrator's Signature: Marlene Rafael

Print Name: MARLENE RAFAEL

Date: 05/06/2016

Licensee's/Administrator's Signature: Marlene Rafael

Print Name: MARLENE RAFAEL

Date: 8/23/16

Licensee's/Administrator's Signature: Marlene Rafael

Print Name: MARLENE RAFAEL

Date: 9/28/16