

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: T & F Home Services, LLC	CHAPTER 100.1
Address: 45-339 Kahowaa Place, Kaneohe, Hawaii 96744	Inspection Date: March 18, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Household member #1 No annual P.E. Submit copy with your plan of correction (POC).</p>	refer to attach	10/10/16
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Household member #1 No annual tuberculosis clearance. Submit copy with your POC.</p>	refer to attach	10/10/16

	Rules (Criteria).	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Substitute care giver #1 No current first aid certification. Submit copy with your POC.</p>	<p>refer to attach</p>	<p>10/10/16</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><u>FINDINGS</u> Three (3) substitute care givers. No documentation of training to make medications available to residents.</p>	<p>refer to attach</p>	<p>10/10/16</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><u>FINDINGS</u> unsecured in resident accessible area.</p>	<p>refer to attach</p>	<p>10/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> not segregated from internal medications.</p>	<p>refer to attach</p>	<p>10/10/16</p>
☒	<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><u>FINDINGS</u> Resident #2 has physician orders to Resident #2 label states ." Primary care giver states that is by Resident #2.</p>	<p>refer to attach</p>	<p>10/10/16</p>
☒	<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> Resident #3 No plastic pillow protector, no name on pillow denoting ownership.</p>	<p>refer to attach</p>	<p>10/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Three (3) substitute care givers. No documentation of training by nurse case manager for medications.</p>	<p>refer to Attach</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS Resident #2 Bedroom door not self closing.</p>	<p>refer to Attach</p>	

Licensee's/Administrator's Signature: frdm

Print Name: Francesca Mafua

Date: 9/12/16

Page # 1 Corrections 9a

Plan of Correction: Household member # 1 completed PE on 4/23/15. Copy attached
Completion date: 4/23/15

Future plans: Make sure that not only caregivers but all household members get an annual PE.

9b
Plan of Correction: Household member #1 completed TB clearance form by physician. Copy attached.
Completion date: 4/23/15

Future plans: Make sure that all household members get a TB clearance annually.

Page # 2 Corrections 9e3

Plan of Correction: Substitute care giver # 1 had first aid completed on 4/19/2015. Copy of CPR/first aid attached.
Completion date: 4/19/2015

Future plans: Make sure that all caregivers have a valid first aid certification.

Plan of Correction: All substitute care givers 1, 2 & 3 were trained on 3/19/2015 on being able to pass medications having it readily available if needed and documentation. Copy of training attached.
Completion date: 3/19/2015 9e4

Future plans: Have training conducted and documented each time it's being done with my substitutes and filed in care home chart folder.

Plan of Correction: I removed the bottle of _____ as soon as RN Mr Kim mentioned that he saw the bottle next to my water heater. I immediately placed it into the shed.
14A
Completed date: 3/18/2015

Future plan: Make sure to do random checks around the house to make sure there is no chemicals laying around and if so to place it in a locked or secure area.

Page # 3 Corrections 15c

Plan of Correction: Immediately placed the _____ for Resident # 2 into a zip lock bag then placed it back into the medication bin.
Completion date: 3/18/2015

Future plans: Make sure that any non oral or liquid medications be put into a zip lock bag before store away with other medications for sanitary or spilling reasons.

Cont. Page # 3 Corrections

15e

Plan of Correction: Resident # 2 had a scheduled appointment on 3/23/15 and I had explained to the Physician that resident doesn't not unless it before . The physician said to discontinue the immediately on this appointment and signed the orders. *attached copy m*

Completion date: 3/23/2015

Future Plan: Always verify with description on the medications handout for any do not do and understand before offering that medication.

Plan of Correction: Request for the family member of the resident # 2 to get a copy of the two step from the nursing home that resident was residing at for the last couple of years. Copy attached. *17a*

Completion date: ~~3/20/2015~~ *4/28/15*

Future Plan: Never to assume that residents being transferred from nursing home or other care homes have done their duty of submitting the 2 step TB with the resident upon transferring.

Page # 4 Corrections

23g3b

Plan of Correction: I immediately removed the water hose from the pathway of the fire exit as soon as I was told by my RN Mr Kim.

Completion date: 3/18/2015

Future Plan: Make sure that all pathway around the house used for fire exit is free from any obstructions.

Plan of Correction: Notified the family member of the resident # 3 to write the resident's name on the pillow that they to her as a gift and then I put it into a pillow protector. *23o3b*

Completion date: 3/19/2015

Future Plan: I will do random checks on the pillows to make sure that it has a protector and if It's one that is given to the resident after being admitted then it must have their name written on it and also placed in a protector.

Plan of Correction: Notified our RN/Case Manager Sue Cornish about training my substitutes # 1, 2, & 3 on medications. Sue came by on the 3/20/15 and completed their training on medication. Copy of training attached. *26 83 (1)*

Completion date: 3/20/2015

Future Plan: Make sure that if there is any special handing of medications other than PO then I must contact our RN/Case Manager about providing us with in-service or training along with documentation of completion.

Page # 5 Correction:

86 a2

Plan of Correction: Made the adjustment to the door so it'll self close instead of not closing completely.

Completion date: 3/18/2015

Future Plan: Randomly check all doors to make sure that the self closing mechanism is always working into shutting the doors completely.

Licensee/Administrator's Signature: jm/m
Print Name: Francesca Mafusa
Date: 4/24/15

99
1) I have a check list posted with all the due dates of annual PE for all caregivers and household members along with a reminder on my personal calendar that will notify me a month in advance before expiration dates occurs.

96
2) I have a check list posted with all the due dates on TB clearance for all caregivers and household members along with a reminder on my personal calendar that will notify me a month in advance before expiration dates occurs.

9c3
3) I have a check list posted with CPR/First aid certification due date on all caregivers and substitutes along with a reminder on my personal calendar that will notify me a month in advance before expiration dates occurs.

9c4
4) In the future any new substitute caregiver must be trained immediately by the primary caregiver and be able to know how to give medications by matching the medication, name, dosage, route, and frequency before starting to work with residents. Then document in care home chart. But if it's an expanded resident then only RN Case manger will be the one to train all caregivers and file copy in resident chart with signature of being trained.

142
5) I have a check list to do random check once a week around the outside of the house to ensure that no chemicals is left laying out around and if so then put it in the shed. I wasn't aware that the chemical was left out behind a plywood that is used to block off my water heater therefore had I looked behind this barricaded area I would have seen it and put it in the shed.

15c
6) Place a reminder note on the inside of the lock medication cabinet saying to put any liquid/cream/lotion medications into plastic bag and separate plastic box from oral/non oral medications.

15e
7) I have a check list that reminds to call the physician immediately upon realizing that there is a conflict with orders and actual medication not matching.

17g
8) The primary caregiver is responsible into following the check list provided by DOH which states 2 step must be completed upon admission. If the clients doesn't have proof having it done then I must advise the transferring party that I cannot admit unless 2 step is completed. I would refuse admission until 2 step is done or a chest xray then I'm responsible into having the resident getting it done immediately.

2303b
9) I have a check list with checking around the house making sure that pathways are clear of obstruction once a week.

2303b
10) As a primary caregiver I have a client log sheet on their belongings in their charts. But as family members come in with bags and go directly into the clients room I don't ask what's in their bags because I like to give them their privacy. Just so happen this client had received a comfort support pillow that I wasn't aware of and got cited because there was no name labeling it nor a protector. So with this being said my understand is that your department wants me to ask every visitor what's in their bags when they enter to visit. If they feel offended than I will direct them to call DOH. This will be the only way that I'll be aware that there is added personal belonging to that client and advise that they must write the name on it and needs to be with protective covers.

83 (1)

11) Admission checklist on expanded clients being admitted must be trained immediately by RN/Case Manager upon admissions covering all care plans and medications. If for some reason that substitute caregiver is not present then set an immediately date available to have the RN/Case Manger return to give them the training and signed off that they were trained then file in expanded clients chart.

86a 2

12) I have a check list to check the doors for only expanded rooms once a month. But upon admitting an expanded client into a room I must double check and verify that the door is self closing on the day of admission.

Licensee's/Administrator's Signature: Francesca Mafua
Print Name: Francesca Mafua
Date: 10/10/16