

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|--|---|
| Facility's Name: Yaying House | CHAPTER 100.1 |
| Address: 3285 Olu Street, Honolulu, Hawaii 96816 | Inspection Date: March 12, 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 – No annual physical examination. Submit a copy with the plan of correction (POC.)</p> | <p><i>I got my daughter copy of physical exam form with TB clearance from her MD's office on 3/12/15. The exam had done on April 7, 2014. The form was in Care Home folder. After making copy for school on Sept. 2014, forget to put back to the care home folder. Thank for for letting me know! I got the copy and put in file. In the future, I have to check the care home folder monthly to make sure the documents is in right place.</i></p> | <p><i>3/12/15</i></p> |
| <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 – No annual tuberculosis clearance. Submit a copy with the plan of correction (POC.)</p> | <p><i>on 4/10/14, TB test done on 4/7/14, TB reading the form of physical exam with TB clearance was in care home folder. But after taking out to make copy for school on Sept 2014, forget to put back. so it was missing. I got copy of the physical exam form with TB clearance from her MD's office on 3/12/15. In future, I have to check the care home folder monthly to make sure the documents is in right place to follow regulation.</i></p> | <p><i>3/12/15</i></p> |

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| <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 – No annual tuberculosis clearance. Submit a copy with the plan of correction (POC.)</p> | <p>Visiting family member had TB clearance on 3/23/15. had TB clearance on 3/27/15. in future, I'll read Chapter 100.1 more and know the rules better. I'll follow regulation to minimize the deficiencies. I'll have visiting family to have TB clearance and make sure the copy in Care Home folder. Thank you very much for helping me correct my mistakes and deficiencies!</p> | 3/23/15 3/27/15 |

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| | resident care needs, services and/or interventions; <u>FINDINGS</u> Resident #1 – The care plan did not reflect that are applied and removed | | |

Licensee/Administrator's Signature: 
 Print Name: Yaying Liu
 Date: 4/29/2015

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| <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>FINDINGS Six (6) substitute care givers – No documentation of training by the primary care giver to make prescribed medications available to residents.</p> | <p>That is true. The documentation of training wasn't in file. I'm so sorry about it. From 3/2/15 to 3/15/15, I observed my substitute caregivers to make sure they are able to make prescribed medication available to residents and I documented on Primary Caregiver and Substitute Caregiver trainings. In future, I'll follow the policy to have the training document in file. I'll check monthly to update.</p> | <p>3/15/2015</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>FINDINGS Resident #1 – The After Visit Summary for 12/26/14 noted the following medications under "Your List of Current Medications;" however, the medications were not reflected on the December 2014 medication record</p> | <p>I'm sorry about that those medications mentioned here not on the Dec. 2014 medication record. On 12/27/14, I showed MD the discharge medications for from Kahuku medical center on 12/23/14. The MD approved and signed the current medication record on 12/27/14. In the future, I'll ask MD when I get the Visit Summary to clarify the current medication, and check the medication if not needed and by MD and sign ^{errors}.</p> | <p>12/27/14</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>Both findings are true. Now I put ruler under each medication on Medication Record to make sure to sign the medication I give; And I double check myself after signing the ^{errors} initial</p> | |

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| | <p>FINDINGS Resident #1 – _____ was ordered _____ however, the December 2014 medication record was not initialed when taken by the resident The primary care giver stated that she gave the medication.</p> <p>Resident #1 – _____ was ordered _____ the December 2014 medication record did not have the time of day the medication was given.</p> | <p>Medication Record each time. Also Now I write the time of day when I give medication and signature ^{initial}. After that double check myself. In future, I'll be very careful to record the medications on the resident's Medication Record with correct date, time, name of drug and dosage and initial.</p> | <p>3/12/14</p> |
| <p><input checked="" type="checkbox"/></p> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS Substitute care giver (SCG) #1 – No documentation of training by the case manager in providing daily personal care and specialized care to the resident. The document on file with the SCGs name was dated 3/26/14, prior to the SCGs date of hire.</p> | <p>Yes. The SCG was hired after 3/26/14, she was trained on 5/14/14, but the date not put on "Basic and Specialized Skill: Instruction & Training". The case manager Martha Waecker put date on and initial on 3/19/15. In the future, I'll follow the regulation to make sure the training document to every caregivers by case manager with names and date.</p> | <p>3/19/15</p> |
| <p><input checked="" type="checkbox"/></p> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH</p> | <p>On 3/17/15, I took _____ to Dr _____ for follow up. He said "this is _____ It is fine. doesn't need _____" On 3/19/15, the case manager Martha Waecker write on plan of Care: Resident Mary</p> | <p>3/19/15</p> |

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| | resident care needs, services and/or interventions; <u>FINDINGS</u> Resident #1 – The care plan did not reflect that are applied and removed | <i>In the future, I'll follow the regulation to make sure update the changes on care plan by case manager as changes occur in the expanded ARCH resident care needs, services, and interventions</i> | <i>3/19/15</i> |

Licensee/Administrator's Signature: *[Signature]*

Print Name: Yaying Liao

Date: 4/2/2015