

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E. Hawaii, Inc. – Emergency Shelter/Emergency Respite (STF)	CHAPTER 98
Address: 94-483 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: October 5, 2016 (OHCA and Sanitation)

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

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16 DEC 21 P2:42  
HAWAIIAN LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e)            Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><b><u>FINDINGS</u></b>            Policy N10.3 Storage of Participants' Medications, Section II. Policy notes, "All prescribed and Over the Counter medications shall be accounted for, administered, stored and disposed of in accordance with state and federal law."            Policy was not followed as evidenced by the following:</p> <ul style="list-style-type: none"> <li>For Resident #1, on August 26, 2016, there were no care giver initials to verify that was given at</li> </ul>	<p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">RECEIVED            '16 DEC 21 P2:42            DALLAS AREA LICENSING BOARD</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-98-10(e)</p> <p><b><u>FINDINGS</u></b>  Policy N10.3 Storage of Participants' Medications, Section II. Policy notes, "All prescribed and Over the Counter medications shall be accounted for, administered, stored and disposed of in accordance with state and federal law."  Policy was not followed as evidenced by the following:</p> <ul style="list-style-type: none"> <li>For Resident #1, on August 26, 2016, there were no care giver initials to verify that cap was given at</li> </ul>	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, The Nursing Director will do checks of charts Once a Week To ensure all necessary initials are present. Our charge nurse will also do daily checks of charts to ensure the appropriate initials are present. If during the check there are initials missing our Nursing Director or charge nurse will get the necessary initials from the appropriate staff member.</p>	<p style="text-align: center;">10/6/16</p> <p style="text-align: right;">16 DEC 21 P2:42</p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e)  Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><b><u>FINDINGS</u></b>  Policy N10.3 Storage of Participants' Medications, Section II. Policy notes, "All prescribed and Over the Counter medications shall be accounted for, administered, stored and disposed of in accordance with state and federal law." Policy was not followed as evidenced by the following:</p> <ul style="list-style-type: none"> <li>For Resident #1, on September 6, 2016, physician ordered _____ days for a total of _____; however, the medication record indicated that it was given for a total of _____</li> </ul>	<p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">RECEIVED  '16 DEC 21 P 2:42  DARTMOUTH LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-98-10(e)</p> <p><b>FINDINGS</b>  Policy N10.3 Storage of Participants' Medications, Section II. Policy notes, "All prescribed and Over the Counter medications shall be accounted for, administered, stored and disposed of in accordance with state and federal law." Policy was not followed as evidenced by the following:</p> <ul style="list-style-type: none"> <li>For Resident #1, on September 6, 2016, physician ordered _____ for a total of _____; however, the medication record indicated that it was given for a total of _____</li> </ul>	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, The charge nurse will review each new prescription and will count _____ to ensure the correct amount of medication is given with the prescription. The Nursing Director will also do weekly checks of charts to ensure prescriptions are being followed correctly. If the nursing director finds that a prescription is not being followed correctly the nursing director will retrain the appropriate staff on correct medication administration, and will inform any members of the treatment team that the prescription had not been followed.</p>	<p style="text-align: right;">12/22/16</p> <p style="text-align: right;">16 DEC 21 P2:42</p> <p style="text-align: right;">N. J. VED</p> <p style="text-align: right;">PHARMACEUTICAL SERVICES</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b><u>FINDINGS</u></b> There was no hand soap by the kitchen hand sink.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Hand soap has since been placed by the kitchen hand sink.</p>	<p style="text-align: center;">10/6/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-98-14(c)</p> <p><b><u>FINDINGS</u></b> There was no hand soap by the kitchen hand sink.</p>	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward The Residential Program Manager will do daily checks of hand soap containers to ensure that there is hand soap by each sink and that they are adequately filled. For days the RPM is not on shift, the RPM will instruct staff who are on shift to check hand soap containers and to fill if low. If a hand soap container is found to be low or empty the RPM or other shelter staff will refill.</p>	<p style="text-align: center;">10/6/16</p> <p style="text-align: center;">16 DEC 21 P2:42</p>

D. H. ONCA LICENSE #

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility</u>, (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b><u>FINDINGS</u></b> Lysol disinfectant spray was not secured.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>The lysol disinfectant spray has since been stored in a locked cabinet.</i></p>	<p style="text-align: center;"><i>10/6/16</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-98-14 (c)  <u>FINDINGS</u> Lysol disinfectant spray was not secured.	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward The Resident Program manager will do daily checks of the facility to ensure all cleaning and disinfectant supplies are in a locked and secure cabinet. on days The BPM is not on shift The BPM will instruct staff who are on shift those days to check the premises for cleaning and disinfectant supplies and to keep it stored and locked if they do find and out. If cleaning or disinfectant supplies is found left out The BPM or other staff on shift will ensure that it is put back in a locked and secure cabinet.</p>	<p style="text-align: center;">10/6/16</p> <p style="text-align: right;">16 DEC 21 P2:42</p>

Licensee's/Administrator's Signature: Jesse Newirth

Print Name: Jesse Newirth

Date: 11/8/16

Licensee's/Administrator's Signature: Jesse Newirth

Print Name: Jesse Newirth

Date: 11/30/16

Licensee's/Administrator's Signature: Jesse Newirth

Print Name: Jesse Newirth

Date: 12/21/16