

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tangonan Adult Residential Care Home	CHAPTER 100.1
Address: 94-228 Moena Place, Waipahu, Hawaii 96797	Inspection Date: May 15, 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> (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 No tuberculosis clearance:</p> <ul style="list-style-type: none"> Substitute care giver (SCG) #2. Submit copy with plan of correction (POC). 	<p><i>I will use a flag as a reminder of expired dates for TB clearance. I will remind my substitute 2 months ahead to get her TB card, otherwise, she cannot work until she have the TB clearance and, I will check my flag reminder daily will remind all the TB clearance, to avoid any deficiency, to prevent the issue from happening again.</i></p>	<p>9/5/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the</p>	<p><i>Before, I admitted my client, I will obtained a level of care assessment first from the physician with signature. I will check the documents first and gather them before admission, if not, I cannot admit my client in the home, without level of care, make sure I have all the document, to prevent issue from happening again.</i></p>	<p>9/5/16</p>

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	resident to review it. <u>FINDINGS</u> Resident #2: <ul style="list-style-type: none"> No level of care assessment prior to admission. 		
<input checked="" type="checkbox"/>	§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. <u>FINDINGS</u> Resident #2: <ul style="list-style-type: none"> Level of care unknown. 	<i>Before, I admitted my client back, I will obtained the level of care order first, from the physician in order to admit my client, if not, I cannot admit the client without proper document during admission, so next time, I will check my document before I admit a client, to prevent deficiency in the future 9/4/16</i>	
<input checked="" type="checkbox"/>	§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> No menu posted in the kitchen.	<i>My menu is always in the kitchen posted near to dining table, but since this is warning to me, I move menu closer and hanging to my refrigerator on the side to make everyone clear to review.</i>	1-17-16
<input checked="" type="checkbox"/>	§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.	<i>Before, I admitted my client back, I will obtain the diet order first, from the physician, in order to admit my client, if not, I cannot admit the client without proper document during admission, so next time, I will check my document, before I admit a client, to prevent deficiency in the future.</i>	9/4/16

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	<p>FINDINGS Resident #2:</p> <ul style="list-style-type: none"> No diet order upon admission. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 Special diet order NAS/NAS</p> <ul style="list-style-type: none"> Order unclear as to what is meant by NAS/NAS. No special diet posted in kitchen or dining room. Primary care giver (PCG) stated she just does not add salt or sugar to this resident's food. <p>Contact Mrs. Annette Jackson, Nutritionist, with any questions (808) 692 7408.</p>	<p><i>I will check residents if I special diet order, I inform, Janet Jackson Nutritionist a deep letter from inspection, I did not know, that I will make separate paper and posted to the refrigerator, who can be called for the staff, and the client safety, preventable from happening again.</i></p>	<p><i>9/4/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator thermometer not working:</p> <ul style="list-style-type: none"> Registered 20 degrees F. when inside refrigerator. When placed on table for over an hour, registered 69 degrees F. 	<p><i>I will bring out the thermometer in 1 hr, and put it back again, will be gone higher than 45°F, either the refrigerator is not working or thermometer, I purchased a new refrigerator, and new 3 kinds thermometer, to make sure both are working together, for our safety, and I will check the thermometer daily to prevent the error from happening again.</i></p>	<p><i>9/4/16</i></p>

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☒	<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>FINDINGS Medication cabinet unsecured. Lock not engaged.</p>	<p>Medication cabinet is always locked after use for the safety of the patients, and try to remind my staff, don't forget to close and lock the medication cabinet, but if you're not sure, to lock the cabinet, go back again, to avoid reversal incidents and safety for everyone.</p>	6-10-14
☒	<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 #2:</p> <ul style="list-style-type: none"> No signed physician orders for medication. 	<p>Before, I admitted a client, I will obtained the medication order from the physician first, if not, I cannot admit the client body, without physician order and signature. I will make sure next time, before admission, the important document will gather them first, they will be prevented.</p>	9/4/14
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #2:</p> <ul style="list-style-type: none"> No signed physician order for diet, medications, and treatments. 	<p>Before, I admit a client, I will obtained first the diet order, medication treatment with the physician's signature, if not, I cannot admit the client without complete document with signature, I will check my papers if complete, every time, if I have admission, to prevent error from happening again.</p>	9/4/14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Before Resident #2 admitted (5/15/14) there were two (2) non self-preserving residents at Tangonan Adult Residential Care Home. Upon admission of Resident #2, there are three (3) non self-preserving residents.</p>	<p><i>Before, I admitted, I will check my client, if turned to non-self preserving during admission, if not, I cannot admit more 2 client non-self, preserving in my care home, I will notify the client family to leave her in the hospital, and I will follow what my license capacity to prevent the know from happening again.</i></p>	<p>9/4/14</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p>	<p><i>I will make sure, there is enough staff attend and will inform my staff before I leave the home, to stay around, closed to the clients, give the call light for our safety, to avoid any incidents problem, make closely to the clients are preventable.</i></p>	<p>9/4/14</p>

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	<p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS When Nurse Consultant arrived for annual inspection at 12:10 pm on May 15, 2015, there was only one (1) responsible adult on the premises of the home (SCG). SCG stated there were two (2) non self-preserving residents.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(ii) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>Type I homes having residents not so certified shall have a sprinkler system installed throughout in accordance with the National Fire Protection Association (NFPA) Standard 13-D, Sprinkler Systems, One and Two Family Dwellings.</p> <p>FINDINGS Resident #2:</p> <ul style="list-style-type: none"> • With admission there are now three (3) non self-preserving residents in care home. 		

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<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>FINDINGS The following care givers do not have the required documented twelve (12) hours of continuing education:</p> <ul style="list-style-type: none"> • PCG nine (9) hours documented. Year crossed out and re-written on a three (3) hour certificate. Submit copy of additional three (3) hours with POC. • SCG #2 zero (0) hours documented. Submit copy of twelve (12) hours with POC. 	<p>I will use a flag for a reminder to keep track of my expired or incomplete document. I will remind my substitute 2 month ahead to submit the 12 hrs invoice, I forget too. put the flag as a reminder on my document, I will check every day to prevent any deficiency from happening again.</p>	<p>9/4/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p>FINDINGS Resident #2:</p> <ul style="list-style-type: none"> • No level of care assessment. 	<p>Before, I admitted my client back I was obtaining they level of care assessment from the physician with signature, I was check into the mental of care and gather their before admission. I will cannot admitted the client in the home without level of care, make sure, I have all this to prevent error from happening again.</p>	<p>6-14-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a)(1) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p>	<p>Resident #2 doesn't have a certification of self-preservation before admission, I called Quaker's Hosp. so I can faxed to them, to filled up, with MD signature, and faxed it back to me as soon as possible, before my consultant leave, after few min, the paper came, my consultant is here, during the admission, its been too late to do this, but atleast I try my best to finish up, while my consultant is still here, this is a wake-up call for me, had its mis-communication</p>	

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<p>A Type I expanded ARCH shall provide services to no more than two nursing facility level residents at any one time provided that more nursing facility level residents may be allowed at the discretion of the department;</p> <p>FINDINGS Resident #2:</p> <ul style="list-style-type: none"> No certification of self-preservation before admission to Tangonan Adult Residential Care Home. 	<p><i>I will make sure that my client remained 2 non-self preserving, so I will discharge one 4-1-15 to correct my deficiency for admitting more than 2 clients in the home that time. I keep in mind to remind me, my mistake this time. Thank you 9/4/16</i></p>	

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

Licensee/Administrator's Signature: Edna Mangonan

Print Name: EDNA TANGONAN

Date: 1-18-14

Licensee/Administrator's Signature: Edna Mangonan PCG

Print Name: EDNA TANGONAN

Date: 6/15/14

Licensee/Administrator's Signature: Edna Mangonan

Print Name: EDNA TANGONAN

Date: 9/6/14