

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Martha's                          | CHAPTER 100.1                          |
| Address:<br>516 Ihe Street, Honolulu, Hawaii 96817 | Inspection Date: March 10, 2015 Annual |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4)<br/>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><b>FINDINGS</b><br/>No documentation of training to make medications available for two (2) substitute care givers.</p> | <p>1) The caregiver 1 and caregiver 2 should be trained per proper medication administration before working.</p> <p>2) My intent plan to prevent from happen again, a checklist of basic training including Med administration made.</p> <p>No substitute caregiver allowed to work on the floor without training completed.</p> | 10/14/16        |
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 Food sanitation. (f)<br/>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><b>FINDINGS</b><br/>Unsecured "Febreeze air effects" on sink of resident</p>   | <p>1) Febreeze removed from resident bathroom, labelled and placed in a locked cabinet.</p>  | 10/14/16        |

my future plan - extra detergents, Raid insect spray, Turtle Wax, Lysol and Endust labelled as cleaning agents placed in a locked cabinet were labelled, - Caspary and household member returned and reminded to place in locked cabinet. Daily checks will be done by PCG to ensure that above items properly labeled and secured. - It never happens again. 10/14/16

| Rules (Criteria)                    |   |
|-------------------------------------|---|
| bathroom.                           | Unsecured "Xtra detergent, Raid insect spray, Turtle Wax, cleaning solution, Lysol disinfectant spray, and Endust" on shelf of resident accessible laundry area.  |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1)<br/>Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b>FINDINGS</b><br/>Resident #1 Admission (2/10/15) not recorded in the permanent general register.</p> <p>Discharged resident not noted in the permanent general register.</p>  |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)<br/>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><b>FINDINGS</b><br/>Resident #1 Self Preservation form signed and dated (2/10/15)</p> |

in a locked cabinet were labelled, - Caspary and household member returned and reminded to place in locked cabinet. Daily checks will be done by PCG to ensure that above items properly labeled and secured. - It never happens again.

my future plan. 9/2/16  
- General Register was audited on admission + discharge and checked every day for accuracy.

my future plan. 9/2/16  
- no admission will be done without the self Preservation forms. a checklist of admission used to double check of all admission document is completed.

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date      |
|-------------------------------------|---|--|----------------------|
|                                     | however, self-preservation line blank. Submit a copy of completed Self-preservation form with plan of correction.   |  |                      |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5)<br/>Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b><br/>Resident #3 No signaling device. A bell cannot be used as the primary care giver does not reside on the same level as the residents.</p> | <p><i>My future plan of correction<br/>an electronic device was<br/>installed for compliance.<br/>device is done + checked<br/>on daily basis.</i></p> | <p><i>9/2/16</i></p> |

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Licensee/Administrator's Signature: Maata Taumalolo

Print Name: Maata Taumalolo

Date: 5/21/15

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Licensee's/Administrator's Signature: Maata Taumalolo

Print Name: Maata Taumalolo

Date: 9/2/16

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Licensee's/Administrator's Signature: Maata Taumalolo

Print Name: Maata Taumalolo

Date: 10/14/16