

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alma and Richard Pilar (DDDH)	CHAPTER 89
Address: 94-1105 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: November 4, 2016

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

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p><u>FINDINGS</u> Household Member #1 moved into the DDDH around April 2016. Evidence of a physical examination completed prior to first contact with residents was not available. (NOTE: Submit a copy of a physical examination for Household Member #1.)</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>If a new household member will move in to the DDDH he or she will definitely meet all the requirements necessary like TB test and Physical Examinations for the safety of all residents and attach all records on file. (see attach)</p>	<p>11-10-16 Physical Examination of Household member #1 is completed</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-9(a)	<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 style="text-align: center;">In the future, all family members moving in must have their requirements prior on the date they move in.</p>	11-10-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, the 3-month medication updates of July 30, 2016 and October 25, 2016 note, Q-Tussin DM Syrup, take 2 spoonful (100 ml) by mouth every 4 hours as needed for cough. The pharmacy label of August 1, 2016 and the medication records note the dosage as 2 teaspoons (10 ml) and not 100 ml.</p>	<p>Part 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>11-22-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-14(e)(6)	<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>I and my assistant caregiver will review all the doctors order, pharmacy label if they match together and be sure that the Three Month Physician Update is correctly typed before the doctor sign.</p>	11-22-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 were admitted for respite placement on June 29, 2016 and July 1, 2016, respectively. However, the registry noted their admission date as August 1, 2016, which is the date that their placement status changed from respite to permanent.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On records, it has already been corrected that the Resident Admission and Discharge Date be done right away, which a resident whether permanent or respite starts to live in the facility. It should be registered on the day he or she starts.</p> <p>I reviewed all the records and everything is now precise and accurate.</p>	<p>11-5-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-18(g)(1)	<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>In the future, when new resident is admitted whether respite or permanent he/she must be registered on the registry log on the day of admission to ensure safety of the residents. I will also ask my assistant caregiver to double check or review the registry log.</p>	11-4-16

Licensee's/Administrator's Signature: alma a. Pilar

Print Name: ALMA A. PILAR

Date: November 28, 2016

Licensee's/Administrator's Signature: alma a. Pilar

Print Name: ALMA A. PILAR

Date: December 23, 2016