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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family (DDDH)	CHAPTER 89
Address: 94-035 Nawaakoa Place, Waipahu, Hawaii 96797	Inspection Date: October 13, 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)(2) 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>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> For Caregiver #1 and Household Member #1 evidence of a positive TB skin test was on file; however, there was no verification of a chest x-ray completed thereafter. Caregiver #2 has a history of a positive TB skin test; however, documentation was not on file. (NOTE: Submit documented evidence of the TB clearances with your plan of correction.)</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><i>A list of all family member initiated for better monitoring for due date renewal. Monthly check will be done to ensure all document are on file and in order. Copy of x-ray obtain and enclosed.</i></p>	<p><i>Oct. 14, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-9(a)(2)	<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>Monthly check will be done by me and alternate caregivers to ensure all document are on file and in order. If not current or in file I will inform ^{inform} household members or caregiver that need to be updated or copy obtain for file.</p>	<p style="text-align: center;">Feb. 7, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-13 <u>Residents' rights.</u> (a) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to:</p> <p>FINDINGS For Resident #1, there was no verification that resident was informed of her rights upon admission on July 29, 2016, as the acknowledgement form was not signed by her.</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><i>In the future upon admission will inform individuals about the residents right policies and procedure. Resident acknowledge by signing "X" and witness by alternate caregiver.</i></p>	<p><i>Oct. 14, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-13(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><i>In the future upon admission, I will inform individuals about the residents right policies and procedure. Residents will not be admitted into the DOM Home until the acknowledge form is sign by the resident or legal guardian.</i></p>	Feb. 7, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> The battery operated thermometer in the first aid kit did not work.</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><i>Monthly check of equipment will be done by alternate caregiver to ensure equipment is accurate and functioning right. Batteries have been changed</i></p>	<p><i>Oct. 14, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-14(b)	<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>Monthly check of equipment will be done by alternate caregiver to ensure equipment is accurate and functioning right</i></p>	<p style="text-align: right;"><i>12/17/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, the pharmacy label for Zolpidem Tartrate 10 mg tablet (Ambien), dispensed on September 9, 2016 notes, take 1 tablet by mouth every day at bedtime, which is consistent with the medication records from July 2016 – October 2016. However, the July 2016 – September 2016 medication records are not consistent with the physician orders of July 27, 2016 and July 28, 2016 which notes, Ambien 10 mg tablet, take 1 pill at bedtime as needed. It was not until September 13, 2016 that the physician ordered, Ambien 10 mg tablet, take 1 tablet by mouth every day at bedtime.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-14(e)(12)	<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 all medications order pharmacy label ^{no} medication sheet will be review to ensure that every-thing is the same as prescribed by the physician. Monthly ^{Daily} check will be done by alternate caregiver and myself that everything is in order. If discrepancies is noted I will follow up with physician, or pharmacist or make the correction on the medication sheet.</p>	Feb. 7, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-16 <u>Admission policies.</u> (b)(2) The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>All individual plans shall be monitored and revised at least annually and as necessary by the case manager.</p> <p><u>FINDINGS</u> Resident #1's Individualized Service Plan, dated January 20, 2015, was revised on February 4, 2015; however, a current plan was not on file.</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><i>Obtained a copy of ISP from Case Manager and put on file.</i></p>	<p><i>Feb. 7, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-89-16(b)(2)	<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>In the future I will coordinate with all concerns that all paper work is in order upon admission. If paper work is not done I will not admit the resident until all paper work is done. For current resident follow up with Case Manager a month after the ISP meeting to request a copy of the ISP meeting</i></p>	<p style="text-align: right;"><i>Feb. 17, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-17 <u>General operational policies.</u> (b) Upon admission, there shall be written documentation that the resident, guardian, or next of kin was fully informed of policies governing the resident's care.</p> <p><u>FINDINGS</u> For Resident #1, there was no verification that resident was informed of the policies governing her care, as the acknowledgement form was not signed by her.</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 style="text-align: center;"><i>Resident #1 sign and acknowledge policies governing her care.</i></p>	<p style="text-align: center;"><i>Feb. 07, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-17(b)	<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>In the future upon admission I will inform individuals about policies governing resident care. Alternate Caregivers will check that all document is being follow and implemented. Resident will not be admitted until the acknowledgment form is signed.</i></p>	<p style="text-align: center;"><i>Feb. 7, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><u>FINDINGS</u> For Resident #1, a weight for August 2016 was not recorded.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-18(b)(7)	<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>Monthly check by alternate caregivers will be initiated. Immediate documentation will be done there after.</i></p>	<p style="text-align: right;"><i>12/17/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 Nutrition. (e) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The upstairs refrigerator temperature was 48 degrees Fahrenheit.</p>	<p>Part 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Replace the refrigerator thermometer and now temperature is 30°F.</i></p>	<p><i>Feb. 7, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-19(e)	<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>I will check and other caregiver will check daily to ensure the temperature shall be maintain at 45°F or lower. If temperature is not 45° will adjust the refrigerator temperature or if temperature is not 45° will replace thermometer or will check refrigerator.</i></p>	<p style="text-align: center;"><i>Feb. 7, 2017</i></p>

Licensee's/Administrator's Signature: Nancy Olivarez

Print Name: NANCY OLIVAREZ

Date: Nov. 7, 2016

Licensee's/Administrator's Signature: Nancy Olivarez

Print Name: NANCY OLIVAREZ

Date: December 17, 2016

Licensee's/Administrator's Signature: Nancy Olivarez

Print Name: NANCY OLIVAREZ

Date: Feb. 7, 2017