Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley (DDDH)	**CHAPTER 89**
Address: **245 Valley Avenue, Wahiawa, Hawaii 96786**	**Inspection Date: November 10, 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
☒	§11-89-9 General staff health requirements. (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. **FINDINGS** For Household Members #1 and #2, who moved into the home in May 2016, their physical examinations were not completed until June 17, 2016 and June 25, 2016, respectively.	**Part 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-89-9(a)	**Part 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Care Giver #1 will ensure to obtained/secure a physical examination clearance before allowing a Household Member to moved into the home, to avoid similar mistake in the future.	12/15/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-9 General staff health requirements. (a)(1) 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. If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive. **FINDINGS** For Household Members #1 and #2, who moved into the home in May 2016, TB clearances were not completed until October 26, 2016. Evidence of only a single step TB skin test, dated October 26, 2016, was on file. (NOTE: Submit evidence of the second step TB skin test with your plan of correction.)	**Part 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please find enclosed copy of the second step for TB skin test for the Household Member #1 & #2.	11/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-89-9(a)(1)	**Part 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Care Giver #1 will ensure to obtained/secure a two step TB skin test before allowing any Household Member to moved into the home to avoid similar mistake in the future.	12/15/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(12) Medications: 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. **FINDINGS** For Resident #1, there were no caregiver initials from May 13–31, 2016 to verify that Selenium Sulfide 2.5% Lotion was used to wash resident's hair.	**Part 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-89-14(e)(12)	**Part 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure that everytime a Resident will take medications or supplements I will initial the medication record immediately and to review everyday to avoid similar mistakes in the future.	11/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(12) Medications: 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. **FINDINGS** For Resident #1, there were no caregiver initials from April 14–30, 2016 to verify that Clindamycin PH 1% Solution was applied.	**Part 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-89-14(e)(12)	**Part 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To avoid the same mistake in the future, I will ensure to initial the medication record sheet immediately right after the medication is administered. And to review everyday to verify that everything is singed.	11/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(12) Medications: 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. **FINDINGS** For Resident #1, on March 22, 2016, Coricidin HBP Cough 1-2 tabs every 4-6 hours as needed and Chlorpheniramine-DM 4-30 mg Tab, take 4-30 mg by mouth 4 times a day as needed (for cough and congestion) were ordered; however, were not reflected on the medication records. There were no physician orders to discontinue its use.	**Part 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-89-14(e)(12)	**Part 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Care giver #1 will ensure that all medication ordered reflects on Resident #1 medications records. Care giver #1 will ensure to obtained Physicians order to start and/or discontinue all medications prescribed and keep it to the Resident #1 file to avoid similar mistake in the future. Substitute caregiver will double check at list once a week the records and the medications. Then if correction are needed then care giver #1 will make the ~~nesse~~ necessary correction.	2-14-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-18 Records and reports. (g)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Resident #1 was admitted into the hospital on March 19, 2016 and re-admitted into the DDDH on March 20, 2016. The dates of his discharge and re-admission were not reflected on the registry.	**Part 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I reflected the dates of discharged and re-admission of the Client on my general registry and update the Client's Medical Records.	11/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-89-18(g)(1)	**Part 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, in the event that the client is admitted in the Hospital, I will ensure to discharge him/her from the admission registry. Upon the client's discharge from the Hospital, I will make sure to do a re-admission process. I will ensure to do this procedure to avoid similar mistake in the future.	11/25/16

Licensee's/Administrator's Signature: Emerita Ringor

Print Name: EMERITA RINGOR

Date: 11-29-16

Licensee's/Administrator's Signature: Emerita Ringor

Print Name: EMERITA RINGOR

Date: 12/15/16

Licensee's/Administrator's Signature: Emerita Ringor

Print Name: Emerita Ringor

Date: 2-14-17