

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: March 15 & 16, 2017 Annual

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

'17 APR 10 P1:46

STATE OF HAWAII
HCH-CHCA LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Employee #1 has no current physical examination on file.</p> <p style="text-align: center;">'17 APR 10 P 1:47 STATE OF HAWAII HHS-CRCA JUDGE</p>	<p style="text-align: center;">PART 1 <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>We are unable to correct this deficiency, however, we can initiate a process to ensure we don't repeat it.</p> <p>The employee has been out per doctor's orders due to a knee injury. She will submit her physical examination prior to her return to work.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-9 (a)</p> <p>*17 APR 10 P1:47</p> <p>STATE OF HAWAII W.H-CHCA LIBERTY</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this doesn't happen again, all documentation which must be renewed (i.e., Physical Exam, CPR, First Aid, TB, licenses) is entered into our software system. 60 days prior to the renewal date, the system sends an alert to the PCG and the Quality Assurance Director. This alert is repeated daily until we enter a confirmation that we've received the renewed documentation.</p> <p>With daily alerts going to 2 different people, we are confident that we will have plenty of time to remind the employee and receive the documentation prior to expiration.</p>	<p>March 28, 2017</p>

	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 Employee #1 has no current tuberculosis screening on file.</p> <p>'17 ABR 10 P 1:47 STATE OF HAWAII WYN-ORICA LIGERICH</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Unfortunately, we had the TB screening documentation on the PCG's cell phone and forgot we had received it. The employee had texted a screenshot of the document.</p> <p>We printed it out shortly after the DOH personnel departed the premises on March 16..</p>	<p>March 16, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-9 (b)</p> <p style="text-align: center;"> APR 10 P 1:47 STATE OF HAWAII DIVISION OF LICENSING </p>	<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>To ensure this doesn't happen again, we will use a routing slip as a visual tool, alerting us that there is missing documentation.</p> <p>All employees are initially hired at the administrative office in town, and their documentation is delivered to our care home. These documents will now accompany a routing slip, indicating which documents still need to be submitted before the employee can start work.</p> <p>Any outstanding documents indicated on the routing slip must be reviewed by both the Community Director and the Primary Care Giver to ensure adequate follow-through. The Community Director is responsible for ensuring the documentation is properly filed in our binder.</p> <p>The Care Giver will not be allowed to start work until all documentation has been submitted.</p>	<p>March 17, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 was on a regular, chopped diet and on 8/26/16 was given food not consistent with the diet ordered resulting in a choking episode. Diet order was not followed.</p> <p style="text-align: center;"> '17 ABR 10 P 1:47 STATE OF HAWAII DHH-OHCA LICENSING </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>We are unable to correct what already happened. However, we can prevent it from happening in the future. See next page.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-13 (1)</p> <p>*17 ABR 10 P 1:47</p> <p>STATE OF HAWAII DHH-OHCA LICENSING</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All care staff and kitchen staff are initially trained on our Special Diets process upon hire.</p> <p>To prevent this from happening in the future, we are implementing a Special Diets 'refresher' test, to be administered 2X annually.</p> <p>The test is resident-specific, to ensure all care and kitchen staff are adequately trained on our process and can apply it accurately to our individual residents.</p> <p>The SCG (breakfast) and chefs (lunch/dinner) are responsible to confirm that the proper Special Diet is being served to the resident.</p>	<p>March 31, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> 1. Bedroom #3 pillows have no plastic covers and no resident name on them.</p> <p style="text-align: center;">*17 ABR 10 P 1:47 STATE OF HAWAII DOSH-OHCA LICENSING</p>	<p style="text-align: center;">PART 1 <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>We immediately placed the waterproof pillow protectors on the resident's pillows and labeled them.</p>	<p>March 16, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (o)(3)(B)</p> <p><u>FINDINGS</u> 1. Bedroom #3 pillows have no plastic covers and no resident name on them.</p> <p style="text-align: center;"> '17 ABR 10 P 1:47 STATE OF HAWAII DHH-OHCA LICENSING </p>	<p style="text-align: center;">PART 2 <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>All Wilson-supplied pillows had protectors on them. During the inspection, we discovered that the pillows in Bedroom #3 were brought in by family.</p> <p>To prevent future occurrence: Night-shift SCG is now responsible for double-checking that the pillows are labeled and have waterproof covers each resident's laundry day.</p> <p>They will initial the laundry card, confirming that the cover is on the pillow. Housekeeping/Maintenance is responsible to double-check that the laundry card was initialed, as a fail-safe,</p>	<p style="text-align: center;">March 22, 2017</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> 2. Bedroom #10 pillows have no plastic covers and no resident name on them.</p> <p style="text-align: center;">*17 APR 10 P 1:47 STATE OF HAWAII DHH-CHCA LICENSING</p>	<p style="text-align: center;">PART 1 <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>We immediately placed the waterproof pillow protectors on the resident's pillows and labeled them.</p>	<p>March 16, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (o)(3)(B)</p> <p><u>FINDINGS</u> 2. Bedroom #10 pillows have no plastic covers and no resident name on them.</p> <p>'17 APR 10 P 1:47 STATE OF HAWAII DHHS-CHCA LICENSING</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All Wilson-supplied pillows had protectors on them. During the inspection, we discovered that the pillows in Bedroom #10 were brought in by family.</p> <p>When family members bring personal items which we normally supply, we shall ask that the items be labeled and that we be notified of their arrival. This way, we will be able to follow our regular procedure for pillows.</p> <p>We included this request in our initial Inventory procedure. We also added a "re-check" in our annual Inventory Update procedure.</p>	

Licensee's/Administrator's Signature: *Irene S. Gasulla, PCH*

Print Name: IRENE S. GASULLA, PCH

Date: 4/6/17

04/06/17

'17 ABR 10 P1:47

STATE OF HAWAII
DHH-OHCA LICENSING