

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fajotina Care Home	CHAPTER 100.1
Address: 94-438 Hoaeae Street, Waipahu, Hawaii 96797	Inspection Date: September 1, 2016

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):  
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

**"POC NOT RECEIVED AS OF <DATE>"**

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

**"POC NOT ACCEPTABLE"**

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

**"POC NOT ACCEPTABLE"**



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><b><u>FINDINGS</u></b> Resident #1, readmitted 6/22/16, no resident signature to verify receipt of care home policies and procedures. The General Operational Policy reflect procedure for supervision which require a log for resident sign out when away from the care home and sign in upon return. As discussed during the annual inspection conducted on September 1, 2016 maintain records of your logs to ensure compliance.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #1 Signed the care home policy and procedures.</i></p> <p><i>Log records started where every resident has to sign out and sign in upon return to the facility.</i></p>	<p><i>9/2/16</i></p> <p><i>9/8/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-10(f)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I will use my admission/readmission checklist in place and have my substitute caregiver double check for me for accuracy.</p> <p>To prevent similar deficiency in the future, I have posted the log sheet at the front of the resident's folder as my reminder that they must sign out and sign in upon return to the facility.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Week #1 lunch menu reads, "Turkey, yam, spinach..." However, Resident #3 ate one (1) hot dog, roll and miso soup for lunch. No documentation available for the substitution.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>meal substitute for Resident #3 was documented at the back of the menu</i></p>	<p><i>9/2/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-13(d)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have posted a big memo in the kitchen as a reminder for myself and my substitute care givers to document meal substitution right away after each meal if there is any substitution that takes place.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e)            Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b>FINDINGS</b>            No menu posted in the kitchen where food is prepared.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Menu was posted right away in the kitchen.</i></p>	<p><i>9/2/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-13(e)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar defecing added into my daily checklist to check that menus are always placed in the kitchen.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Food stored directly on the pantry closet floor and cases of water were stacked on the floor. Place consumables six (6) inches above the ground.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>All foods and water were removed from the ground placed above the ground that is higher than 6 inches above the ground.</p>	<p>9/1/14</p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-14(a)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent similar deficiency in the future, I posted a big sign in the kitchen that all foods and water must be stored above the ground higher than 6 inches above the floor.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Refrigerator, two (2) unsecured pharmacy labeled bags for "Bisac-Evac 10 mg" suppositories.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Unsecured medications in the refrigerator were placed and secured in the medication cabinet container right away.</i></p>	<p><i>9/11/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15(b)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent similar deficiency in the future, I have added into my daily checklist to ensure that all medications are always secured in a locked container.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, PRN medications made available during January 2016 – May 2016; however, no documentation in the progress notes to reflect the need for and response to PRN medications.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>late entry entered in the progress notes for Resident #1. Progress notes included are the need for the medication and how resident responded to the medication.</i></p>	<p><i>9/2/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(b)(3)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have to double check all my chartings on my progress notes at the end of the day to ensure that there is nothing missed on all entries.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)</p> <p>Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no incident reports generated for the following:</p> <ol style="list-style-type: none"> <li>1. On 12/13/15, sister called Primary Care Giver (PCG) to report resident slipped out of wheelchair during a day outing. Fire department needed to place resident back in the wheelchair. Upon return, scratches noted on resident's lower extremities.</li> <li>2. On 05/18/16, case manager documentation indicates that on 05/11/16 resident, when out of the facility sustained skin tears to right knee (medial and lateral areas) upon hitting a sharp portion of wheel chair.</li> </ol>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Incident report completed as late entry.</i></p> <p><i>Incident report completed as late entry.</i></p>	<p><i>01/11/16</i></p> <p><i>01/11/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(c)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added "complete incident reports" on my daily checklist.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b>FINDINGS</b> Resident #4's medication administration record, dated 2014 from a thinned out record was on top of an end table in the resident living room area, unsecured.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Medication administration Record for Resident #4 was placed in a secured place.</i></p>	<p><i>9/1/16</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(f)(3)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have assigned my substitute caregiver to double check all documents around and place them in secured cabinet. I also added into my daily checklist to place all resident records in a secured cabinet.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #1 discharged from the care home for admission to a hospital on 06/17/16 and readmitted care home on 06/22/16; however, registry does not reflect discharge or admission.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Care Home registry was completed upon discovery.</i></p>	<p><i>01/1/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(h)(1)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, my substituted caregiver and myself will work together to go through the admission checklist list to do everytime there is a discharge or re-admission.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C)  Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b>  Resident #1, no specific rate for service in the agreement.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Monthly case home fees entered into the agreement.</i></p>	<p><i>9/11/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-21(a)(1)(C)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I will ask my substitute caregiver to double check all documents for accuracy.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. Resident Bathroom, door is separating and catches on the doorframe when in use.</li> <li>2. Bedroom #3, bedside table cubby contains a large quantify of dust.</li> </ol>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident bathroom door frame is already fixed.</i></p> <p><i>Bedroom #3 bedside table already cleaned</i></p>	<p><i>9/2/14</i></p> <p><i>9/2/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(h)(3)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>① To prevent similar deficiency in the future, I have to added into my monthly checklist to check all resident's doors to maintain in good condition.</p> <p>② To prevent similar deficiency in the future, I will <del>make</del> assigned my substitute care giver to double check every day that all windows including bed side table to make sure are cleaned.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Bedrooms licensed for resident use are used to store equipment as follows:</p> <ol style="list-style-type: none"> <li>1. Bedroom #1, one (1) walker folded and placed next to an easy chair.</li> <li>2. Bedroom #2, one (1) wheel chair stored in the bedroom closet.</li> </ol>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Bedroom #1 walker already removed and secured.</i></p> <p><i>Bedroom #2 Wheel chair already removed and stored in my storage room.</i></p>	<p><i>9/2/16</i></p> <p><i>9/2/16</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(o)(1)(D)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added into daily checklist that all equipments that's not belong to any of the residents will be remove from their rooms. Also, substitute caregiver will be <del>trained</del><sup>u</sup> - train.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><b>FINDINGS</b> Resident #1, no medication order signed by a physician or APRN for admission, 12/9/15 and readmission, 06/23/16.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident already admitted to my care home. I can't go back in the hospital and let doctor signed the orders.</p>	<p>9/1/16</p>

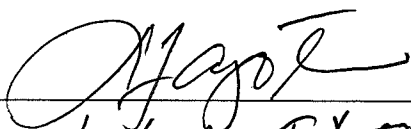
	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-84(b)(2)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar defecing in the future I will use my admission/re-admission checklist in place and I let my caregiver to double check for me if I missed anything.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (b)  The expanded ARCH shall provide an ongoing program of recreational and social activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, psycho-social well being of each resident, and shall be documented in the care plan.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no activity schedule for readmission.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident activity schedule was completed upon discovery.</i></p>	<p><i>9/11/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-87(b)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiencies in the future, I will add it into my admission checklist and I will ask my substitute caregiver to review all documents that I need to be fill-up upon admission re-admission of any resident.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #1, service plan dated 08/17/16, did not reflect orders dated, 06/24/16 for the resident's bowel program.</p>	<p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #1. I called CM to re-checked service plan dated 6/24/16 to 8/17/16.</i></p>	<p><i>9/2/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-88(c)(2)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, CM and myself will seat together to review the care plan make sure will up to date.</p>	

Licensee's/Administrator's Signature:   
Print Name: LILIA FATOTINA  
Date: 9/19/16