

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fujii Care Home at Maunawili	CHAPTER 100.1
Address: 1221 Lola Place, Kailua, Hawaii 96734	Inspection Date: September 7, 2016 Annual

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>§11-100.1-9 <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><u>FINDINGS</u> Primary care giver - No screening for symptoms consistent with pulmonary tuberculosis.</p>	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>TB risk assessment done by MD on 9/15/2016 (see attached form)</p>	<p>9/15/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-9(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>Complete TB screening form with annual physical exam. Will attach together (PE form and TB screening form) when MD visit for annual check up.</p>	9-8-2016

	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>            Medications (eye drops, inhaler) unsecured on the kitchen counter.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Medications (eye drops &amp; inhaler) secured in locked cabinet.</i></p>	<p><i>9-7-2016</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> <ol style="list-style-type: none"> <li>1. Educate and re-enforce about regulations of how to store medications after administer residents.</li> <li>2. Monitor daily x 3 (am, noon, pm) to make sure all meds in locked cabinet after use.</li> </ol>	9-10-2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - "Tolterodine 1 mg 1-2 tabs po BID" ordered 9/1/16; the medication record did not indicate if 1 or 2 tabs taken by the resident.</p>	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Record the dosage of medication on the medication sheet.</p>	<p>9-17-2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15(m)	<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. May highlighted the medications that have the range (Not exactly dosage) to remind care giver for accurate recording</p> <p>2. Clarify with MD for exact dose of medication if he/she agrees.</p>	<p>9-7-2016</p> <p>9-11-2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 - No documentation of training by the case manager to provide daily personal and specialized care.</p> <p>All SCGs - No training by the case manager for "Liquids thickened to nectar to honey consistency as needed to prevent coughing" ordered 9/1/16.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Case Manager came to educate SCG #1 about ICF resident's personal &amp; specialized care</i></p> <p><i>Case Manager came to train all SCGs for thickened liquids (nectar, honey, and preed) and all SCGs received hand-out for future reference</i></p>	<p><i>9-10-2016</i></p> <p><i>9-10-2016</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-83(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>Coordinate with Case managers for training all SCETs / substitutes in providing personal and specialized care of residents upon admission, regular period (monthly) and as needed</p>	9-7-2016

Licensee's/Administrator's Signature: Sam Fujii KA

Print Name: Sam Fujii

Date: 9-16-2016