

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hoonani Care Home	CHAPTER 100.1
Address: 65-1267B Lindsey Road, Kamuela, Hawaii 96743	Inspection Date: August 5, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u></p> <p>1) Resident #1, the following PRN medications/supplements were not listed on the January 2016 medication record as made available:</p> <ul style="list-style-type: none"> • "Milk of Magnesia" • "Enema Bottle Lubricated" • "Prune Juice" • "Dulcolax suppository" • "Acetaminophen" <p>2) Resident #1, the following PRN medications were not listed on the February 2016 medication record as made available:</p> <ul style="list-style-type: none"> • "Salonpas Patch" • "Oscillocoquinum Pellets" 	<p>1) In the future, I will write all medications ordered by the physician on the medication flowsheet, including all PRN medications, + do this on the date of the order. This includes intake orders, new orders and renewed orders. Discontinued medications will also be clearly marked, as well.</p> <p>2) In the future, I will write all medications ordered by the physician on the medication flowsheet, including all PRN medications, + do this on the date of the order. This includes</p>	
	<ul style="list-style-type: none"> • "Swine Sea Clear Toxin Tincture" • "Wobenzym N Joint Health" • "Arnica Montana 30x" 	<p>intake orders, new orders and renewed orders. Discontinued orders will also be clearly documented.</p>	<p>Revised Plan (8-17-16)</p> <p>8-5-16</p>

<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>FINDINGS Resident #1, no response to diet or medications documented in January – July 2016 monthly progress notes.</p>	<p>In the future, I will completely fill in all the areas of monthly progress notes, including the percentage of food eaten on a regular basis, how well the resident tolerates their medications and the effectiveness of prescribed treatments. I will write N/A in areas not relevant to the resident that month.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1) Resident #1, physician order dated April 19, 2016 read, "Cold Compress on swollen spine, with barrier, 20 min on 20 min off as needed for pain and swelling." However, physician instructions were not documented on April medication or treatment record as available. 2) Resident #1, physician order dated April 19, 2016 read, "TENS unit PRN to the back for relief of pain." However, order was not transcribed on to the medication or treatment record as available until April 27, 2016. 	<p>1) In the future, I will document all physician orders as soon as they are received, whether the resident utilizes the medication or treatment, or if they do not need them, the flowsheet will be updated.</p> <p>2) In the future, I will update medication records as soon as the resident arrives home from their appointment, or receives a phone order, and will be the person to write the correct date on their flowsheet, matching the order.</p>	<p>(Revised Plan) 8-17-16</p> <p>8-5-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1, no signed financial statement.</p>	<p>During the 8-5-16 inspection it was brought to my attention that I had overlooked Resident #1's financial statement. I reviewed it with her and we both signed the statement, as she has the capacity to do so. In the future, I will reference my intake check list more carefully + ensure that all forms are completed by double-checking a second time.</p>	<p>8-5-16</p>

Licensee's/Administrator's Signature:

K. J.

Print Name:

Karyn Clay

Date:

8-5-16

Licensee's/Administrator's Signature:

K. J.

Print Name:

Karyn Clay

Date:

8-17-16
