

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Legacy of Friendship Adult Residential Care Home	CHAPTER 100.1
Address: 7246 Anakua Street, Honolulu, Hawaii 96825	Inspection Date: October 4, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver - There was one (1) hour of continuing education. Submit copy of five (5) hours with the plan of correction (POC) which will be credited to the 2016 annual inspection.</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;"><u>USE THIS SPACE TO TELL US HOW YOU</u></p> <p>Yes, since the inspection, the PCG completed the 5 hours of CEU's. (Attached is the copy of the CEU's).</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-8(a)(10)	<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> <hr/> <p>To prevent this from reoccurring:</p> <ol style="list-style-type: none"> 1) All caregivers will be instructed to complete 6 hours of CEU's per year in a timely manner. 2) The facility will make a checklist for all new hire caregivers that must be strictly followed. 3) The checklist will be reviewed by the PCG on a monthly basis or as needed. Caregivers with incomplete requirements will be reminded. Those who are not compliant will be suspended until the required documents are submitted. 	

	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 Substitute care giver (SCG) #1 - No screening for symptoms consistent with pulmonary tuberculosis (TB). Submit copy with the POC.</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> <hr/> <p>Yes, since the inspection, SCG #1 provided a copy of their TB screening. (Attached is the copy).</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(b)	<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 prevent this from recurring:</p> <ol style="list-style-type: none"> 1) A checklist of requirements for new hire caregivers has been made. See attached checklist. 2) All requirements must be fulfilled prior to employment. 	

	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> SCG #2 & #3 - No documentation of initial TB clearance. Submit copy for each with the POC.</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> <div style="border: 1px solid black; padding: 10px;"> <p>Yes, since the inspection, SCG #2 and #3 provided a copy of their TB clearance. (Attached are the copies of their initial TB clearance).</p> </div>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(b)	<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> <hr/> <p>To prevent this from reoccurring:</p> <ol style="list-style-type: none"> 1) The facility will make a checklist of the required documents of the caregivers. The checklist must be reviewed by the PCG on a monthly basis. All caregivers who have incomplete requirements will be reminded to submit it 2 weeks prior to the expiration date. 2) Staff members who have expired documents will be suspended until the required documents are submitted. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, SCG #3 & SCG #4 - No documentation of training by the PCG to make medications available to residents. Submit copy for each with the POC.</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> <hr/> <p>Yes, since the inspection, SCG #1, SCG #2, SCG #3, and SCG #4 were retrained by the PCG in medication administration. A delegation tasks for oral and topical administration were reviewed by all caregivers and were able to demonstrate the tasks correctly.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(e)(4)	<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 prevent this from reoccurring:</p> <ol style="list-style-type: none"> 1) The PCG will upon hiring caregivers give an intensive training to them. They must be able to demonstrate the tasks correctly. 2) The PCG will have a training checklist that will be reviewed monthly or as needed to ensure completeness. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of SCG training for 1500 cc fluid restriction.</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> <hr/> <p>Yes, since the inspection, the facility provided proper education and training on how to properly document and monitor fluid restriction to all caregivers. The facility implemented a fluid restriction record chart for resident #1. (Attached is the copy).</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-9(f)(3)</p> <p><u>FINDINGS</u> Resident #1 - No documentation of SCG training for 1500 cc fluid restriction.</p>	<p>Part 2</p> <p><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 prevent this from recurring obtain admission orders ahead of time if possible. check for special diet, treatments or training needs. PEG will train SCS, training will be documented and filed in services binder.</p>	<p>17 JAN 32 09:46</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> "Triple antibiotic with pain relief" ointment found in the first aid kit.</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> <hr/> <p>Yes, since the inspection, the Triple antibiotic was removed from the First Aid Kit.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-12(b)	<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> <hr/> <p>To prevent this from reoccurring:</p> <ol style="list-style-type: none"> 1) Each month the facility will assign a designated caregiver to check and monitor the First Aid Kit. 2) A log sheet will be initialed and dated by the designated caregiver who did the checking of the First Aid Kit. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 - The admission physician order for "calcium 600 mg + Vitamin D3 200 unit," "multivitamin," and "stool softener" did not include the strength and frequency.</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> <hr/> <p>Yes, since the inspection, all orders were reviewed for resident #1 and all the physician's orders were accurate.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-17(a)(6)	<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 prevent this from reoccurring:</p> <ol style="list-style-type: none"> 1) The facility will make sure that the admission checklist will be used consistently. 2) Upon admission, the PCG will review the medications that the resident is currently taking that are from the discharging facility and make sure that the orders are correct. If the orders are incorrect, the Primary Care Physician must be notified immediately. The correct orders must be obtained within 24 hours of the admission. 	

	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><u>FINDINGS</u> Resident #1 - Monthly progress notes did not consistently reflect resident's tolerance to fluid restriction.</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> <hr/> <p>Yes, since the inspection, the facility conducted a meeting for all caregivers to discuss the importance of proper documentation in the progress notes regarding resident #1's tolerance to fluid restriction. Since then, proper documentations are being made.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #1 - Monthly progress notes did not consistently reflect resident's tolerance to fluid restriction.</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 prevent this from recurring:</p> <ol style="list-style-type: none"> 1) The facility conducted an inservice regarding charting of monthly progress notes. A continued education will be implemented. 2) An emphasis will be made in the monthly inservice of the importance of including the resident's tolerance to fluid restriction as ordered by the physician. 3) The monthly inservice with SCGs will be held to review the resident's tolerance to fluid restriction and to make sure that the SCGs are charting the monthly progress notes correctly. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #1 - Monthly progress notes did not consistently reflect resident's tolerance to fluid restriction.</p>	<p>Part 2</p> <p><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>The PLC will review SLB charting on a monthly basis to ensure progress notes include tolerance of fluid restriction, treatment changes in condition, tolerance to medication and special diets.</p>	<p>17 JUN 22 09:46</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) 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><u>FINDINGS</u> Resident #1 - Incident report was filed in the resident record.</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> <hr/> <p>Yes, since the inspection the incident report was immediately removed from the resident's binder and filed in a separate binder.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(c)</p> <p><u>FINDINGS</u> Resident #1 - Incident report was filed in the resident record.</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 prevent this from recurring:</p> <ol style="list-style-type: none"> 1) An incident report binder was made. 2) A designated caregiver checks each resident binder to make sure that there are no incident reports mistakenly filed in it. 3) An inservice was held to address the issue regarding filing incident reports in the appropriate binder. An inservice will be held monthly. A reminder was written in the communication book for everyone to read. 	

	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><u>FINDINGS</u> General register reflected three (3) resident admissions; however, there were four (4) residents admitted to the ARCH.</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> <hr/> <p>Yes, since the inspection, the admission of resident #4 was added to the general register.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(h)(1) <u>FINDINGS</u> General register reflected three (3) resident admissions; however, there were four (4) residents admitted to the ARCH.	<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 prevent this from recurring:</p> <ol style="list-style-type: none"> 1) Upon admission, the resident register log must be immediately updated. 2) The resident register will be reviewed for accuracy monthly or as needed by the PCG or an assigned SCG. Attached is a copy of the Resident Register 	
		<p>To prevent this from reoccurring: The facility will make sure to use the admission/readmission checklist consistently.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - Inventory of possessions did not include resident's walker, wheelchair.</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>Yes, since the inspection, the valuables inventory list of resident #1 was updated to include a wheelchair and a walker. Attached is a copy.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-19(d)</p> <p><u>FINDINGS</u> Resident #1 - Inventory of possessions did not include resident's walker, wheelchair.</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 prevent this from recurring:</p> <ol style="list-style-type: none"> 1) Upon admission the resident's belongings will be listed in the inventory log sheet immediately and must be updated monthly or as needed. 2) The facility held a staff meeting to educate the caregivers about updating the resident inventory log sheet. 3) The PCG will train the SCGs to double check the resident belongings list monthly. 	

	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> Pillows for four (4) of five (5) resident beds did not have pliable plastic pillow protectors.</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> <hr/> <p>Yes, since the inspection, the facility donated the pillows to the residents. The pillows were labeled with their names.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-23(o)(3)(B)</p> <p><u>FINDINGS</u> Pillows for four (4) of five (5) resident beds did not have pliable plastic pillow protectors.</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 prevent this from recurring:</p> <ol style="list-style-type: none"> 1) The Staff received an in service regarding the importance of prevention of fluid contamination from body fluids and sweats and therefore it's mandatory to use pliable plastic pillow protectors for each resident. 2) In the event the resident refuses to have a plastic cover placed on their pillow the facility will donate the pillow to them and will put their name on it. 3) Pliable plastic pillow protectors were purchased and available for residents. 4) During daily room cleaning, the staff will double check pillows to verify the resident's name or presence of a pillow protector. 	

Licensee's/Administrator's Signature: R. Jose

Print Name: Ruby Jose RN

Date: 10/11/2016

Licensee's/Administrator's Signature: Ruby Jose

Print Name: Ruby Jose

Date: 12/8/2016

Licensee's/Administrator's Signature: Ruby Jose

Print Name: Ruby Jose

Date: 2.1.17