

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Okano Care Home	CHAPTER 100.1
Address: 16-1397 35 th Avenue, Keaau, Hawaii 96749	Inspection Date: November 18, 2016 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, physician order signed August 3, 2016 read, "May use Triamcinolone cream (TAC) 0.1% for affected areas BID PRN." However, August 2016 medication record reflected topical cream was administered beginning August 2, 2016.</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 style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (e)	<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>From here forward I will be ^{sure} I have the physician's phone order or written order in hand and have documented the order before starting medication. I will trust my instincts and fall back on my nursing training and experience. If instructed otherwise, I will consult the physician for clarification.</p>	11/29/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (m)	<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>Any orders that are received, which indicate multiple dosing options, are now listed separately and are signed off as given. This will be the standard when multiple dosing options are ordered.</p>	12/1/14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(3)	<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>I have implemented a new procedure when electronically documenting. Once my documentation is complete, I am immediately saving it to the indicated file, then printing the document and placing it in the designated chart. This will ensure the printing cue worked and the document was placed in the chart.</p>	11/29/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1, no monthly care plan updates for December 2015, February – June 2016 and August – November 2016.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> YES USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I met with the case manager referencing the deficiency. As we regularly review the care plan during the monthly home visits, this primary care giver knew the care plan was being updated and documented as such, however could not locate the referencing document during the survey. I requested the case manager reacquaint this primary care giver with the forms utilized and with where the updated care plan documentation is filed in the resident's chart.</p>	<p>12/14/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(3)	<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> <i>I will make it a point to be diligent in being familiar with the forms utilized and with where the forms are filed in the resident's charts so that if/when necessary, I will know where to locate the requested information.</i> </p>	<p style="text-align: right;">12/14/16</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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, skin integrity care plan did not list the following physician orders:</p> <ul style="list-style-type: none"> • "May use Triamcinolone cream (TAC) 0.1% for affected areas BID PRN." • "May use sween cream topical to dry areas BID <u>PRN</u> instead of scheduled daily BID." 	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> YES <u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p>This primary care giver met with the case manager and informed her of the surveyor's findings. We reviewed the deficiencies in the care plan and made the appropriate corrections as indicated by the physician's orders.</p>	<p>12/14/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(4)	<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>In discussing the deficiencies with the case manager, we formulated a plan so that we do not repeat these deficiencies. After receiving any new orders and during subsequent monthly home visits by the case manager and while reviewing the care plan, we will ensure the orders and any changes to plan of care are indicated in care plan.</p>	12/14/14

Licensee's/Administrator's Signature: Stacey Okano

Print Name: Stacey Okano

Date: 12/27/14