

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ruth's House, L.L.C.	CHAPTER 100.1
Address: 73-4318 Keo Keo Street, Kailua-Kona, Hawaii 96740	Inspection Date: March 31, 2016 Annual

	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> (a)(2) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for transfer or placement of a resident at an emergency shelter or crisis response unit, as appropriate;</p> <p><u>FINDINGS</u> No written emergency procedures.</p>	<p>1. Written emergency procedures, which are included in this POC, have been discussed by PCG in an inservice on 4/8/16 at 3:00pm-4:30pm. All CG's were in attendance. Inservice document is provided in this POC.</p> <p>2. Written emergency procedures have been posted next to staff 1st aid kit that is located in the laundry room above sink.</p>	4/8/16
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family</p>	<p>1. A form has been created by PCG to document menu substitution as they occur on a daily basis.</p> <p>2. The forms will be attached to the posted menu located on the side of the refrigerator in the main kitchen area. The completed forms will be placed in a binder monthly and stored with residents charts. Menu substitution form is provided in this POC.</p>	4/6/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS No documented menu substitutions. Current lunch menu read, "shrimp veg. wrap." However, egg salad sandwich was served.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) - Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Cleaning supplies ("Windex" & "Scrubbing Bubbles") and aerosol air freshener ("Febreze") unsecured in bathroom cabinet.</p>	<p>1. Locks were purchased by PCG for overhead cabinets in master bath. All cleaning supplies and aerosols are contained in secured/locked cabinets. 2. A notice has been posted on locked cabinets in master bathroom to advise CG's that all cleaning supplies and aerosols must be stored in secured/locked cabinets at all times. Instruction to all CG's to initial, print name and date. Copy has been provided in this POC.</p>	<p>4/2/16</p>
<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>FINDINGS</p> <ol style="list-style-type: none"> 1) Resident #1, March 2016 medication record read, "Sertraline HCL 25 mg tab take ½ tab po Q am, If no response in 2 wks increase 1 tab Q am." However, no physician order. 2) Resident #1, physician order dated March 6, 2016 read, "Furosemide 20 mg 1 po daily." However, prescription bottle label and March 2016 medication record read, "Furosemide 40 mg tablet, take 1 tablet by mouth every morning." 	<p><i>See Attached</i></p>	<p><i>3/31/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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</p>	<p>1. Resident #1, PCG updated medication list on emergency information sheet 2. PCG will follow admission/readmission check list carefully to ensure all requirements have been met and all documentation is in place prior to admission/readmission. Copy included in this POC.</p>	<p><i>4/2/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS Resident #1, medication listed on resident emergency information sheet not updated.</p>	<p><i>See Attached</i></p>	<p><i>4/2/16</i></p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS Food stored on storeroom floor.</p>	<p>1. All non-refrigerated food must be stored on dry shelves or in closed cabinets only. Absolutely no food shall be stored on the floor area.</p> <p>2. A notice has been posted by PCG on dry shelf area to advise CG's of the above. Instruction to CG's to initial, print name & date. Copy included in this POC.</p>	<p>4/2/2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the</p>	<p>1. Resident #1, A pneumococcal vaccine was administered 4/8/2016. Copy of documentation is included in this POC.</p> <p>2. PCG will follow admission/readmission carefully to ensure all requirements have been met prior to admission/readmission and all documentation is in place.</p>	<p>4/8/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	Advisory Committee of Immunization Practices (ACIP); <u>FINDINGS</u> Resident #1, no history of pneumococcal vaccination.		
<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><u>FINDINGS</u> Resident #1, the following care plans did not list prescribed medications:</p> <ul style="list-style-type: none"> • "At risk for UTI r/t aging process, poor nutritional 	<p>1. An updated care plan with current prescribed medications was provided by Case Mgt. RN. Copy of the updated care plan is provided in this POC. 2. PCG and Case Mgt. RN will review the care plan together at each monthly home visit.</p>	<p>4/11/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	intake and bladder incontinence at night" • "At risk for GI bleed due to possible aspirin use"		

Licensee/Administrator's Signature: Leigha Huber
 Print Name: LEIGHA HUBER
 Date: April 20, 2016

Licensee's/Administrator's Signature: Leigha Huber
 Print Name: LEIGHA HUBER
 Date: 5/16/16

1. 11-100.1-15(e), #1 To prevent a similar deficiency from recurring:

When inconsistencies occur on medication labels when compared to physician's orders, CHO will immediately contact MD/APRN requesting that they contact the pharmacy to change the medication labels on the med container to match physician's orders as written by MD/APRN to avoid any future errors.

2. When new orders or changes in medication are ordered for a resident over the telephone by the MD/APRN it will be documented in the MAR and T.O. (telephone order) will be noted in the margin on medication sheet. The medication sheet with the new order will be signed by the MD/APRN within 3 months. T.O. has been added to the medication sheet legend and carefully checked off on the legend when documentation of a new or medication change is entered on the med sheet. SCG #1 will review MAR with PCG at the end of each month when new med sheets are printed out for the following month, comparing MAR with physicians order and with the label on med containers to avoid errors. MD/APRN signature date required for T.O. will be entered in tickler file and checked by PCG and SCG#1 at the first of every month for a subsequent 3 months from the order date entered in the MAR will prevent future errors.

11-100.1-17(a)(3) To prevent a similar deficiency from recurring PCG & CM will review the emergency form at each monthly home visit for updates to avoid future errors.

LEIGHA HUBER
Leigha Huber
May 16, 2016