

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Hawaii Carehome LLC	CHAPTER 100.1
Address: 94-559 Apii Place, Waipahu, Hawaii 96797	Inspection Date: January 8, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute care giver (SCG) #2 - No current physical examination. Submit a copy with the plan of correction (POC).</p>	<p>This deficiency was corrected by me giving back the PE form to (SCG) #2 to take to her doctor to make adjustments.</p> <p>To prevent this deficiency from recurring I will start a spread sheet for all SCG's that will include: in services, TB records, CPR, First aid and P.E. I will give 2 month notice to the (SCG) prior to expiration date. I will also look over all documents to make sure the forms are complete.</p>	4/6/2016
<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</p>	<p>Before each SCG starts working in the home I will train and document on the care giver's Training log. All SCG will be trained on how to make prescribed medication to the resident and to properly document this action in progress notes and med profile.</p>	4/6/2016

	<p>action.</p> <p>FINDINGS SCG #1 & SCG #2 – No documentation of SCG training to make medications available to residents. Submit a copy with the POC.</p>	<p>This deficiency was corrected by me training (SCG #1) (SCG) #2 and keeping documentation of training on the SCG training logs</p>	<p>4/6/2016</p>
<p><input checked="" type="checkbox"/></p>	<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 Laundry detergent stored in an unlocked cabinet.</p>	<p>This deficiency was corrected by me removing the Laundry detergent and locked it up apart from food supplies. In the future I will check on a regular bases to make sure that all toxic-chemicals and all other poisons are locked up apart from food supplies</p>	<p>4/6/2016</p>
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS The key was in the door locking device and the door was open to the room containing resident medications.</p>	<p>To prevent this deficiency in the future, I will keep the door to the Resident charts and meds locked up and I will keep the key in my pocket.</p>	<p>2/26/16</p>
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS Resident #1 – Vita-B1, venlafaxine, Lisinopril and buprenorphine naloxan were not initialed as given on 12/30/15 and 12/31/15.</p>	<p>What I would do to prevent a similar deficiency from recurring is to initiate as soon as meds are given. I will check and double check the med profile to make sure I have initialed it at the time the medication is given.</p>	<p>4/6/2016</p>

<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>FINDINGS Resident #1 – No admission (10/20/15) medication, diet and treatment orders until 10/28/15.</p>	<p>what I will do to prevent a similar deficiency I will check all paperwork to make sure that all paperwork is complete and in order before admission.</p> <p>The steps I will take is: I will use the admission check-off list I received from DOH.</p>	<p>9/6/2016</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 – Progress notes did not reflect skin condition for which ketoconazole is ordered twice a day.</p>	<p>TO prevent this deficiency in the future I will I will put all finding of resident in progress note as stated in 11-100.1-17.</p>	<p>2/26/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the</p>		

	<p>resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS The key was in the door locking device and the door was open to the room containing resident records.</p>	<p><i>IN the future to prevent this deficiency, I will keep door locked in the room containing the records Resident records. I will keep the key in my pocket.</i></p>	<p><i>2/26/16</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 – No self-preservation certification at the time of admission (10/20/15); documentation dated 10/28/15.</p>	<p><i>What I would do to prevent similar deficiency, I will check to make sure they have a self-preservation certification upon admission dated and sign by doctor or APRN.</i></p> <p><i>The steps I would take would be to use the Admission Check list that was given to me by DAH.</i></p>	<p><i>4/6/2016</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the</p>		

	<p>fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS Fire drill record did not identify residents participating in the drills.</p>	<p><i>In the future to prevent this deficiency I will identify residents participating in the fire drill, which will be held monthly.</i></p>	<p><i>2/26/16</i></p>
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS Semi-private Bedroom #1:</p> <ul style="list-style-type: none"> • For one bed, one (1) of two (2) pillows did not have a pliable plastic pillow protector. • For the second bed, three (3) of four (4) pillows did not have pliable plastic pillow protectors. <p>Semi-private Bedroom #2: One (1) bed did not have pliable plastic pillow protector.</p>	<p><i>In the future to prevent this deficiency I will check and make sure that all pillows have pliable plastic pillow protector, unless the resident bring his or her own. OR if I give it to the resident I will put the name of the resident on the pillow and add to resident belonging list.</i></p>	<p><i>2/26/16</i></p>
		<p><i>I corrected this deficiency by putting pliable plastic protectors on the pillows that were mentioned in the deficiencies.</i></p>	<p><i>4/6/2016</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an</p>	<p><i>I corrected this deficiency by buying a new ^{le} signaling device and testing it.</i></p>	<p><i>4/6/2016</i></p>

	electronic signaling system. FINDINGS Semi-private Bedroom #2: one (1) bedside signaling device did not operate consistently.	In the future to prevent this deficiency I will check bedside signaling device weekly and upon Res. Lent Admissions.	2/26/16
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Licensee's/Administrator's Signature: Lawrence Evans
 Print Name: LAWRENCE EVANS
 Date: 2/26/2016

Licensee's/Administrator's Signature: Lawrence Evans
 Print Name: LAWRENCE EVANS
 Date: 4/6/2016