Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vicky's	**CHAPTER 100.1**
Address: **99-1002-D Puumakani Street, Aiea, Hawaii 96701**	**Inspection Date: August 4, 2016 Annual**

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Primary care giver (PCG), and Substitute care givers (SCG) #1, #2, #3, #4 tuberculosis test (TB) form, name deleted with white out and photocopied by PCG. The names of the care givers were written in on form by the PCG. No original TB forms for any of the care givers available for inspection. **Submit original TB forms for all care givers with your plan of correction (POC).**	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I went and got a copy from the doctor's office with a new signature from the doctor to prove that TB was given. Original is enclosed for you to view. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I now have a folder strictly for stacking up various blank forms (some) required by the dept. all white out copies are discarded.	11/7/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Primary care giver (PCG), and Substitute care givers (SCG) #1, #2, #3, #4 tuberculosis test (TB) form, name deleted with white out and photocopied by PCG. The names of the care givers were written in on form by the PCG. No original TB forms for any of the care givers available for inspection. **Submit original TB forms for all care givers with your plan of correction (POC).**	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** My name was poorly written and my last name was misspelled so I used white out to redo it. I did not use white out to delete any of the names of the SCG #1, #2, #3, #4 as the visiting nurse indicated. When the visiting nurse asked if I had used white out I said yes but I was not able to tell him that I only did it on my own TB form. I went back to the doctor's office and had the forms signed again. I have enclosed the TB forms with an original signature from the doctor and it is dated of when he resigned them. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I believe that this was just a misunderstanding. I was very uptight during the inspection because I admit I was very disorganized and not ready due to a medical condition I was dealing with. Given a chance I will be more assertive and ask questions if in doubt.	9/13/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 medication administration records (MAR) for September 2015 thru December 2015, February 2016 thru May 2016 and July 2016 thru August 2016 not signed for medication given or held.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** In preparing for the inspection, I was going through all the charts and I took them out of the binders to review. I thought I had replaced them. Unfortunately, I did not. After the inspection, I went over my files and found them. All medications were given and signed. I put all forms back into Resident #1 Charts. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will assign SCG#2 to be in charge for all MARS. SCG#2 will check if there are discrepancies or mistakes on charting. Focus will be on the 5 Rs in giving medicine. To be sure that MARS stay in the respective charts and will not be taken out.	9/12/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 TB form copied and resident name written in by PCG. No original TB test results available for inspection. **Submit copy of original TB results with your POC.**	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I went and got a copy from the doctor's office with a new signature from the doctor to prove that TB was given. Original is enclosed for you to view. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I now have a folder strictly used for staffing via forms required by the Dept. Forms must be blank. See white out forms has been discarded. SCG are being trained to do the correct method of correcting errors ie. Drying sentence by crossing it out. and putting the initial & date.	11/30/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 no progress notes or monthly summaries from July 2015 thru present for review.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** Progress notes have been done and are placed in Resident chart #1. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Progress notes will be done on a monthly basis. PCG #1 and PCG #2 will check charts to ensure that records are complete and properly filled.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** No record of monthly weight checks for any residents.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I have 2 Vicky's Care Folders because the other folder one is getting too full. I believed I missed taking the wt. recordings from the older folder. Records of wt. taken every mnth for all residents has been transferred to the new folder. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Enlarged red letters that reads "Vicky's New Care Home Folder" is pasted on the front cover of the folder. SCG #1 & 2 are assigned to be responsible in taking resident's wt. & charting them on a monthly basis. They are also responsible in checking the folder making the folder available upon request by the Visiting Nurse	11/9/2016 11/9/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #2 no record or medication available for review upon request.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** Resident #2 is in the process of being admitted to the care home. Resident #2 had an appointment with his PCP at VA on Thursday, August 4. SCG#3 took Resident #2 chart and all medicine with him as it is customary to do so on scheduled appointments. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will not make any appointments for any residents on inspections days. Unless it is necessary for Resident.	9/12/2016

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☒	§11-100.1-17 Records and reports. (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 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. **FINDINGS** 1. White out used on PE forms and TB forms to change names and copy forms.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** I went and got a copy from the doctor's office with a new signature from the doctor to prove that PE & TB was given. Original is enclosed for you to view.	
		FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I now have a folder for strictly use for ~~clean~~ forms for various clean blanker tests required by the Dept. SCB #2 will help me to check that said forms are always available to eliminate the need to white out forms. All white out forms has been discarded out of the house. All care givers will be instructed not to use white out forms!	11/7/2016

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☒	§11-100.1-17 (g) **FINDINGS** 2. Residents' records released to a friend for assistance with computerizing the record without consent of resident and or their families and guardians. But my computer was not working so I took them back and I honestly must have misplaced them	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** No records were released to a friend. Only PCG and PCG #1, #2, #3, #4 will be allowed to organize records and assisting with computer There were no records released to a friend. Records were never taken out from the house. Friend was supposed to type some correction **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Only PCG and PCG #1, #2, #3, #4 will be allowed to organize records and assisting with computer. If outside help is needed, PCG will obtain consent of resident and/or their families and guardians.	11/7/2016 11/7/2016

Licensee's/Administrator's Signature: Victoria Q. Eischen

Print Name: VICTORIA Q. EISCHEN

Date: 10/18/2016

Licensee's/Administrator's Signature: Victoria Eischen

Print Name: VICTORIA EISCHEN

Date: 11/20/2016

Licensee's/Administrator's Signature: Victoria Q Eischen

Print Name: VICTORIA Q. EISCHEN

Date: 9/19/2016