

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yamashiro Care Home L.L.C.	CHAPTER 100.1
Address: 45-386 Kamehameha Highway, Kaneohe, Hawaii 96744	Inspection Date: September 2, 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>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident#1 ordered Seroquel 100 mg QHS, and PRN at 1:00 a.m., June 2016 medication administration record does not reflect the medication was made available for the entire month.</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>The reason I got the deficiency is because I missed ^{misplaced} the original forms initial on medication administration record, but the Seroquel 100mg QHS & PRN @ 1 AM was given every night, because the resident will be grouchy all day & all night without this medicines.</p> <p>The original forms is found now and its in resident binder & will not be remove.</p>	<p style="text-align: center;">10/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (f)	<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 the future and my daily documentations, I will check the administration record for medicines to see if the initial has been initial on each time the medications avail available or given to the resident. I will file checked documents in resident binder. Check the documents 3 months before my annual inspections. </p>	10/20/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> 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.</p> <p><u>FINDINGS</u> Substitute Care Giver #6 annual physical exam dated 11/5/16, date of annual inspection 9/2/16.</p> <p>Substitute Care Giver #7 annual physical exam dated 12/20/16, date of annual inspection 9/2/16.</p> <p>Substitute Care Giver #8 annual physical exam dated 10/1/16, date of annual inspection 9/2/16.</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>Substitute Care Giver #6 PE 11/5/16 was not dated in military date. Military date is always start with date/month/year. I forgot to mention this during my annual inspection that she went to see a military doctor/facility. The PE is corrected the date & filed.</p> <p>Substitute Care Giver #7 is no longer with us employed so therefore I could not ask for the original record, and I called #7 SCG to see if she can correct the date by taking the PE form to her PCP. The PE is corrected, the date & its on file.</p> <p>Substitute Care Giver #8 went to see Urgent Care on 1/10/16. She also said that she thought it was a military dated since the examiner is military active working as a nurse in Urgent Care. The PE is corrected the date & its in the binder now. However</p> <p>4 SCG #8 is no longer employed to us due to military obligations in California.</p>	<p>10/20/16 POC</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (g)	<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>The reason I got the deficiency is because I did not double check to see if military date is acceptable.</p> <p>In the future I will check the documentation for validity before I accept them. I will file the valid documents in the care home binder and will not remove it. Check the document 3 months before my annual inspections. If a documents does not appear valid I will request for valid document within a week. Employment will be on hold/suspended if such document will not be replace or corrected the valid date.</p>	<p style="text-align: center;">corrected 9/7/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No smoke detector log for 8/16.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Fire drill/smoke detector was done 8/31/16 I forgot to log it. Smoke detector log is updated upon testing done. 9/3/16.</i></p>	<p align="right"><i>9/3/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (g)(3)(G)	<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> Upon smoke detector ^{testing} is done will log in the time & date. I will file & check documents in the care home binder. Check the reminder log ^{daily} at the end of my shift everyday if I have forgotten anything to check or log in. Check the documents 3 month before my annual inspections </p>	<p style="text-align: center;">9/3/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS Resident #1 bedroom door does not completely close when tested.</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>Bedroom door #1 is fixed 9/3/16. The door of resident will permanently check by lead caregiver of the day to see if the door is uncomplete to close & will report to PCG so that maintenance can come to correct the problem. The door #1 spring is also need lubricant from time to time to avoid getting rusty.</p>	<p style="text-align: center;">9/3/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-86 (a)(2)	<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 the future: Door #1 spring need oil. Door #1 ^{spring} will have a lubricant oil permanently to avoid getting stuck or rusty due to weather conditions. PCCs need to play it open/close daily to avoid getting difficulty or to loosen, so that door will close completely when tested to everyday testing and emergency. Door #1 will be permanently completely close during everyday, emergency testing. I will check the door every time I hold/see it everyday.</p>	9/3/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No fire drill documentation for 8/16.</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>Fire drill was done very end of each month 8/31/16 I forgot to log in due to emergency & I forgot to remind the SCCA. Fire drill again was held on 9/3/16. Updated the log in documents for fire drill & smoke detector.</p>	<p>9/3/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-86 (a)(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 will log in upon fire/drill done & Smoke detector testing Check my monthly reminder calendar & my daily reminder at the end of the day to see if I forgot to check, done or log in. anything needed to be done I will file/check the documents in the care home binder Check the document 3 months before my annual inspections. I will check the documents/binder upon I remembered. v/ </p>	9/3/16

Licensee's/Administrator's Signature: ~~Signature~~
Print Name: Vivian C. Yamashiro
Date: 10/22/16