

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yoon's care home	CHAPTER 100.1
Address: 1754 Komo Mai Drive, Pearl City, Hawaii 96782	Inspection Date: May 17, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b>FINDINGS</b> Refrigerator (kitchen) temperature was 48° F.</p>	<p>I made temperature check sheet to check temperature every day so will check temp every morning</p>	<p>5/19/16</p>
		<p>I will check temperature every morning and if not <del>aguate</del> correct, will call maintenance,</p>	<p>6/25/16</p>

	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 - "Dexamethasone 2 mg BID" ordered 3/14/16; the March 2016 medication record reflected "dexamethasone 2 mg" taken "BID x 5 days and QD x 5 days."</p> <p>H&amp;P order ↓ discharge order.</p> <p>then client was admitted on supportive hospice on 3/15/16 ← so I reviewed the order with hospice MD about dexamethasone order, and hospice MD order 2mg bid x 5 days then Qd 5 days.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>Actually the order was not match from physician H&amp;P with discharge order sheet. on 3/14/16. <del>following day on 3/15/16</del> I know Dexamethasone should be tapering down. and client came late afternoon on 3/14 so I just followed order in discharge ordersheet instead. physician H&amp;P on 3/14/16 then client</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>If client will be admitted hospital and back to my care home, I will more be careful check physician, H&amp;P order and discharge order instruction so if not match together I will try to correct the order before discharge from hospital.</p>	<p>5/19/16</p>



§11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

FINDINGS

Resident #1 – “Dexamethasone 2 mg BID” ordered 3/14/16; the March 2016 medication record reflected “dexamethasone 2 mg” taken “BID x 5 days and QD x 5 days.”

I will go to hospital and will check discharge order and Doctor's order. <sup>instruction</sup> before discharge.

5/19/16

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b>FINDINGS</b> <i>physician H&amp;P order</i>  Resident #1 - "Jevity 330 ml + water 100 ml 4 times a day. Pureed diet" was ordered on 3/14/16; however, the March 2016 medication record reflected "240 ml four time a day" and "water flush 90 ml before and after feeding." No signed physician order for "Jevity 240 ml" provided.</p> <p>The "pureed diet" was not clarified as it is a non-standard diet order. Primary care giver stated that "pureed" foods given were "pleasure foods." For example, ice cream.</p> <p><i>discharge order instruction</i>  I discussed that order with hospice MD then hospice MD order which 240ml four times aday not 330ml.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>Something</i> The order was not match in physician H&amp;P and discharge order instruction. on 3/14/16 client came back from hospital late afternoon so I couldn't figure it out same day so I just followed discharge order instruction then following day on 3/15/16, client was admitted to supportive hospice program</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>If client will be admitted hospital and back to my care home, I will more be careful check physician H&amp;P order and discharge order instruction so if not match together, I will try to correct the order before discharge from hospital.</p>	<p>5/19/16</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</p>		
	<p>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><b><u>FINDINGS</u></b>          Resident #1 – “Jevity 330 ml + water 100 ml 4 times a day. Pureed diet” was ordered on 3/14/16; however, the March 2016 medication record reflected “240 ml four time a day” and “water flush 90 ml before and after feeding.” No signed physician order for “Jevity 240 ml” provided.</p> <p>The “pureed diet” was not clarified as it is a non-standard diet order. Primary care giver stated that “pureed” foods given were “pleasure foods.” For example, ice cream.</p>	<p>I will go to hospital and will check discharge instruction and doctor's order, to be matched before client discharge hospital.</p>	<p>5/19/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – No documentation of substitute care giver training for the following:</p> <ol style="list-style-type: none"> <li>1. Crushing medications to be given through the gastrostomy tube – Substitute care giver (SCG) #1, SCG #2 &amp; SCG #3</li> <li>2. Aspiration precautions – SCG #1, SCG #2 &amp; SCG #3</li> <li>3. Gastrostomy tube dressing changes – SCG #2 &amp; SCG #3</li> <li>4. Gastrostomy tube feedings – SCG #3</li> </ol>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> I <del>was</del> trained SCG about aspiration precaution which crushing med to be given by G tube, G tube change dressing G tube feeding. and training was documented.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> For all new SCG, I will use new employee check list which include all skills and training they would need to provide care the residents. I will document the training as well in the care home binder.</p>	

I also do annual training for all my SCG.

	Rules (Criteria)	Plan of Correction	Completion Date
	4. Gastrostomy tube feedings – SCG #3		
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b> Resident #1 – No documentation that the resident, resident's family were informed of the charges for services.</p>	<p>When I have new client I explained how much charge client and got verbal acceptance. I did not know I have make written <del>of</del> charge agreement.</p> <p>So if I have new client. I will let them sign for a charge agreement form.</p>	
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> Five (5) beds, no pliable plastic pillow protectors.</p>	<p>My clients does not like plastic pillow protector so my all client brought their own pillow. I just missed that marked their name on pillow. so I marked their name on pillow and I always will mark their name if they bring own pillow.</p>	
		<p>I will put cover pillow protector if</p>	<p>5/17/16</p>

it is facility own's

Licensee's/Administrator's Signature: \_\_\_\_\_

*Young Yoon*

Print Name: \_\_\_\_\_

Young Yoon

Date: \_\_\_\_\_

5/31/16

Licensee's/Administrator's Signature: \_\_\_\_\_

*Young Yoon*

Print Name: \_\_\_\_\_

Young Yoon

Date: \_\_\_\_\_

7/6/16

Licensee's/Administrator's Signature: \_\_\_\_\_

*Young Yoon*

Print Name: \_\_\_\_\_

Young Yoon

Date: \_\_\_\_\_

8/26/16

Licensee's/Administrator's Signature: \_\_\_\_\_

*Young Yoon*

Print Name: \_\_\_\_\_

Young Yoon

Date: \_\_\_\_\_

9/28/16