

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DOH-OHCA LICENSING

Facility's Name: Aginaldo's	CHAPTER 100.1
Address: 4406 Likini Street, Honolulu, Hawaii 96818	Inspection Date: May 3, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menu was not posted in the kitchen.</p>	<p><i>I make sure menu is posted in the kitchen and dining area. I have to check every week when I change the menu that it is posted</i></p>	<p><i>5/3/16</i></p>
<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><u>FINDINGS</u> Temperature in refrigerator located outside the facility was 52° F.</p>	<p><i>I have to check the refrigerator every week to make sure that the temp. is 45° always, when cleaning the refrigerator.</i></p>	<p><i>5/3/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and</p>		

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	<p>security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Resident #1 – Medication basket dirty. Contained a layer of powdery yellow substance on the bottom of the basket.</p>	<p>All resident's medication baskets have been thoroughly cleaned & sanitized. Going forward all medication basket will be cleaned monthly to ensure proper sanitary conditions for residents' medications.</p>	<p>5/4/16</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 – Lasix was not initialed as given on 4/25/16.</p>	<p>PCG missed to initial Lasix on 4/25. but med. was given. PCG will double check administration at all times</p> <p>To prevent future occurrences, teaching has been provided to all caregivers to ensure that all dispensed meds. shall be properly initialed as given at time given to residents. Also to prevent this from happening, weekly audits of the MAR will be done by CTR to ensure that MAR is being completed accurately.</p>	<p>5/3/16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 – No admission assessment at the time of readmission on 2/25/16.</p>	<p>Going forward, an admission/readmission checklist has been created and attach to each file to ensure that proper documentation is completed when a new resident of current resident is admitted into the care home. CTR must complete checklist</p>	<p>5/3/16</p>

	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><u>FINDINGS</u> Resident #1 – No signed physician orders for medication at the time of readmission on 2/25/16.</p> <p>Resident #1 – Physician order for “thickened liquid” was not clarified to specify the consistency.</p>	<p>An admission packet has been pull together which includes: Resident P.E. exam, physician order sheet, level of care, soap preservation record and vaccination record. This will provide proper documentation whenever a new or current resident is admitted/readmitted into the care home. CTO will ensure that these documents are completed prior to resident being admitted/readmitted to the care home.</p> <p>To ensure that modified liquid consistency is completed, CTO will double check physician order sheet to ensure the proper liquid consistency is documented by including a check box on the order sheet to include: thin, honey or nectar consistency.</p>	
		<p>Resident went back to MD after hospitalization but PCG forgot to bring order to be signed, PCG will make sure that MD will sign orders every visit.</p> <p>Always ask the MD to specify the consistency of thickened liquid and have it write in the order.</p>	<p>5/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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:</p> <ul style="list-style-type: none"> • “Thickened liquid” order of 2/25/16, was not provided because the primary care giver (PCG) stated resident “didn’t need it” and “didn’t like it.” • Tolerance to “Ensure” nutritional supplement “one can two times a day.” PCG stated the resident is able to consume the two cans of Ensure ordered. • Resident needs assistance with meals toward the end of the meal. • Resident on stool softeners/laxatives twice a day. 	<p>PCG will have a daily documentation as to ensure consumption of any refusal of meds./other orders, need of laxative, or BM in 2-3 days meal assistance through the daily flow sheet provided to PCG by CMA.</p> <p>I had a meeting with CMA discussed the areas of concern regarding progress notes. She stated she will address these concerns in her progress notes on monthly visit notes and I will document my progress notes also. In the future I will review all her progress notes to make sure in future I provide to her as well as her assessment findings and assessment are documented in the progress notes.</p>	<p>5/10/14</p>
		<p>Going forward, at time of change in condition CMA will ensure to document in progress notes any and all changes (meds. changes, treatments, diet, care plans, illness/injury, behavior changes) at time of occurrence or changes. And when completing the monthly progress notes sheet this will add as a double check to ensure that the charges are reflected and the resident's response to the charges are properly documented. And quarterly reflected and the resident's response to the ^{errors} charges are properly documented chart audit will be done by CMA to ensure proper documentation is complete and accurate.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1 – “Thickened liquid” order 2/25/16 was not clarified and provided. There was no documentation that the resident “didn’t need it” and “didn’t like it” as reported by the primary care giver.</p>	<p><i>Recommends fin from the hospital to have thickened liquid but Resident refused to take. PCG will make sure that MD notified of such refusal and to document and obtain order. Order will be obtained by PCG from MD to d/c thickened liquid</i></p>	<p><i>5/11/16</i></p>
<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 One (1) expanded arch resident, bedroom door did not close completely into the door jamb.</p>	<p><i>The door was fixed and closed all the way now I make sure to check the door every month when I do the fire drill.</i></p>	<p><i>5/4/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS</p>	<p><i>To prevent future occurrences, a check list has been created for case manager to complete on their own their monthly visits which includes a check that for case manager to ensure that all changes are reflected on the resident's care plan. And to ensure this is being done the case manager + CTO must sign and date the checklist to ensure proper completion.</i></p>	

Rules (Criteria)	Plan of Correction	Completion Date
<p>Resident #1 – The care plan did not reflect:</p> <ul style="list-style-type: none"> The “thickened liquid” order of 2/25/16. Blood pressure and heart rate parameters for “Coreg.” <p>Resident #1 – The “Alteration in Comfort” service plan reflected “Give medication for pain as ordered by MD. Tylenol 650 mg every 4 hours prn pain and assess effectiveness;” however, there was no physician order for “Tylenol.”</p> <p>Resident #1 – The “Altered Nutrition” service plan did not specify “Ensure 1 can two times a day” ordered 3/3/16.</p>	<p><i>I have discussed with the case manager to effect thickened liquid in the service plan due to no use/assess obtained from MD to be thickened liquid.</i></p> <p><i>Blood pressure parameters for Coreg. Please see attached service plan.</i></p> <p><i>alteration in comfort. please see attached service plan</i></p> <p><i>altered nutrition please see attached service plan. PCG will make sure to notify CH</i></p> <p><i>to up date service plan</i></p>	<p>5/11/16</p>

Licensee's/Administrator's Signature: Serafina Aguilardo

Print Name: SERAFINA AGUILARDO

Date: 5/20/16

Licensee's/Administrator's Signature: Serafina Aguilardo

Print Name: SERAFINA AGUILARDO

Date: 7/6/16