

Office of Health Care Assurance

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State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HAWAII STATE LICENSING

Facility's Name: Bagain Cadiz Care Home	CHAPTER 100.1
Address: 94-1381 Hiaai Place, Waipahu, Hawaii 96797	Inspection Date: April 5, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS No special diet menu for "Regular no concentrated sweets" diet.</p>	<p>A special cycle diet menu for "Regular No concentrated sweets" diet was made and posted, for both residents and the department to review.</p>	<p>04/10/16</p>

Prior to admission, review the diet order if its not an standard order need to clarify with the physician so that you can develop the special diet menu prior to admission.

12/27/16

<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>FINDINGS Menus were not posted in the resident dining area.</p>	<p>I will be sure to post menus in both dining areas where residents and departments are able to review daily.</p>	<p>04/10/16</p>
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when I change my menu cycle on Sundays I will post it in the kitchen & in the resident dining area. On my menu will highlight kitchen & resident dining area.

12/27/16

<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>FINDINGS Thermometers for two (2) refrigerators registered 47° F and 54° F.</p>	<p>I will be sure to check the thermometers in every refrigerator, and make sure all register at 45° or lower daily.</p>	<p>04/10/16</p>
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I bought new thermometer for the refrigerator & also I remove some food in the refrigerator so that the food can circulate. Each time I open the refrigerator I will check the reading of the thermometer.

12/27/16

<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 – “Amoxicillin 500 mg i TID #20” ordered 10/21/15; the October 2015 medication record reflected twenty-two (22) doses taken by the resident.</p>	<p>I will be sure to count and double check the amount of tablets given by the pharmacy when antibiotics are administered. I will also make sure I document and sign the medication record accordingly, after medication is given.</p>	<p>04/10/16</p>	
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 – The time of day was not indicated on the medication record. “HS” was used.</p>	<p>I included the time and I modified HS on the medication record to HS 8 P.M.</p>	<p>04/10/16</p>	

- I would firm my SOB and I would double check or I have my UB double check that the time of day in the mar.

12/27/16

<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</p>		
	<p>action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – September 2015 and October 2015 progress notes did not reflect changes in health status for which medication were ordered. September 2015 (amoxicillin and tessalon perles) and October 2015 (Robitussin HC and Robitussin DM).</p> <p>Resident #1 – No documentation that the resident is non-compliant with the “NCS” diet and the primary care giver’s discussions with the resident’s mother regarding his diet.</p>	<p>Resident #1 I will be sure to document any type of change in the resident’s health status more frequently, and include any observations made to the resident’s response with any type of medications given. I will also make sure I chart and sign accordingly when medication is given so that there will be no errors made in the future</p> <p>Resident #2 I will be sure to document more frequently important discussions made with family members, especially to do with their non-compliance of their NCS diet, so this incident will not happen in the future.</p>	<p>04/10/16</p>



§11-100.1-23 Physical environment. (i)(5)
 All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.

In multi-level homes there shall be an inside enclosed stairway. Ramps shall not exceed a slope of more than one inch per foot and shall be provided with non-slip material. Elevators, stairways and ramps and handrails shall comply with current county building codes;

FINDINGS

The second exit did not have a ramp. The primary care giver stated that renovations were made to the back of the facility six (6) months ago. As a result, the second exit is no longer wheelchair accessible due to a 3 ¼ inch drop.

A letter was written to the DOH on April 5, 2016, stating that my facility will no longer be wheel chair accessible.

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In the future we will make sure to inform the DOH if there is any renovation inside the premises. And in the future if we decided to put a ramp to make sure to write a letter to the DOH for approval. Thank you 2 for your kind consideration.

11/29/16

<input checked="" type="checkbox"/>	§11-100.1-86 <u>Fire safety.</u> (a)(2)	<p>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><u>FINDINGS</u> No self-closing doors for three (3) resident bedrooms.</p>	<p>The residents self closing doors were corrected, and I will be sure to check daily that the doors are working properly.</p>	<p>04/10/16</p>
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Licensee's/Administrator's Signature: Vicky C. Baguin

Print Name: VICKY CADIZ BAGUIN

Date: 10/26/16

Licensee's/Administrator's Signature: Vicky Cadiz Baguin

Print Name: VICKY CADIZ BAGUIN

Date: Nov-29, 2016

Licensee's/Administrator's Signature: Vicky C. Baguin

Print Name: VICKY CADIZ BAGUIN

Date: 12/27/16