

COPY

Hawaii Department of Health
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION NOTICE

November 15, 2016

TO:

Janinne Grimes Administrator Hale Makua Health Services 1540 Lower Main Street	Care Homes By Hale Makua Wailuku, Hawaii 96793
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ENCLOSED WITH THIS FORM:

<input type="checkbox"/> Statement of Deficiencies (SOD)	Annual Inspection <Date>
<input type="checkbox"/> SOD	Annual Unannounced Visit <Date and Time>
<input type="checkbox"/> SOD	Complaint Investigation <Date>
<input type="checkbox"/> SOD	Untimely Submission of Plan of Correction (POC)
<input type="checkbox"/> License One (1) Year	Issued without SOD
<input type="checkbox"/> License One (1) Year	Issued with SOD. May be rescinded if POC is not acceptable or submitted in a timely manner.
<input checked="" type="checkbox"/> License One (1) Year	POC acceptable
<input type="checkbox"/> License Previously Issued (No Enclosure)	POC acceptable
<input type="checkbox"/> License Less Than One (1) Year <# of Months>	POC acceptable. Issued to maintain licensing month.
<input type="checkbox"/> License Less Than One (1) Year <# of Months>	Other <State Reason>
<input type="checkbox"/> License Less Than One (1) Year <# of Months>	Issued to allow time to complete the licensing process
<input type="checkbox"/> License Less Than One (1) Year <# of Months>	Issued to allow time for you to submit a POC
<input type="checkbox"/> Comments/Advisements	See next page(s)

RE: Statement of Deficiencies. A list of non-compliant areas found during the inspection is enclosed.

RE: Plan of Correction. The POC must be submitted within ten (10) working days of receipt of this letter.

Your POC must be written on the enclosed Statement of Deficiencies and Plan of Correction form using the indicated format. Revisions to the form or facsimiles of this form will not be accepted and the POC will be returned, un-reviewed. As an alternative to using the form provided to you, please contact your Consultant for specific information regarding using attached pages for your POC.

Please complete the POC by (1) Explaining how you corrected each deficiency and (2) Explaining what you will do in the future to prevent similar deficiencies from recurring.

Please contact your Consultant if you have questions or need assistance with the POC. Our office hours are from 7:45 a.m. to 4:30 p.m., Monday through Friday.

RE: Licenses. Licenses may be revoked for just cause.

11/15/16

	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 - "Colace 100 mg po BID" ordered 9/29/16; the label reflected "BID pm." The medication record noted "BID."</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><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>During the survey, we were informed that labels to OTC medications can be written ,and/or corrected by the ARCH licensed nurse.</p> <p>The label for the Colace medication was fixed immediately by the PCG in the presence of the surveyor. In this instance, the "PRN" was crossed out to reflect that the order was BID as per physician order.</p> <p>The pharmacy was also notified of the incorrect label, so that pharmacy records could be updated to reflect the correct order.</p> <p>All medications were inspected to ensure accuracy of labelling. No further issues were found.</p>	<p style="text-align: center;">10/21/16</p> <p style="text-align: center;">10/21/16</p> <p style="text-align: center;">10/21/16</p> <p style="text-align: center;">10/24/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>All medications received into the ARCH will be immediately verified for correct labelling by comparing label against the physician order: * OTC medications with incorrect labelling will be immediately corrected by the ARCH licensed nurse. * Prescription medications with incorrect labels will have a sticker placed on the label indicating to check the physician order for the correct administration instructions. Pharmacy will be notified of incorrect labelling.</p> <p>PCG will perform monthly inspections of all medications to ensure labels are correct.</p> <p>ARCH policy on medication administration was changed to reflect the above procedures for medications that are found to have incorrect instruction labels.</p>	<p>10/24/16 & ongoing</p> <p>10/24/16 & ongoing</p> <p>10/26/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - Current inventory of possessions not maintained. Last updated 10/17/13.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><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>Inventory for Resident #1 was updated to reflect the black pair of shoes recently brought in by her family member.</p> <p>PCG met with all ARCH staff to remind them to update the inventory list when receiving new items from family.</p> <p>PCG and ARCH staffs performed review of all resident belonging and lists were updated as indicated.</p>	<p>10/21/16</p> <p>10/24/16 - 10/26/16</p> <p>10/24/16 - 10/29/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-19(d)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PCG and ARCH staffs will be reminding family upon every visit to the ARCH to make sure they bring any new items belonging to the resident to the ARCH staff for inventory prior to giving to the residents.</p> <p>PCG and ARCH staffs will perform routine inventory review of all resident belongings to ensure lists are updated and accurate.</p>	<p>10/24/16 & ongoing</p> <p>10/24/16 & ongoing</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Room #109 had a loud vibrating sound when the sink faucet was turned on.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><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>During the survey, maintenance was notified immediately of sink and the sink was fixed.</p> <p>All sinks within the ARCH were inspected by maintenance department and were found to be in good working order.</p>	<p>10/21/16</p> <p>10/24/16</p>

16 NOV 10 P1:18
 HEALTH/ED

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(h)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PCG will perform at least monthly walk-through maintenance inspections and will notify maintenance immediately for any equipment or fixtures that are in need of repair.</p> <p>ARCH staff were reminded during post-survey meeting to call the maintenance repair line immediately for any maintenance concerns.</p>	<p>10/24/16 & ongoing</p> <p>10/24/16 - 10/26/16</p> <p style="text-align: right; font-size: small;">RECEIVED NOV 10 P 1 18 MARIANNA LICEN...</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS Room #112 had exposed electrical wiring on the wall.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><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>To clarify, there were no actual wires exposed. The wall had an empty socket (hole) where an old call light system had been removed, as the ARCH recently received a new call light system. There were no actual wires inside this hole, it was empty. PCG called maintenance immediately when the hole was pointed out by the sanitation inspector. Hole was covered by the maintenance department.</p> <p>All rooms were inspected to ensure there were no other empty holes as a result of installation of new call light system. No other holes were found.</p>	<p style="text-align: center;">10/21/16</p> <p style="text-align: center;">10/24/16</p>

Administrative Services
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KNOX/LED

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(h)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PCG will perform at least monthly walk-through maintenance inspections and will notify maintenance immediately for any equipment or fixtures that are in need of repair.</p> <p>ARCH staff were reminded during post-survey meeting to call the maintenance repair line immediately for any maintenance concerns.</p>	<p>10/24/16 & ongoing</p> <p>10/24/16 - 10/26/16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><u>FINDINGS</u> Room #111 had urine odor in the bathroom.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><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>ARCH staff immediately cleaned bathroom #111 with a mixture of 1/2 strength bleach followed by a mixture of 1/2 strength vinegar as recommended by the surveyor.</p>	<p style="text-align: center;">10/21/16</p> <p style="text-align: right; font-size: small;">RECEIVED 16 NOV 10 P1:18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(h)(1)(D)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>All bathrooms, rooms, and common areas will continue to be cleaned daily by ARCH staff. Bathrooms will now be cleaned with additional 1/2 strength vinegar as recommended.</p> <p>PCG will perform daily checks of all bathrooms to ensure that there are no odors. Any issues found during inspection will be resolved immediately and PCG will follow up with staff who were responsible for the daily cleaning for counseling and corrective action as needed.</p> <p>PCG will perform random weekly observations of how bathrooms are being cleaned daily by staff to ensure that cleaning is thorough. PCG will add extra cleaning duties as needed for rooms noted with increased odors.</p>	<p>10/24/16 & ongoing</p> <p>10/24/16 & ongoing daily</p> <p>10/24/16 & ongoing weekly</p>

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 NOV 10 11:18 AM
 ADMINISTRATIVE

Licensee's/Administrator's Signature: Jan Grimes, RN
Print Name: Janinne Grimes, RN
Date: 11/7/16

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MISSOURI LICENSING