

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Comfort Care Home, L.L.C.	CHAPTER 100.1
Address: 1543 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: July 6, 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 Menus are not followed. No substitutions listed.</p>	<i>see attached</i>	<i>7/25/16</i>

11-100.1-13 (b) PCG has updated CCH menu and a substitution list is currently available. PCG has instructed SCG to follow menu daily. PCG will instruct all SCG to follow written menu daily for CCH. PCG will do daily inspection of meals that have been prepared for CCH residents. PCG or SCG will purchase groceries weekly or when necessary to insure ingredients are available and menu is followed.

*checked menu
8/10/16*



§11-100.1-14 Food sanitation. (e)

A metal stem thermometer shall be available for checking cold and hot food temperatures.

FINDINGS

Two (2) metal stem thermometers were not working. One (1) thermometer dial noted 0° F and the second thermometer dial noted 200° F.

See attached

7/9/16

11-100.1-14 (e) PCG purchased new stem thermometer to replace broken thermometer. All SCG will inspect thermometer daily to insure it is working properly. PCG will do weekly inspection of thermometer. PCG will replace broken thermometers as needed.

*Replaced with
8/10/16*

<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 security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p>	<p><i>see attached</i></p>	<p><i>7/9/16</i></p>
	<p>FINDINGS Refrigerated medication were in a plastic bag and not stored in a locked container.</p>	<p>1</p>	

11-100.1-15 (b) A new container and lock has been purchased by PCG. Medication has been replaced in locked container prior to placing into refrigerator. PCG will instruct SCG to place all refrigerated medication in locked container prior to placing in refrigerator. PCG or SCG will inspect locked container daily to insure lock is intact.

*Revised weekly
 8/10/16*



§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 – Medication record reflected “Fosamax” is taken at 7:30 a.m.; however, live-in substitute care giver stated that breakfast is served between 7 a.m. to 7:15 a.m. The primary care giver stated that breakfast is served 6:30 a.m. to 7:30 a.m. Fosamax instructions noted: Take with 8 oz water 30 minutes before first food/bev-Do not lie down for 30 minutes.

see attached

7/7/16

11-100.1-15 (e) Fosamax has been given to resident #1 30 minutes prior to eating breakfast with 8 ounces of water as directed. Resident #1 is also monitored for any adverse side effects. PCG and SCG will read all directions written on bottle label for resident #1. CCH breakfast will be served between the hours of 7:30 AM and 8:00 AM. PCG or SCG will document the time the medication was given to resident #1. PCG will do daily inspection to insure the time medication was given and initial to medication log accordingly.

*initial with
8/10/16*

<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>FINDINGS Resident #1 – “Calcium 600 mg, Glucophage, losartan and amlodipine” were not initialed as given on 8/29/15, 8/30/15, and 8/31/15.</p> <p>Resident #1 – “Amlodipine” was not initialed as given on 10/31/15.</p>	<p><i>see attached</i></p>	<p><i>7/6/16</i></p>
	<p>Resident #1 – “Losartan” was not initialed as given on 3/31/16.</p> <p>Resident #1 – “Amlodipine 10 mg i tab po QD Hold for SBP < 100” ordered 3/15/16; the BP was not recorded on 3/31/16 before the medication was taken.</p> <p>Resident #1 – “Fosamax” was initialed as taken on 7/10/2016, 7/17/2016 and 7/24/2016. Noted on inspection on 7/6/16.</p> <p>Resident #1 – Medications were not initialed as taken by the resident on 7/5/2016 and 7/6/2016 (morning medications).</p>		

11-100.1-15 (m) Resident #1 medication record dated 8/29/15, 8/30/15 and 8/31/15 for calcium 600 mg, Glucophage, losartan and amlodipine has been initialed by PCG. Resident #1 medication record dated 10/31/15 for amlodipine has been initialed by PCG. Resident #1 medication dated 3/31/16 for Losartan has been initialed by PCG. SCG has documented BP for resident #1 on medication record dated 3/31/16. CCH has a separate daily log of BP for all residents available for review. Initial of SCG on resident #1 medication record dated 7/10/16, 7/17/16 and 7/24/16 has been corrected with a strike through incorrect entries for medication not yet given to resident #1. Resident #1 medication record dated 7/5/16 and 7/6/16 has been initialed by SCG. PCG and SCG will initial all mediation records immediately after giving medication to any resident of CCH. PCG will do daily inspections of medications record to insure all medications given have been initialed.

*initialed with
8/10/16*

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 – “Calcium 600 mg, Glucophage, losartan and amlodipine” were not initialed as given on 8/29/15, 8/30/15, and 8/31/15.</p> <p>Resident #1 – “Amlodipine” was not initialed as given on 10/31/15.</p> <p>Resident #1 – “Losartan” was not initialed as given on 3/31/16.</p> <p>Resident #1 – “Amlodipine 10 mg i tab po QD Hold for SBP < 100” ordered 3/15/16; the BP was not recorded on 3/31/16 before the medication was taken.</p> <p>Resident #1 – “Fosamax” was initialed as taken on 7/10/2016, 7/17/2016 and 7/24/2016. Noted on inspection on 7/6/16.</p> <p>Resident #1 – Medications were not initialed as taken by the resident on 7/5/2016 and 7/6/2016 (morning medications).</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>Initials for 8/29/15, 8/30/15, 8/31/15, 10/31/15, 3/31/16, 7/17/16, 7/24/16, 7/10/16, 7/5/16 have been filled in for all medications given, and blood pressures taken</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>PCG will have the responsibility to confirm daily with all SCGs that medications have been given, and proper documentation has taken place</i></p>	<p><i>7/6/16</i></p> <p><i>7/6/16</i></p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) 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.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><u>FINDINGS</u> During the Life Safety inspection on June 11, 2016, there three (3) locks on the front entrance door and three (3) locks on the side exit door.</p>	<p><i>See attached</i></p>	<p><i>7/29/16</i></p>
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11-100.1-23 (i)(3)(B) Owner of home has removed the third lock from the front and side door. Both doors now have two operable locks each.

*Fixed with
8/10/16*

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) 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.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p>FINDINGS During the Life Safety inspection on June 11, 2016, there three (3) locks on the front entrance door and three (3) locks on the side exit door.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Richard Miller removed deadbolt locks from front and back doors.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Lock fillers were installed on front and back doors to prevent deadbolt locks from being installed.</p> <p>See attached photos.</p>	<p>6/29/16</p> <p>6/29/16</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><u>FINDINGS</u> All beds – No pliable plastic pillow protectors.</p>	<p><i>see attached</i></p>	<p><i>7/9/16</i></p>
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11-100.1-23 (o)(3)(B) PCG removed all pillow protectors and replaced them with newly purchased plastic pillow covers. PCG or SCG will do daily inspection of pillows to insure all pillows are covered with plastic pillow protectors in good condition. CCH will have extra pillow protectors on hand to replace worn protectors as needed.

*Restored unit
8/10/16*

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do</p>	<p><i>see attached</i></p>	<p>7/6/16</p>
	<p>not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> One resident bedside – No signaling device.</p>		

11-100.1-23 (p)(5) Signaling device was retrieved from client's bedside nightstand drawer and placed on top of the nightstand visible and within reach of client. SCG will do daily inspection to insure all bells are visible and within reach of clients. PCG will do weekly inspection to insure all call-bells are within working condition, visible and within reach of client.

*inspected with
8/10/14*

Licensee's/Administrator's Signature: Richard Miller

Print Name: Richard Miller

Date: 8/10/16

Licensee's/Administrator's Signature: Richard Miller

Print Name: Richard Miller

Date: 8/20/16