

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cora's	CHAPTER 100.1
Address: 1711 Ema Place, Honolulu, Hawaii 96819	Inspection Date: January 19, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS Digital thermometer could not be turned on during the day of the annual inspection.</p>	<p>Bought new thermometer. In the future I make sure to check when needed the thermometer if it work or not.</p>	3/1/16
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Gain detergent, Clorox bleach, Raid roach and ant spray unsecured in resident accessible laundry area.</p>	<p>When you left that afternoon I put all the detergent, clorox bleach, Raid roach and ant spray inside the cabinet. I put a new pad lock. In the future when I finished washing clothes or whenever I use the cabinet I put it back to the lock cabinet.</p>	3/1/16
<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</p>	<p>In the future I make sure to</p>	

put the supply of insulin in the box of locked and keep it inside the refrigerator for safety I make sure to put ~~medication that require~~ ~~constant use only~~ storage in new separate locked container for ~~...~~ file

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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 Household Member #1 supply of insulin unsecured in refrigerator indicated for resident use.</p>		<p>3/1/16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p>FINDINGS Life safety inspection conducted on 12/18/15, door knobs on Bedrooms #2, and #3 installed so residents can be locked in their rooms. Door knobs reinstalled 12/18/15 so that resident could lock the door from the inside of the room. Primary care giver during annual inspection said that she told her husband to install door knobs that way because she was unable to supervise resident that wandered at night, and resident that</p>	<p>When Mr. Kim left the day of my inspection my husband fixed all door knobs & tested correctly. In the future I will make sure the door knobs stayed correctly every room. Purchased bedside commode and urinal and that is where ^{Bedroom 2+3} they urinate night time.</p>	<p>3/1/16</p>

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	had frequent urination at night.		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1 Phlebotomy lab draws on 9/2/15 and 12/3/15 not noted in progress notes.</p>	<p>Resident #1 went blood test 9/2/15 and 12/3/15 I put it in the progress notes. In the future I make sure that when they go blood test, Dr's appt. or any professional personnel I make sure to put it in my progress notes.</p>	<p>3/1/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS No incident reports for three residents under emergency circumstances on 3/5/15, 8/25/15, and 1/12/16.</p>	<p>3/5/15 - Went to E.R - Kankini Hospital: Resident #3</p> <p>8/25/15 - Went to ER - Kankini Hospital Resident #1</p> <p>1-12/16 - Resident #4 went to Wchicover Hospital I made all the 3 residents incident report. In the future I make sure that any emergency I always make sure to make incident report the day of the incident. The resident physician shall be called immediately if medical care may be necessary.</p>	<p>3/1/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes,</p>	<p>The resident physician shall be called immediately if medical care may be necessary.</p>	

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	<p>coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 weight gain of three pounds between 12/15 and 1/16 no documentation that change in physical condition reported to physician.</p>	<p><i>Resident #1 gained 3 lbs. and up I'll document in the progress note and notify the doctor. In the future when resident gain 3 lbs and up to notify physician and document.</i></p>	<p><i>3/1/14</i></p>
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS Resident #1 signed agreement no specific rate for services.</p>	<p><i>Resident #1 made her sign new agreement. In the future will be more specific for the exact amount of my charges and services.</i></p>	<p><i>3/1/14</i></p>
<p><input checked="" type="checkbox"/> <i>1</i></p>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(C) Residents' rights and responsibilities:</p> <p>Each resident shall:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
①	<p>Be free from chemical and physical restraints and not be humiliated, harassed, or threatened.</p> <p>FINDINGS Life safety inspection conducted on 12/18/15, door knobs on Bedrooms #2, and #3 installed so residents can be locked in their rooms. Door knobs reinstalled 12/18/15 so that resident could lock the door from the inside of the room. Primary care giver during annual inspection said that she told her husband to install door knobs that way because she was unable to supervise resident that wandered at night, and resident that had frequent urination at night.</p>	<p><i>you are welcome to come and inspect any time day or night. When Mr. Kim left the day of my inspection my husband fixed all the door knobs stilled correctly. In the future I make sure the door knobs stilled correctly every rooms. Purchased bedside commode and urinal that is where they urinate night time only.</i></p>	<p><i>3/29/15</i></p>
<p><input checked="" type="checkbox"/></p> <p>②</p>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be</p>	<p><i>In the future if I can't handle the resident I'll discharge for cause.</i></p>	<p><i>3/29/15</i></p>

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(2)	<p>obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p>FINDINGS Life safety inspection conducted on 12/18/15, door knobs on bedroom #2, and #3 installed so residents can be locked in their rooms. Door knobs reinstalled 12/18/15 so that resident could lock the door from the inside of the room. Primary care giver during annual inspection said that she told her husband to install door knobs that way because she was unable to supervise resident that wandered at night, and resident that had frequent urination at night.</p>		
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (b)(2)(B) Primary care givers' rights and responsibilities:</p> <p>The primary care giver has the right to:</p> <p>Terminate a resident's agreement for just cause after a written 30 day notice;</p> <p>FINDINGS Resident #1 signed agreement reflects primary care giver may terminate resident's agreement for just cause after a written two week notice.</p>	<p>Resident #1 made him sign new agreement of resident right to be discharged terminate a resident after ^{a written} 30 days notice. In the future I make sure to give them 30 days notice to terminate the resident agreement.</p>	<p>3/1/15</p>

Licensee's/Administrator's Signature: Corazon A. Ingel
Print Name: CORAZON A. INGEL
Date: 3/29/11