

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Hale Malaihi (DDDH) | CHAPTER 89 |
| Address: 770 Malaihi Road, Wailuku, Hawaii 96793 | Inspection Date: February 28, 2017 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(7) Medications:</p> <p>All verbal orders for medication shall be recorded on the physician's order sheet by the certified caregiver receiving the verbal orders. Written confirmation from the attending physician shall be obtained within seventy-two hours.</p> <p><u>FINDINGS</u> For Resident #1, a telephone order, dated August 26, 2016, was taken to discontinue the Acetaminophen tablets and to start Acetaminophen 160mg/5ml Elixir, 20 ml by mouth every 4 hours as needed for pain and/or fever > 100.5. The telephone order was not signed by the certified caregiver taking the order and it was not countersigned by the physician within 72 hours.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|----------------------|--|--|
| <input checked="" type="checkbox"/> | RULE #11-89-14(e)(7) | <p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p style="text-align: center;"><i>Refer to attached</i></p> | <p style="text-align: center;"><i>4/4/17</i></p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-89-14 Resident health and safety standards, (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, the December 2016 and January 2017 medication record sheets note, Orsythia-28 tablet (Levonorgestrel-Ethinyl Estradiol), 1 tablet by mouth daily for 3 weeks then 1 week off (take only pink tablets). Medication was given from December 9, 2016 – December 29, 2016 for 3 weeks, then medication was not given from December 30, 2016 to January 4, 2017, which is only 6 days and not 1 week.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|-----------------------|---|---|
| <input checked="" type="checkbox"/> | RULE #11-89-14(e)(12) | <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 style="text-align: center;"><i>Refer to attached</i></p> | <p style="text-align: center;">4/4/17</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (e)(1) General rules regarding records: .</p> <p>All entries in the resident's records shall be written in blue or black ink, or typewritten, shall be legible, dated, and signed with full signature and title by the individual making the entry;</p> <p><u>FINDINGS</u> For Resident #1, caregiver entries were not consistently signed with full signature. Entry of December 2016 was not signed. Entries from August 2016 – October 2016 were signed with caregiver's first initial and last name (with the exception of entries, dated October 14, 2016 and October 15, 2016).</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>96</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|-------------------------|
| <input checked="" type="checkbox"/> | <p>RULE #11-89-18(e)(1)</p> <p><u>FINDINGS</u> For Resident #1, caregiver entries were not consistently signed with full signature. Entry of December 2016 was not signed. Entries from August 2016 – October 2016 were signed with caregiver’s first initial and last name (with the exception of entries, dated October 14, 2016 and October 15, 2016).</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Refer to attached</i></p> | <p>4/7/17</p> <p>96</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (e)(1) General rules regarding records:</p> <p>All entries in the resident's records shall be written in blue or black ink, or typewritten, shall be legible, dated, and signed with full signature and title by the individual making the entry;</p> <p><u>FINDINGS</u> For Resident #1, caregiver entries of September and October did not include the year the entries were written.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">DORIS A. LINDSEY</p> | <p style="text-align: right; font-size: small;">96</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>RULE #11-89-18(e)(1)</p> <p><u>FINDINGS</u> For Resident #1, caregiver entries of September and October did not include the year the entries were written.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Refer to attached</i></p> | <p>4/4/17</p> <p style="text-align: right;">96</p> |

Licensee's/Administrator's Signature: Valerie Sely

Print Name: VALERIE SELY

Date: 4/4/17

MISSOURI LIBRARIAN

2017

Arc of Maui County
Hale Malaihi
Plan of Correction
April 2017

Annual Inspection: 2/28/17

• **Rule (Criteria)**

11-89-14 Resident health and safety standards (e)(7)

Corrective Action Future Plan Part 2:


The Resident Manager contacted the physician to request Acetaminophen elixir to replace Acetaminophen tablets for Resident #1 due to the tendency to chew the tablets. The physician called the order into the pharmacy and the pharmacy faxed the telephone order copy to the Resident Manager. The order was not signed by the Resident Manager and not signed by the physician within 72 hours.

To prevent recurrence, medication records were reviewed for the other residents in the home and no related issues were identified. The Resident Manager was retrained by the agency RN regarding the requirement for signed orders. To ensure proper procedures are followed going forward, when a telephone order is received by the Resident Manager/Certified Caregiver, a Physician's Telephone Order form will be completed and signed. The form will be brought to the provider's office or faxed to the provider for signature. The Resident Manager/Certified Caregiver will ensure the order is received back with the provider's signature within 72 hours.

To monitor this corrective action, the agency RN will review the orders for all residents for a period of three months, and randomly thereafter, to ensure telephone orders are signed by the physician and Certified Caregivers.

Effective Date: 4/4/17

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DORRIS A. LUCASHEK



Valerie Sly

4/4/17

Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards (e)(12)

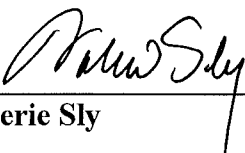
Corrective Action Future Plan Part 2:

Resident #1 is prescribed birth control medication, Orsythia tablets. Medication is to be given for three weeks, then one week off. The medication was restarted one day early with only six days off instead of seven.

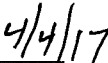
To prevent recurrence, an "X" is now documented on the medication record for the seven days when the medication is not to be administered and written instructions with a re-start date. The Resident Manager will ensure this documentation is recorded for each new medication record at the beginning of the month. Staff was retrained on this new protocol to ensure the medication for Resident #1 is administered as ordered.

To monitor this corrective action, the Resident Manager will review the medication record monthly for staff's correct implementation of this particular medication for Resident #1.

Effective Date: 4/4/17



Valerie Sly



Date

- **Rule (Criteria)**

11-89-18 Records and reports (e)(1)

Corrective Action Future Plan Part 2:


Inconsistencies with signatures for the Caregiver notes were identified. One entry was unsigned and others were missing first/last names.

To prevent recurrence, Caregiver notes were reviewed for all residents in the home and similar issues were identified. The Resident Manager was retrained by the Program Director and the staff was retrained by the Resident Manager, to ensure each Caregiver note entry includes the required signature with the staff's first and last name.

To monitor this corrective action, the Program Director will review the Caregiver notes once monthly for a period of two months, and randomly thereafter. The Resident Manager will monitor the documentation weekly for a period of two months and monthly thereafter, to ensure correct implementation.

Effective Date: 4/4/17

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DEPARTMENT OF LICENSING



Valerie Sly

4/4/17

Date

- **Rule (Criteria)**

11-89-18 Records and reports (e)(1)

Corrective Action Future Plan Part 2:

Caregiver note entries for two months were identified as not having the year documented.

To prevent recurrence, Caregiver notes were reviewed for all residents in the home and similar issues were identified. The Resident Manager was retrained by the Program Director and the staff was retrained by the Resident Manager to ensure each Caregiver note entry is documented with the year.

To monitor this corrective action, the Program Director will review the Caregiver notes once monthly for a period of two months, and randomly thereafter. The Resident Manager will monitor the documentation weekly for a period of two months, then monthly thereafter, to ensure correct implementation.

Effective Date: 4/4/17

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DEPARTMENT OF LICENSING



Valerie Sly

4/4/17

Date