

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: La'a Kea House</b>	<b>CHAPTER 89</b>
<b>Address: 41 Palekana Street, Paia, Hawaii 96779</b>	<b>Inspection Date: February 23, 2017</b>

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

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> In Bedroom #2, the window screen frame is bent and is not flush to the window.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>The window frame in question, was brought to the attention by operator of La'akea House (caregiver #1) to La'akea House's handy/repair maintenance man on Feb. 24, 2017. Maintenance man bought new window screen frame that was installed correctly on Feb. 26 2017.</i></p>	<p style="text-align: right;"><i>Feb. 26, 2017</i></p> <p style="text-align: right; font-size: small;">81:11:18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-89-12(b)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Operator of house (care-giver #1) and staff of La'a Kea house, will make weekly inspections of all window screen frames in all bedrooms to make sure they are not bent and are flush to windows. If frames become bent for any reason, maintenance man will quickly repair.</p>	<p>Feb. 26, 2017</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:  All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.  <b><u>FINDINGS</u></b> For Resident #1, there was no pharmacy label for the Risperidone Orally Disintegrating Tablets, USP 0.5 mg.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #1's risperidone meds that were not properly labeled, was rectified by operator of La'a Kea house, caregiver #1, Feb. 24, 2017. Operator called resident #1's doctor &amp; requested apt. to have Drs. signature along with name of meds, dose frequency &amp; time &amp; manner of dose along with any other instructions, properly filled out and adhered to package (meds.).</i></p>	<p style="text-align: center;"><i>Feb. 24, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-89-14(e)(1)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All caregivers and operator of La'a Kea house, caregiver #1, will make sure when dispensing meds, that they are properly labeled with name of resident, instructions, name of meds and dose frequency each time meds are dispensed and registered in medical log. If meds are not labeled correctly, caregiver dispensing meds will inform operator of house, who will follow up with doctor to rectify any labeling inaccuracies.</p>	<p style="text-align: right;"><i>Feb. 24, 2017</i></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><b><u>FINDINGS</u></b> For Resident #1, the caregiver entries from August 2016 – January 2017 did not include the year the entries were written.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Operator of house, caregiver #1) made sure to tell all caregivers that all future progress notes for resident #1 and all residents, include the year the notes were written.</i></p>	<p><i>Feb. 24, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-89-18(e)(1)</b></p> <p><b><u>FINDINGS</u></b>            For Resident #1, the caregiver entries from August 2016 – January 2017 did not include the year the entries were written.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Operator of house (caregiver #1) will check monthly on resident #1's progress notes and all resident's notes to make sure notes written by various caregivers, have the year written in each entry.</i></p>	<p><i>Feb. 24, 2017</i></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><b><u>FINDINGS</u></b> For Resident #1, the caregiver entries from August 2016 – February 2017 were not signed with full signature. Entries were initialed by the caregiver writing the entries and/or signed using only the caregiver's first name.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Operator of house, caregiver #1, made sure to tell all caregivers that all future progress notes for resident #1 and all residents, include the full signature of whomever caregiver wrote said progress notes</i></p>	<p><i>Feb. 24, 2017</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p><b>RULE #11-89-18(e)(1)</b></p> <p><b><u>FINDINGS</u></b>            For Resident #1, the caregiver entries from August 2016 – February 2017 were not signed with full signature. Entries were initialed by the caregiver writing the entries and/or signed using only the caregiver's first name.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Operator of house (caregiver #1) will check monthly on resident #1's progress notes and all residents notes, to make sure notes written by various caregivers, have the full signature of whomever caregiver wrote said progress notes.</i></p>	<p><i>Feb. 24, 2017</i></p>

Licensee's/Administrator's Signature: Phyllis O'Reilly

Print Name: Phyllis O'Reilly

Date: March 15, 2017

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