

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Loumaile Cottage	CHAPTER 100.1
Address: 1118 Kaili Street, Honolulu, Hawaii 96817	Inspection Date: September 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver (PCG) – No documentation of continuing education. Submit copies of six (6) hours with the plan of correction (POC).</p>	<p>The PCG attended 2, 3 credits hrs of continuing education on:</p> <ol style="list-style-type: none"> 1. Infection Control/Blood borne Pathogens. 2. Uses + Effects Psychotropic Medications/Seizures, Diabetic Medications/Insulin <p>Please ^{see} 1 copies of certificates attached. (6 hrs of continuing education)</p>	<p>Nov. 5, 2014</p> <p>Feb 04, 2015</p>

Rules (Criteria)	
☒	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG) – No documentation of continuing education. Submit copies of six (6) hours with the plan of correction (POC).</p>

^{into}
 A spread sheet will be used to keep track of continuing education for PCG. Administrator will review spread sheet monthly to ensure that continuing education documentation recorded. Three months before annual insp. Will check spread sheet to ensure six hrs recorded.

7/18/17

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute care giver (SCG) #2 – No annual physical examination. Submit copy with the POC.</p> <p>SCG #3, #5, #6, #7 – No physical examination prior to contact with residents. Submit copy for each with the POC.</p>	<p>Please see an updated list of PCG and SCG with their required documents.</p> <p>1. Tapaita Salakielu (PCG) - MR - 6/5/15 CPR - 6/5/15 CPR - 4/6/15 Chest X-ray - 11/6/13</p> <p>2. Maile Drake (SCG #1) - TB - 9/21/15 CPR - 4/19/14 - 4/2016 MR - 9/21/15 ID - 9/21/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS PCG, SCG #1 – No documentation of positive tuberculosis (TB) clearance. Submit copy for each with the POC.</p> <p>SCG #6 – No two-step TB clearance. Submit copy with the POC.</p> <p>PCG, SCG #1, SCG #3, SCG #6 – No screening for symptoms consistent with pulmonary TB. Submit copy for each with the POC.</p>	<p>3. Nobemen Agaran (SCG #2) - MR - 10/16/15 ID - 10/16/15 TB - 10/19/15 CPR - 11/7/15 - 11/7/17</p> <p>4. Maile Kalapa (SCG #3) - MR - 10/15/15 TB - 10/9/15 CPR - 11/13/15 - 11/13/17 - 10/15/15</p>
	<p>5. Alieta Drake - MR - 10/13/15 ID - 10/13/15 TB - 10/5/15 CPR - 11/13/15 - 11/13/17</p>	
	<p>6. Kisaea Oneone - MR - 1/9/15 TP - 12/22/14 CPR - 7/12/15 - 7/12/17 - 1/9/15</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute care giver (SCG) #2 – No annual physical examination. Submit copy with the POC.</p> <p>SCG #3, #5, #6, #7 – No physical examination prior to contact with residents. Submit copy for each with the POC.</p>	<p>Developed a spread sheet to keep track of PE, TB, First Aid & CPR. Administrator will check spread sheet monthly. Three months before clearances and/or certifications expire. Administrator will notify SCG to update their health clearance/certification. Deadline will be given. If expired, not work.</p>	<p>7/18/17</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)</p> <p>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS PCG, SCG #1 – No documentation of positive tuberculosis (TB) clearance. Submit copy for each with the POC.</p> <p>SCG #6 – No two-step TB clearance. Submit copy with the POC.</p> <p>PCG, SCG #1, SCG #3, SCG #6 – No screening for symptoms consistent with pulmonary TB. Submit copy for each with the POC.</p>	<p>An employment checklist is used to ensure SCGs have 2 steps TB clearance or documentation of positive TB clearance with chest XRay. For SCGs with a history of TB skin test a screening will be required prior to hire.</p>	<p>7/18/17</p>
		<p>Note: SCG # 2, 3, 5, 6 + 7 are no longer employed.</p>	<p>7/18/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p>		
<input checked="" type="checkbox"/>	<p>FINDINGS PCG, SCG #3, SCG #6 – No first aid certification. Submit copy for each with the POC.</p>	<p>Please see the updated list of PCG and SCG and their required documents attached.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #1, SCG #2, SCG #3, SCG #4, SCG #5, SCG #6, SCG #7 – No training by the PCG to make medication available to residents. Submit copy of training for each with the POC.</p>	<p>Continue on from page 2 T. Ane Naulu (SCG) # 6 MR-12/9/15 ID-12/9/15 TB-10/21/14 CPR-10/9/14 - 10/9/16</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS PCG, SCG #3, SCG #6 – No current cardiopulmonary resuscitation certification. Submit copy for each with the POC.</p>	<p>See attachments - copies of PCG and SCG Training - 9/19/15</p> <p>Please see required documents attached.</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p>	
	<p>FINDINGS PCG, SCG #3, SCG #6 – No first aid certification. Submit copy for each with the POC.</p>	<p>Refer to 11-100.1-9(a). A spread sheet will be used and reviewed by administrator monthly. 7/18/17</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #1, SCG #2, SCG #3, SCG #4, SCG #5, SCG #6, SCG #7 – No training by the PCG to make medication available to residents. Submit copy of training for each with the POC.</p>	<p>Developed spread sheet to keep track of medication training for new employees by the PCG. 7/18/17</p> <p>SCG #2, #3, #6, #7 are no longer employed.</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS PCG, SCG #3, SCG #6 – No current cardiopulmonary resuscitation certification. Submit copy for each with the POC.</p>	<p>Refer to 11-100.1-9(a) A spread sheet will be used and reviewed by administrator monthly. 7/18/17</p> <p>SCG #3 & SCG #6 no longer employed.</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (g) The substitute care giver who provides coverage for a period greater than one month, shall meet the requirements as set forth in section 11-100.1-8(a).</p>	<p>PCG comes in to the care home 3 times a week. Started on 9/21/15 + 9/21/15 - Mon, Wed, and Fri and on call on weekends and other days.</p>
<p>3</p>	<p>FINDINGS SCG stated that the PCG visits one (1) to two (2) times per month.</p>	<p>Comes in on Mondays, Wed, Fridays. 11am - 4pm</p>

A new PCG was hired January 2016
 To prevent a similar deficiency the PCG will be expected to provide the time and visits needed to monitor SCG & residents.
 Current PCG visits 2-3 x/week and as needed.

7/18/17

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (i) The primary care giver shall give advance notice to residents and the resident's families, legal guardians, or surrogates or responsible agencies if the primary care giver plans to be absent for more than three days. Such advance notice shall be not less than one week except during emergencies. The primary care giver shall have a written plan, approved by the department, for providing resident care during any absence of the primary care giver from the Type I ARCH. This written plan shall also identify the duties and responsibilities of the substitute care giver. This rule does not apply to the primary care giver's short absences for shopping, errands, or other appointments unless the resident's condition requires full-time supervision and is addressed in the resident's schedule of activities or care plan.</p> <p>FINDINGS SCG stated that the PCG visits one (1) to two (2) times per month.</p>	<p>See copies of time sheets attached. (Samples only).</p>	
<p>3</p>		<p>A new PCG was hired on January 2016. She visits 2-3x/week and as needed. Refer to 11-100.1-9(g).</p>	<p>7/18/17</p>

<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 Only one (1) cycle menu.</p>	<p>Please see 4 cycle menu attached.</p>	
<p>4</p>		<p>Four week cycle menus were developed and currently in use by new PCG. New PCG checks menus when she visits and updates when needed.</p>	<p>7/18/17</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p>	<p>Any more substitute will be documented.</p>	
	<p>FINDINGS Substitutions were not documented.</p>	<p>Will document from now on.</p>	

Substitutions are now recorded. PEG checks substitution list when she comes.

7/18/17

7/18/17

<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 Glass cooktop cleaner unsecured under the kitchen sink. Rubbing alcohol and hydrogen peroxide were unsecured in a hall closet. Laundry detergent unsecured in the laundry area. Gate to the area was unlocked.</p>	<p>→ Locked away with cleaning stuff. 9/10/15</p> <p>→ Removed and empty into the toilet.</p> <p>→ The laundry detergent were belong to the landlord. He put them away. Most of them were empty.</p>	
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§11-100.1-14 Food sanitation. (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.

FINDINGS

Glass cooktop cleaner unsecured under the kitchen sink.

Rubbing alcohol and hydrogen peroxide were unsecured in a hall closet.

Laundry detergent unsecured in the laundry area. Gate to the area was unlocked.

Administrator reminded PCG/SCGs that poisons need to be secured at all times.

7/18/17

On a daily basis, administrator checks for unsecured poisons. Concerns are discussed with landlord. When found outside the facility, gate checked frequently during the day to laundry area.

7/18/17



§11-100.1-15 Medications. (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.

FINDINGS

Medication cabinet was unlocked and/or with the key in the lock during the inspection.

Pill minder was used for medication.

Sorry I only open the medicine cabinet when the inspector came. I thought it would help her, for her convenient. The medicine cabinet is always locked. Sorry it was a one time mistake. Pill minder is no longer use. Removed.

9/10/15



§11-100.1-15 Medications. (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.

FINDINGS

Medication cabinet was unlocked and/or with the key in the lock during the inspection.

Pill minder was used for medication.

Sign placed on medication cabinet to keep locked and remove key. 7/18/17
Administrator frequently checks when near the medication cabinet.
Pill minders are not used for medication



§11-100.1-15 Medications. (c)

Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.

FINDINGS

Internal and external medication were not separated.

- All Internal medication is stored 9/10/15.
in one bag (labeled) and all external medication in a separate bag.

Ziploc bags are labeled for internal & external medications
Medication stored checked at least daily for compliance 7/18/17



§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 - "Levobunolol ophthalmic 0.25 % solution" ordered; however, the label reflected "0.5%."

Resident #1 - "Potassium chloride 10 mEq/100ml twice a day" has been ordered 5/14/15, 5/18/15, 5/27/15, 7/8/15; however, the medication has not been made available. SCG stated the resident "is not on it."

Resident #1 - "Metoprolol" order of 5/14/15 included "Hold if SBP < 120 mmHg or HR < 50 and "losartan" order of 5/14/15 included "Hold if SBP < 120 mmHg"; however, the BP and the HR were not taken prior to medication administration.

Resident #1 - No physician order for "Bacitracin" used to treat a head injury resulting from a fall on 5/7/15. "Bacitracin" application was noted on the incident report.

The doctor's order to the pharmacy reflected 0.5%. See copy of doctor's order attached. 9/10/15

"Potassium chloride" was never ordered to the pharmacy and the doctor's office admitted that they printed an order to the nursing home. Pls see the right order that they should have given us.

The resident's PB was taken but not recorded on the right form. Corrected and now the BP is always taken before given the pills. Everything documented on the medication flow sheet. 9/10/15



§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 – “Levobunolol ophthalmic 0.25 % solution” ordered; however, the label reflected “0.5%.”

Resident #1 – “Potassium chloride 10 mEq/100ml twice a day” has been ordered 5/14/15, 5/18/15, 5/27/15, 7/8/15; however, the medication has not been made available. SCG stated the resident “is not on it.”

Resident #1 – “Metoprolol” order of 5/14/15 included “Hold if SBP < 120 mmHg or HR < 50 and “losartan” order of 5/14/15 included “Hold if SBP < 120 mmHg”; however, the BP and the HR were not taken prior to medication administration.

Resident #1 – No physician order for “Bacitracin” used to treat a head injury resulting from a fall on 5/7/15. “Bacitracin” application was noted on the incident report.

PCG checks Physician orders, medication label and medication record for accuracy when she visits. 7/18/17

PCG follows up with physician if there are any discrepancies with medication orders and availability. A D/c order will be obtained if resident not taking the medicine. 7/18/17

SCGs take BPs + HRs as ordered by the Physician when ordered. All medications made available to the resident will have a physician order. PCG monitors medications when she comes. 7/18/17

§11-100.1-15 Medications. (f)
 Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.

FINDINGS
 Resident #1 - No medication flowsheet since admission on 5/5/15.

→ All records has been transferred to The medication flow sheet and will continue on. 9/10/15

All residents have medication flow sheets. PCG checks when she visits to ensure they are in use. 7/18/17

§11-100.1-15 Medications. (l)
 There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.

FINDINGS
 Resident #1 - "Aspirin 81 mg" found with current medication. The resident is not taking this medication.

Aspirin 81mg was removed from the resident's medication box and destroyed. 9/10/15
 Pls see our procedures for destroyed unwanted medicine.

Aspirin 81mg was removed and destroyed. SCBS trained by PCG to remove discontinued medication promptly. PCG checks medication/medication orders when she visits. 7/18/17



§11-100.1-15 Medications. (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.

FINDINGS

Resident #1 - No medication records since admission on 5/5/15.



Medicine records were recorded on our daily log book instead of recorded on medication records. Used the medication records and then continue from then on.

9/10/15 + continue on.

Medications record was developed and maintained. SCGs trained to document on med. record. They are to inform PCG if not available.

7/18/17

☒	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1 – No schedule of activities.</p>
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→ Please see the individual activity plans attached. 9/10/15

A plan of care was developed and implemented by the PCG for the residents includes personal care services to be provided, 7/18/17 activities and special care needs identified. The PCG will make sure that all staff follow the care plan and goals are achieve. Completing the plan of care is included on the Admission Checklist? 7/18/17

☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>7 Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 – Admission assessment was completed by SCG #1 on 5/5/15.</p>
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Tapaita signed it on the 9/19/15. 9/19/15

- Sorry, I thought that I could sign it as the licensee Tapaita, PCG thought that it was ok too. Sorry from now on, Tapaita as PCG will do all the admission and sign it herself.

☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)</p> <p>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment was completed by SCG #1 on 5/5/15.</p>
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The PCG will use the admission check list to ensure the admission assessment is completed upon admission. All SCG were instructed that only PCG will complete and sign the admission assessment of resident.

7/18/17.

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(2)</p> <p>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p><u>FINDINGS</u> Resident #1 – No emergency information record.</p>
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A copy of emergency information records enclosed for Resident #1 is attached.

9/10/15

The admission checklist includes completed the Emergency information form. The administrator will review the resident record to ensure complete.

7/18/17

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 - No TB clearance at the time of admission. Submit copy of two step TB clearance with POC.</p>	<p>A copy of TB clearance for Resident #1 is attached.</p>	<p>10/2/15</p>
		<p>The resident's two step TB clearance documentation obtained. All documentation of past TB clearance, past positive TB skin test will not be removed from the Resident Binder.</p>	<p>7/18/17</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 - No signed physician orders for medication at the time of admission on 5/5/15. No physician order for Ensure taken by the resident.</p>	<p>Please see an updated records for Resident #1 from her Physician, signed order from</p> <p>P.T.O. Cont. on next page</p> <p>and treatment.</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 – No signed physician orders for medication at the time of admission on 5/5/15. No physician order for Ensure taken by the resident.</p>
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Checked with the physicians office and a physician's order was obtained. To prevent a similar deficiency PCG will check that physician orders are signed or obtain a telephone order to confirm. 7/18/17

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p>FINDINGS Resident #1 – No admission height and weight.</p>
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Please see the copy of updated admission height and weight 9/10/15
 12/7/15

The resident #1's height and weight were obtained and recorded. Height and weight is included on the admission checklist PCG will double check that the height and weight is documented on the height/weight record. 7/18/17

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p>FINDINGS Resident #1 – No admission inventory of money and valuable.</p>	<p>Please see a copy of inventory of clothes, There and valuables for Resident #1</p> <p>An inventory was developed and completed. PCG will double check the admission checklist to ensure the inventory is completed.</p>	<p>9/10/15</p> <p>7/18/17</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p>	<p>The progress notes has been updated and recorded in the proper forms and has been updated.</p>	<p>9/30/15</p>
	<p>FINDINGS Resident #1 – No progress notes since admission 5/5/15.</p> <p>Resident #1 – No progress notes for unwitnessed fall on 5/7/15. The resident sustained a head injury and vomited x 15 minutes following the fall.</p>		

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all</p>	
	<p>action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – No progress notes since admission 5/5/15.</p> <p>Resident #1 – No progress notes for unwitnessed fall on 5/7/15. The resident sustained a head injury and vomited x 15 minutes following the fall.</p>	<p>Progress notes are documented daily and when there are changes in conditioning. We are no longer use a separate book to keep notes. All incidents/falls will be documented in the progress notes. The PCG will check the documentation when she comes. SCGs inform PCG of all falls & incidents. 7/18/17</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #1 – No monthly weights.</p>	<p>Please see the resident's weight chart attached. Sorry they were recorded in our daily log but has been updated. 10/10/15</p>



§11-100.1-17 Records and reports. (b)(7)
During residence, records shall include:

Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;

FINDINGS

Resident #1 - No monthly weights.

The residents weight are taken and recorded monthly. In order to prevent similar deficiency, all residents weight are taken at the beginning of the month. PCG to check and monitor 7/18/17 on a monthly basis.



§11-100.1-17 Records and reports. (f)(3)
General rules regarding records:

An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;

FINDINGS

Cabinet for the resident records was not locked and/or the key was in the lock during the inspection.

It had been locked at all times but the SCG just opened it when the inspector came to 9/10/15. make it convenient for her. It is now lock and the key the key is no longer on the lock.

Sign posted on cabinet for the resident's records. Staff trained and instructed to keep the cabinet lock at all times. 7/18/17 Administrator to check and monitor on a daily basis when near the cabinet.

<input checked="" type="checkbox"/> <i>W</i>	§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents;	Please see the copy of the general register attached.	9/10/15 + 12/7/15
FINDINGS No resident register since first resident admitted 2/20/15.			

7/18/17

- A permanent general register is in use. Documenting on the Resident Register is included on the admission checklist. The administrator checks to ensure the admission is recorded.

<input checked="" type="checkbox"/> <i>IS</i>	§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, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 - The physician was not notified of the fall on 5/7/15 when she sustained a head injury and vomited x 1 following the fall. The SCG stated the PCG was informed two (2) days later. Per SCG, the PCG instructed the SCG to contact the physician. No documentation that the physician was notified of the fall.	Unable to correct the deficiency. However, a staff training by the PCG on how to document and report all incidents occurred was conducted. PCG (who must notify the physician) must be notified immediately when incidents occur. PCG will document when physician notified of incidents.	7/18/17
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§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)

Residents' rights and responsibilities:

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:

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;

A copy of the written policies was included in the resident's file. The family had a copy 9/17/15. too, also the Resident signed her copy. It has been updated. Please see the copy of the General Policies and a specify charges for the services.

FINDINGS

Resident #1 - Charges for services were not specified.

Charges were verbally clarified with the residents at the time of admission and in writing. 7/18/17 However a few changes in the written policies were made to clarify the rights and responsibilities of resident during their stay at Loumaite Cottage. PEG and administrator will make sure the policies have the charges for services specified. added to the admission checklist.



§11-100.1-23 Physical environment. (g)(3)(B)
Fire prevention protection.

Type I ARCHs shall be in compliance with, but not limited to, the following provisions:

There shall be a clear and unobstructed access to a safe area of refuge;

FINDINGS

Access to the area of refuge from the second exit was obstructed by:

- A chair which decreased the clearance to 31 ½ inches
- Shelving unit which decreased the clearance to 33 inches
- Wooden ramp which had shifted to the left resulting in part of the access without the ramp.

The wooden ramp has
→ now replaced with a
cement ramp. Permanent 10/1/15
belonged to the landlord
→ Chair has been moved - 9/17/15
→ The shelves has been moved
forward, so the fire exit is
now at least 43" wide. - 9/17/15

- The chair was moved
- Shelving unit was also moved
- Wooden ramp was replaced 7/18/17
with a concrete ramp.
To prevent similar deficiencies,
a black tape is use to
mark the required clear and
unobstructed access to the
safe area of refuge. PCG and
administrator to ensure exits
are not obstructed on a daily basis.



§11-100.1-23 Physical environment. (g)(3)(I)(i)
Fire prevention protection.

Type I ARCHs shall be in compliance with, but not limited to, the following provisions:

Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:

For each such non-certified resident there must be a

responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;

FINDINGS

For two wheelchair residents there is one care giver at night. The home does not have a live-in care giver. The home has 24/7 staffing.

Now there are 2 caregivers on duty 24 hrs at all time.

9/10/15

It will continue on as long as I have two wheelchair residents in the house.

A live-in caregiver and a second staff were assigned to work in each shift to maintain the two caregivers on duty at all times. PCG will check and monitor that 2 staff policy are maintain as needed.

7/18/17



§11-100.1-23 Physical environment. (h)(3)

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.

All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;

FINDINGS

Dishes were partially submerged in sanitizing solution until corrected.

Mouse observed in the house.

The soaking tub has been replaced with a bigger tub so all the dishes are now able to submerged in the sanitizing solution

9/10/15

→ The mouse which came in when the door was open, went outside the same day. We never see one since then. We put out traps and keep the door closed. Replaced the glass part of the door with screen so the air can still flow while the door is closed.

The container where dishes were sanitized were replaced with a bigger container. Staff were trained to submerge all dishes completely. PCG and administrator will monitor for compliance.

7/18/17.

☒ §11-100.1-23 Physical environment. (i)(6)
 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.

In Type I ARCHs, bedrooms, hallways, and corridors shall be large enough to allow passage, access and be comfortable for residents with assistive devices. Type I ARCHs shall establish a performance criteria for safe evacuation and exit from the facility meeting the standards and requirements as

set forth by the Uniform Building Code (UBC) and NFPA 101 (with utilization of the FSES rating).

FINDINGS
 For one of two (2) wheelchair residents, two (2) tables were placed in the living area obstructing passage to the exit. Clearance between the two (2) tables decreased to 33 inches.

One of The tables has been removed so now at least we have 43 inches space between the two tables

9/10/15

One table was removed. The staff were instructed to keep the passage to the exit clear. PCG and staff on duty will check and monitor on a daily basis.

7/18/17

17 Continuous Quality Improvement Plan for long term to avoid anymore deficiencies.

Licensee/Administrator's Signature: Maile T. Drake

Print Name: Maile T. Drake

Date: 12/30/15

Licensee/Administrator's Signature: Maile T. Drake

Print Name: Maile T. Drake

Date: 7/18/17.