

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Angels from Heaven, Inc. (DDDH)	CHAPTER 89
Address: 94-357 Kahuapaa Place, Waipahu, Hawaii 96797	Inspection Date: December 16, 2016 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.

RECEIVED
JAN 13 11:16
OFFICE OF HEALTH CARE ASSURANCE
LICENSING SECTION

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> There was no verification that Caregivers #1 and #2 met the annual 8-hour training requirement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attached copies of certificate for 8 hour - training for caregivers #1 and #2 - we are also attending classes to update our knowledge in giving care to our residents but we have not receive our certificate for that from the agency that offers the classes.</p>	<p style="text-align: center;">2/26/14</p> <p style="text-align: right;">17 JAN 13 P1:16</p> <p style="text-align: right;">DORIS A. CLARSON</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-89-8(d)	<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>our future plan is to file the certificates of training in the "staff training folder" as soon as it is given to us - and do not let anyone hold it, or take it out of the file unless they make sure to return it in the right folder: and have them sign a paper that they borrowed it to make copy.</p>	<p style="text-align: right;">12-16-16</p> <p style="text-align: right;">17 JAN 13 P1:16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> In Bedrooms #4 and #5, some of the jalousie window operators were detached from the jalousie windows and the jalousies could not be opened. In Bedroom #4, three of the four jalousie window operators did not work and in Bedroom #5, two of the four jalousie window operators did not work.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Tammy, our maintenance person, removed the window operators from Bedrooms #4 and #5 which were detached from the jalousie window. Replaced the worn out parts - with new ones - checked if jalousies in bedrooms #4 and #5 worked, also checked the other windows -</i></p>	<p style="text-align: right;"><i>12-18-16</i></p> <p style="text-align: right;"><i>17 JAN 13 P1:16</i></p> <p style="text-align: right;"><i>Handwritten Signature</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-89-12(b)	<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> <i>Whenever the windows are cleaned up, we will check all parts and make sure that they are in good working condition. If any part of the window is inoperable to have it repair immediately. Residents who like to play with the windows are now asked to be careful that the window operator will not break.</i> </p>	<p style="text-align: right;"> 12-18-16 17 JAN 13 P1:16 <small>Printed on 1/13/17</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (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>FINDINGS For Resident #1, Norvasc 5 mg tablet, take 1 tablet daily was listed on the physical examination of January 2, 2016; however, Norvasc was not listed as given, on the medication records.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Called Long Drug 696 7059 To verify if Resident #1 was pre- scribed Norvasc 5 mg tablet on January 2016, because there was no record that the resident #1 had it on the medication chart the pharmacist said that it is <u>not</u> on his record that norvasc 5 mg was prescribe.</p> <p>Asked Dr. [redacted] for the copy of the prescription, but he said that whatever in the old record I need that Resident #1 was taken from previous physician it will show in the computer if it's not seen. Asked Dr. [redacted] for D.C. note for that norvasc 5 mg med it will show on his physical exam. Paper which is done on 1/13/17 -</p>	<p style="text-align: right;">12-17-16</p> <p style="text-align: right;">17 JAN 13 PM 1:07</p> <p style="text-align: right;">[Signature]</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-14(e)(12)</p> <p><u>FINDINGS</u> For Resident #1, Norvasc 5 mg tablet, take 1 tablet daily was listed on the physical examination of January 2, 2016; however, Norvasc was not listed as given, on the medication records.</p>	<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><i>Caregiver #1 & #2, will be the responsible person to review the physical examination and medication records and to follow up with the prescribing physician to correct any discrepancies; have the physician write the corrections, date and signature.</i></p>	<p style="text-align: right;"><i>3-1-17</i></p> <p style="text-align: right;"><i>91:46</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (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>FINDINGS For Resident #1, there was no verification that medications were made available to resident in October 2016, as a medication record was not on file.</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>97 JUN 13 P1:17</p> <p>OFFICE OF CALIFORNIA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-14(e)(12)</p> <p><u>FINDINGS</u> For Resident #1, there was no verification that medications were made available to resident in October 2016, as a medication record was not on file.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Caregivers #1 & #2 will be responsible for making sure that all borrowed original documents are returned to the resident's file after copying are made also to caregivers #1 & #2 are responsible to make sure all numbers of pages removed are returned.</i></p>	<p align="right"><i>3-1-17</i></p> <p align="right">1:46</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>FINDINGS For Resident #1, the medication record was dated January 2016; however, it should have been dated February 2016.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>for Resident #1, medication record dated January 2016, med. was given on January 2016 and the medications prescribed in Feb 2016 were given on Feb 2016 - the medication record file dates were corrected by crossing the wrong date and initialing.</p>	<p>3-1-17</p>

1:46

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-14(e)(12)</p> <p><u>FINDINGS</u> For Resident #1, the medication record was dated January 2016; however, it should have been dated February 2016.</p>	<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><i>Caregiver #1 will be responsible to insure that medication record for the month will only be use for that month. Caregiver #1 will write the month and year of the medication sheet and caregiver #2 will double check it.</i></p>	<p style="text-align: right;"><i>3-29-17</i></p>

18:41

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p>FINDINGS Resident #2 did not have evidence of a current TB clearance on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident #2's TB test was not done until 12-19-16. TB clearance copy is attached.</i></p>	<p style="text-align: center;"><i>12-19-16</i></p> <p style="text-align: center;">97 JAN 13 PM 1:17</p> <p style="text-align: center;">D. J. A. L.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-89-18(b)(1)	<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>Caregivers #1 & #2 will insure that TB Test for all residents be done prior to expiration and reports be filed in their medical binder. Caregiver #1 will write ^{up} the date of the TB Test for each resident on the calendar and caregiver #2 will check it every month, to see if the TB Test is due.</p>	<p style="text-align: right;">3-29-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, on October 20, 2016, physician ordered Keflex 500 mg, 1 TID #21 and Tessalon Perle 200 mg, 1 TID for cough #21. There were no caregiver entries indicating that resident was ill, medications were made available and/or resident's response to the medications.</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>17 JUN 13 P1 17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-18(b)(2)</p> <p><u>FINDINGS</u> For Resident #1, on October 20, 2016, physician ordered Keflex 500 mg, 1 TID #21 and Tessalon Perle 200 mg, 1 TID for cough #21. There were no caregiver entries indicating that resident was ill, medications were made available and/or resident's response to the medications.</p>	<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><i>Caregiver #1 will insure that when residents are ill, the doctor's prescriptions, and the residents feel, any reactions or response to the medications will be recorded on their medical record. caregiver #2 will check it monthly to insure that every thing is documented.</i></p>	<p style="text-align: right;"><i>3-29-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, caregiver entries from December 2015 to November 2016, did not include information pertaining to resident's response to medications, treatments, diet and provision of care and/or indications of illness. Entries only contained information pertaining to the social and recreational activities the resident participated in.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">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;">JAN 13 2017 11:17 AM DEPT. OF HEALTH & HUMAN SERVICES</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-18(b)(2)</p> <p><u>FINDINGS</u> For Resident #1, caregiver entries from December 2015 to November 2016, did not include information pertaining to resident's response to medications, treatments, diet and provision of care and/or indications of illness. Entries only contained information pertaining to the social and recreational activities the resident participated in.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Caregivers #1 & #2 will include on their records of their response to medications, diet treatments or provision of care and/or indications that the residents illness, and not only their social and recreational activities.</i></p>	<p align="right"><i>3-1-17</i></p> <p align="right">01:47</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><u>FINDINGS</u> White out was used on Resident #1's name on the 3-month medication update of May 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>RECEIVED JUN 13 2017 11:17 AM</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-89-18(e)(2)	<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> <i>Caregivers #1 & #2 will insure that any documents ^{to be} filed in the resident's record will not have any white off - instead if error is made, to cross out the error & initial it.</i> </p>	<p style="text-align: center;">3-1-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p>FINDINGS Although a menu was posted, it was not reflective of current nutritional requirements. (NOTE: Repeat deficiency from 2015.)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The menu form on our folder and also posted, now includes the current nutritional requirements, the nutritionist from the Department of Health Anette Jackson -6927400 had assisted caregiver #1 and I trained caregiver #2 in using the current nutritional guideline, Caregiver #1 & #2 are also active in doing research with the National Academy of Science regarding the most current recommended dietary allowance for our residents type</p>	<p style="text-align: center;">12-17-16</p> <p style="text-align: right;">JAN 13 11:17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-89-19(a)	<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> <i>Caregivers #1 & #2, will continue to update our knowledge in regard to making the menu for our resident health and also for us Menu will be updated according to the resident's health require- ments in regards to their diet which will be in accordance to the resident's ^{current} healthage sex, activity and livability.</i> </p>	<p style="text-align: right;">3-29-17</p>

Licensee's/Administrator's Signature: Leonarda Leiwalo

Print Name: Leonarda Leiwalo

Date: Jan 11, 2017

Licensee's/Administrator's Signature: Leonarda Leiwalo

Print Name: Leonarda Leiwalo

Date: Mar 1, 2017

Licensee's/Administrator's Signature: Leonarda Leiwalo

Print Name: Leonarda Leiwalo

Date: 3-29-17