

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> <b>'Ano'Ano, L.L.C.</b>	<b>CHAPTER 100.1</b>
<b>Address:</b> <b>54-2489 Kynnersly Road Lot C, Kapa'au, Hawaii 96755</b>	<b>Inspection Date: August 11, 2017 Annual</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.**

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1, two (2) step tuberculosis (TB) skin test administered as follows:</p> <ul style="list-style-type: none"> <li>• Date given: 10/6/16      Date read: 10/8/16</li> <li>• Date given: 10/12/16      Date read: 10/14/16</li> </ul> <p>Two (2) step TB skin test did not follow TB examination procedures for all health care workers.</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>Ano'Ano Care Home was unable to correct this deficiency as SCG #1 is no longer employed by Ano'Ano Care Home as of September 3, 2017.</p>	October 25 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)  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><b><u>FINDINGS</u></b>  Substitute care giver (SCG) #1, two (2) step tuberculosis (TB) skin test administered as follows:</p> <ul style="list-style-type: none"> <li>• Date given: 10/6/16      Date read: 10/8/16</li> <li>• Date given: 10/12/16      Date read: 10/14/16</li> </ul> <p>Two (2) step TB skin test did not follow TB examination procedures for all health care workers.</p>	<p style="text-align: center;"><b>PART 2</b>  <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>In the future as part of the new hiring process all future employees are required to obtain Two (2) step PPD within the allotted time of 7-21 days interval after the 1st step PPD given. The PCG will oversee that this task is completed. The Lead CNA and Administrative Assistant will also verify that this process was completed correctly.</p>	<p>October 25 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication order dated March 13, 2017 read, "Yu Nan Bai Yao capsules 2 caps 4x/day." And March 22, 2017 medication order read, "Discontinue Yunan Bai Yao capsules. 2 caps. QID." However, medication orders were not signed by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication order dated March 13, 2017 read, "Yu Nan Bai Yao capsules 2 caps 4x/day." And March 22, 2017 medication order read, "Discontinue Yunan Bai Yao capsules. 2 caps. QID." However, medication orders were not signed by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b> <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>In the future AnoAno will obtain a signed written physician order prior to giving medication to the resident. In addition the PCG will verify signed written physician order in comparison with the written MAR including the date, dosage, frequency and time.</p> <p>Furthermore all discontinued medications must have signed written physician order. The PCG will note all written documents. Secondly, the Lead CNA will also verify that this task is completed properly by initialing discontinued medications in the written MAR.</p>	<p>October 25 2007</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e)  All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no order for the following medications listed on the March 2017 medication record:</p> <ul style="list-style-type: none"> <li>• “Bion Tears Lubricant Eye drops. Instill 1 or 2 drops in affected eye(s) PRN.”</li> <li>• “Ibuprofen 400 mg 1 tab po q 8hrs PRN for pain”</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1, March 2017 medication record read, "Ibuprofen 400 mg take 1 tablet TID <u>PRN</u> for pain." However, no time of administration documented on the March 2017 medication record initialed as administered on March 15, 18 and 22, 2017.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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	Rules (Criteria)	Plan of Correction	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1, two (2) step tuberculosis (TB) skin test read, "2 step TB skin test negative Feb 3, 2017 negative, Feb 10, 2017 negative." However, no dates of administration.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>AnoAno was able to obtain accurate date of original administration of 2 step PPD via physicians office. In addition resident #1 has thus repeated the required Two (2) step PPD within the state of Hawaii. The repeated steps were obtained on 10/16/17 first step and 10/23/17 second step completed. Resident #1 is free of TB.</p>	<p>October 25 2017</p>

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☒	<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><b><u>FINDINGS</u></b>  Resident #1, two (2) step tuberculosis (TB) skin test read, "2 step TB skin test negative Feb 3, 2017 negative, Feb 10, 2017 negative." However, no dates of administration.</p>	<p style="text-align: center;"><b>PART 2</b>  <u><b>FUTURE PLAN</b></u></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>In the future prior to admission into AnoAno Care Home all residents must obtain 2 step PPD with date of administration stated on document. This administration must be completed within the State of Hawaii. The PCG will over see that this is done correctly.</p>	<p>October 25 2017</p>

Licensee's/Administrator's Signature: EValdub

Print Name: Edward L. Valdez, CHD - PCG

Date: 10/27/2017

Licensee's/Administrator's Signature: EValdez

Print Name: Edward L. Valdez, CHO-PCG

Date: November 22, 2017