

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|--|
| Facility's Name: Bagasol (DDDH) | CHAPTER 89 |
| Address: 911 A Lalawai Street, Wahiawa, Hawaii 96786 | Inspection Date: February 9, 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.

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| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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> Concentrated Clorox Bleach (Performance) was used for sanitizing dishes.</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;">Regular Clorox was purchased and used immediately.</p> | <p style="text-align: center;">2/9/2017</p> |

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| <input checked="" type="checkbox"/> | <p>RULE #11-89-12(b)</p> <p><u>FINDINGS</u> Concentrated Clorox Bleach (Performance) was used for sanitizing dishes.</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>To prevent errors in the future, if a new Clorox bleach brand comes out, to consult with OHCA for any question for the appropriateness of such new brand of bleach to use.</p> | <p>2/9/2017</p> <p>RECEIVED</p> |

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| <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> The trash receptacle in the kitchen did not have a cover.</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;">Purchased one with tight lid today 2/9/2017 Discard old one and started using new one immediately</p> | <p style="text-align: right;">2/9/2017</p> |

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| <input checked="" type="checkbox"/> | <p>RULE #11-89-12(b)</p> <p><u>FINDINGS</u> The trash receptacle in the kitchen did not have a cover.</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 style="text-align: center;">To prevent errors in the future, when this tight lid kitchen trash can breaks, to immediately purchase a new one and replace it immediately.</p> | 2/9/2017 |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>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.</p> <p>FINDINGS For Resident #1, the pharmacy label for Levetiracetam 1000 mg (Keppra 1000 mg), dispensed on February 8, 2017, notes, take 3 tablets by mouth every morning; however, the physician order of February 7, 2017 and the medication record note to take 3 tablets by mouth every HS.</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA LICENSE#</p> <p style="text-align: center;">17 MAR 30 P1:03</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>CG brought copy of physician's order to Pharmacy requested a new and corrected label to show the correct order of Leviteracetam (Keppra) 1000 mg to take 3 tablets at bedtime CG Received bottle with corrected label.</p> | <p style="text-align: right;">2/9/2017</p> |

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| <input checked="" type="checkbox"/> | <p>RULE #11-89-14(e)(1)</p> <p style="text-align: right;">STATE OF HAWAII DOSH-OHCA LICENSING</p> <p style="text-align: right;">17 MAR 30 P 1:03</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>For future plans and reference, Caregiver to immediately check labels of medications received using the five rights, five golden rules for administering drugs safely: Right Medication/Drug Right Person/Patient Right Dose Right Route Right Time.</p> <p>Caregiver to immediately request correction upon receipt of medication labeled incorrectly.</p> | <p style="text-align: right;">2/9/2017</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, the 3-month medication update of October 25, 2016 notes, Levetiracetam (Keppra) 500 mg p.o. 3 ½ tablets every morning; however, the October 2016 and November 2016 medication records note that Levetiracetam (Keppra) 750 mg p.o. 3 ½ tablets was given.</p> <p style="text-align: center;">STATE OF HAWAII DOSH-CHCA LICENSING</p> <p style="text-align: center;">17 MAR 30 P 1:03</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>Lined "500mg" out the 3-months update form prepared by caregiver, wrote "750mg", initialed and dated by administrator.</p> <p>Caregiver brought to PMD the corrected 3-months update form explained the error requested his initial. PMD initialed.</p> <p style="text-align: right;"><i>JW 3/30/17</i></p> | <p style="text-align: center;">2/9/2017</p> <p style="text-align: center;">3/30/2017</p> |

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| <input checked="" type="checkbox"/> | RULE #11-89-14(e)(6) | <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;"> For written medication update prepared by caregiver, Substitute caregiver to review and to make corrections as needed. </p> | <p style="text-align: right;">2/9/2017</p> |

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| ☒ | <p>§11-89-19 <u>Nutrition</u>. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u> A menu was not posted.</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>Brought out the menu posted in the closet, placed in a sheet protector and posted it in front of the refrigerator.</p> <p style="text-align: right;">RECEIVED</p> | <p>2/9/2017</p> |

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| <input checked="" type="checkbox"/> | RULE #11-89-19(c) | <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;">Menu will be placed on a sheet protector and posted in front of refrigerator and is referred to for shopping and planning meals</p> <p style="text-align: right;">RECEIVED</p> | <p style="text-align: center;">2/9/2017</p> |

MAR 01 2017

Licensee's/Administrator's Signature: *Nely Bagasol*
Print Name: NELY BAGASOL
Date: Feb 27, 2017

Licensee's/Administrator's Signature: *Nely Bagasol*
Print Name: NELY BAGASOL
Date: 3/30/2017

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