

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  Hale Mohalu	CHAPTER 100.1
<b>Address:</b>  3650 Maunalei Avenue, Honolulu, Hawaii 96816	<b>Inspection Date: December 8 &amp; 9, 2016 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.**

17 JUN 2016 10:41

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>            Bedroom#2 - Medication unsecured at the bedside.</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>A drawer is designated for medication at the resident's bedside which will be utilized to store medications for residents who will be self-administering own medications.</p> <p>Resident informed to keep medications in drawer to keep it secured.</p> <p>Reviewed PharMerica Policy and Procedure Manual Section 7.3 Medication Administration Self-Administration by Resident.</p>	<p>12/09/2016</p> <p>12/09/2016</p> <p>12/09/2016</p> <p style="text-align: right;">17 JAN 20 13:41</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(b)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</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>Residents will be instructed and reminded to keep medications in the drawer designated for medications to be self-administered and to keep their bedroom doors closed. Primary Care Giver or designee will be responsible for ensuring the residents have their medication secured in their drawer, and their bedroom doors are locked.</p> <p>Should a resident fail to secure his med-minder the nurse will secure the resident's med-minder in the medication cart until the next medication time.</p>	<p>Ongoing.</p> <p>Ongoing.</p> <p style="text-align: right;">47 JUN 29 08:41</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 - "Metoprolol tartrate 25 mg give 1/2 tab (12.5 mg) po BID prn for HR &gt; 120" ordered 7/26/16; medication record reflected on 8/7/16 @ 2215 the medication was given for HR = 115-120.</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>Corrective actions were initiated on 08/11/2016. Nursing Supervisor spoke with staff member involved in medication error. Reviewed the MD order in detail and parameters to administer medications with staff.</p>	<p>8/23/2016</p> <p style="text-align: right;">17 JUN 2016 11:41</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(e)	<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>Nursing Supervisor will continue to work with staff to eliminate future errors.</p> <p>Primary care giver or designee will review the Medication Administration Record (MAR) at least weekly to ensure that staff are following the parameters set forth by the physician.</p>	<p>Ongoing.</p> <p>Ongoing.</p> <p style="text-align: right; vertical-align: bottom;">17 JUN 21 09:41</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1)            There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b>            Resident #2 - "Hydrocortisone 1%" ointment had expiration "11/16" on the crimp was found with current supply of medication.</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>Call made to Kalaupapa Care Home (KCH) and spoke to DON. Informed KCH that resident's Hydrocortisone 1% ointment was expired. Reminded KCH nursing staff to check expiration dates on all medications and topical creams/ointments before sending to Hale Mohalu. Recommended to KCH nurses to check medication expiration dates weekly and consistently especially PRN medications.</p> <p>Hale Mohalu staff was also instructed to check medication expiration dates when medications are received from KCH during admission process.</p> <p>Email was sent to KCH DON, Head Nurse and nursing staff to inform of expired Hydrocortisone 1% ointment and the need to check expiration dates on all medications and topical creams/ointments before sending to Hale Mohalu.</p> <p>Expired medication removed from current supply on 12/9/16.</p>	<p style="text-align: center;">12/09/2016</p> <p style="text-align: center;">12/09/2016</p> <p style="text-align: center;">12/09/2016</p> <p style="text-align: center;">12/09/2016</p>


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(l)	<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>During admission or readmission process, HM nurse will check all medications with POS and/or MAR which includes checking the expiration dates of all medications. If HM nurse finds expired medications, order will be placed with PharMerica in a timely manner.</p> <p>Night nurse will continue to check medications weekly and PRN for Hale Mohalu residents and residents admitted from Kalaupapa.</p> <p>If medication will expire within the month, the nurse checking medications will place a note on the medication tube or blister pack stating the date of expiration. Ex: EXPIRES ON: 12/31/2016. Continue to check all medication expiration dates weekly to prevent having expired medications on hand.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

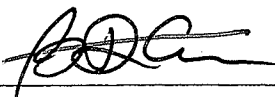

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r)            Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b>            Bedroom #8 - Water dripping from a fluorescent light fixture.</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>Leahi Hospital Maintenance Department was emailed on 12/09/2016 regarding water dripping in Bedroom #8. On 12/12/2016, received email from Leahi Hospital Maintenance Dept. Pre-construction was done on 12/07/2016. Re-roofing project started on 01/03/2017. Re-roofing project was completed on 04/15/17.</p>	<p style="text-align: center;">04/15/2017</p> <p style="text-align: center;">17 APR 28 2017</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(r)	<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>Will continue to communicate with Leahi Hospital Maintenance Department as needed on work to be done.</p> <p>Staff were reeducated on the process to address maintenance and repair issues. Staff are to report to primary care giver or designee (i.e. Charge Nurse) of any maintenance or repair issues that need to be addressed. Primary care giver or designee will prepare a requisition describing the maintenance and repair issue, and forward to clerical staff. Clerical staff will generate a work order and submit to Leahi maintenance to request repair and/or maintenance services. Clerical staff will monitor progress of requests submitted to Leahi maintenance to insure completion of work. Primary care giver to review the completed work to ensure residents' safety.</p>	<p>Ongoing</p> <p>12/30/2016</p> <p style="text-align: right;">17 JUN 20 08:41</p>

Licensee's/Administrator's Signature:   
Print Name: Baron Chan  
Date: 3-28-17

Licensee's/Administrator's Signature:    
Print Name: Baron Chan  
Date: ~~3-28-17~~ 4-17-17

Licensee's/Administrator's Signature:   
Print Name: Baron Chan  
Date: 6-26-17

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