

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ho'onani Care Home	CHAPTER 100.1
Address: 65-1267B Lindsey Road, Kamuela, Hawaii 96743	Inspection Date: August 4, 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.

	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><u>FINDINGS</u> Resident #1, physician order of May 3, 2017 and August 3, 2017 read, "Senna 8.6 mg Take 1 soft get P.O. @ H.S. for constipation, <u>PRN</u>." However, May – August 2017 medication record read, "Senna 8.6 mg Take 1 soft gel P.O. @ H.S. for constipation."</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 revised the PRN medication flowsheet to specifically say PRN after each medication in order to match the physician's order.</p>	<p style="text-align: center;">8-5-17</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><u>FINDINGS</u> Resident #1, physician order of May 3, 2017 and August 3, 2017 read, "Senna 8.6 mg Take 1 soft gel P.O. @ H.S. for constipation, <u>PRN</u>." However, May – August 2017 medication record read, "Senna 8.6 mg Take 1 soft gel P.O. @ H.S. for constipation."</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>In the future, I will copy the physician's order word for word and double check every time we get a new order to make sure all information is included on the flowsheet.</p>	<p style="text-align: right;">8-22-17</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><u>FINDINGS</u> Resident #1, physician order of May 3, 2017 and August 3, 2017 read, "Tylenol PM Acetaminophen 500 mg Diphenhydramine Hal 25 mg Take 1 tablet P.O. @ H.S. as needed for <u>sleeplessness</u>, PRN." However, May – August 2017 medication record read, Tylenol PM Acetaminophen 500 mg Diphenhydramine Hal 25 mg Take 1 tab P.O. @ H.S. PRN for <u>sleepiness</u>."</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 revised the medication record to read sleeplessness instead of sleepiness.</p>	<p style="text-align: right;">8-4-17</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><u>FINDINGS</u> Resident #1, physician order of May 3, 2017 and August 3, 2017 read, "Tylenol PM Acetaminophen 500 mg Diphenhydramine Hal 25 mg Take 1 tablet P.O. @ H.S. as needed for <u>sleeplessness</u>, PRN." However, May - August 2017 medication record read, Tylenol PM Acetaminophen 500 mg Diphenhydramine Hal 25 mg Take 1 tab P.O. @ H.S. PRN for <u>sleepiness</u>."</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>In the future, I will check the physician order and medication label to make sure they match and then write the order on the MAR as it is ordered. I will have the SCG on duty double check the orders and make sure they all match. When we have both agreed they match, we will follow the order + inform all other staff via our communication log. Prior to the beginning of the month, when I am preparing the new monthly MAR, I will re-check all orders + match them against physician orders and prescription labels.</p>	<p style="text-align: right;">12-1-17</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>FINDINGS Resident #1, physician order of, July 28, 2017 read, "Adjust to Quetiapine 25 mg and give 1-2 tablets in afternoon non-extended release P.O. <u>daily</u>." However, July and August 2017 medication records and prescription bottle label read, "Quetiapine 25 mg take 1-2 tabs po after lunch <u>as needed</u> for restlessness, paranoia or anxiety."</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 faxed a clarification to the physician and he noted, signed and dated the correct order.</p>	<p style="text-align: right;">8-4-17 Faxed 8-16-17 Returned</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><u>FINDINGS</u> Resident #1, physician order of, July 28, 2017 read, "Adjust to Quetiapine 25 mg and give 1-2 tablets in afternoon non-extended release P.O. <u>daily.</u>" However, July and August 2017 medication records and prescription bottle label read, "Quetiapine 25 mg take 1-2 tabs po after lunch <u>as needed</u> for restlessness, paranoia or anxiety."</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>In the future, when I ^{first} get the physician order and prescription, I will match them. If there is a discrepancy, I will get a phone verification order + follow that up with the physician's signature. Once I am clear on the exact wording of the order I will add it to the current MAR. I'll verify w/ the SCG on duty. Prior to the beginning of the next month, I will re-check all orders + match them the MAR, physician orders and prescription labels to be certain they are consistent.</p>	<p style="text-align: right;">12-1-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1, physician ordered "Quetiapine 50 mg take 1 tablet P.O. q day H.S. for anxiety" on May 18, 2017. Medication was held on May 19, 2017 and adjusted on July 25 and 28, 2017. However, no response to medication documented in May – July 2017 monthly progress notes.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1, physician ordered "Quetiapine 50 mg take 1 tablet P.O. q day H.S. for anxiety" on May 18, 2017. Medication was held on May 19, 2017 and adjusted on July 25 and 28, 2017. However, no response to medication documented in May – July 2017 monthly progress notes.</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>In the future, I will ensure that responses to medication are documented in the progress notes by training staff on this issue and reviewing the medication flowsheets and progress notes at the end of each month to verify that all issues/changes noted on the activity and medication flowsheets are supported with documentation in the progress notes.</p>	<p style="text-align: right;">8-22-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1, incident report dated May 19, 2017 documented a witnessed fall and subsequent emergency department visit. However, no progress note noted in resident record.</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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1, incident report dated May 19, 2017 documented a witnessed fall and subsequent emergency department visit. However, no progress note noted in resident record.</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>In the future, I will write a progress report alongside every incident report to give supportive information regarding the incident.</p>	<p style="text-align: right; font-size: 1.2em;">8-7-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection.</p> <p>All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws;</p> <p><u>FINDINGS</u> Enclosure of care home garage created an additional resident bedroom (bedroom #5). No life safety and sanitation inspection of resident room prior to use.</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>All necessary county inspections were completed for Bedroom #5 , I notified Edwin Jatiko on June 16th, 2017 that our resident room had been completed. He replied that once he received the referral from Jill Castanares, he would submit a request for approval to travel to an outer island and let me know what day he would be coming over.</p> <p>I did not hear from Ed again before our inspection on August 4th, 2017, on which date I reached out to him again to let him know that Jill had informed me that we were not supposed to have a resident in the room until he had approved it. I also informed him that we did have someone move in once the county inspectors had approved it. The construction was completed exactly as to Mr. Jatiko's approved plans and John Piper had also come through and approved the fire safety of the room. I have not heard about when Mr. Jatiko will be available to come over.</p>	<p style="text-align: right;">8-4-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection.</p> <p>All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws;</p> <p><u>FINDINGS</u> Enclosure of care home garage created an additional resident bedroom (bedroom #5). No life safety and sanitation inspection of resident room prior to use.</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>In the future, I will wait until the sanitation inspection is completed and DHCA approves the constructed space prior to utilizing any newly constructed space that requires such an inspection.</p> <p>I will be certain to notify the inspector when the plans are drawn up. Once I get approval I will notify the inspector when construction begins. I will again notify the inspector when we have a projected completion date to allow time for the inspector to arrange for travel.</p>	<p style="text-align: right;">12-17</p>

Licensee's/Administrator's Signature: *K. G.*
Print Name: *Karen Clay*
Date: *12-1-17*