

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Knight's Victoria House	CHAPTER 100.1
Address: 268 Panio Street, Honolulu, Hawaii 96821	Inspection Date: May 5, 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>§11-100.1-9 <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><u>FINDINGS</u> Substitute care giver #1 - No documentation of the second tuberculosis skin test upon hire.</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>Substitute care giver #1 completed second step PPD skin test on June 15, 2017. See Attached.</i></p>	<p style="text-align: center;"><i>6/15/17</i></p> <p style="text-align: right;">17 28</p>

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☒	<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>FINDINGS Substitute care giver #1 - No documentation of the second tuberculosis skin test upon hire.</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 to prevent similar deficiencies from occurring a checklist will be used for¹ new hires to ensure that all documents including 2 step PPD are completed prior to start work at the care home.</p>	<p>6/15/17</p> <p>17</p> <p>28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer reflected 22° F; however, when the thermometer was removed from the refrigerator, the temperature rose to 70° F.</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>A new refrigerator thermometer was purchased and replaced on the day of inspection.</i></p>	<p style="text-align: center; font-size: 2em;"><i>5/5/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer reflected 22° F; however, when the thermometer was removed from the refrigerator, the temperature rose to 70° F.</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, the primary caregiver will continuously train and remind all substitute caregivers to check the temperature on the thermometer on a daily basis. Temperature will be maintained at 45° F or lower at all times.</p>	<p>5/5/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Lysol disinfecting spray, rubbing alcohol and Desitin ointment unsecured in a hallway closet.</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><i>Lysol disinfectant spray, rubbing alcohol, and Desitin ointment were removed immediately on the day of inspection. All were placed in a locked closet.</i></p>	<p>5/5/17</p>

828

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	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 - "Calmoseptine ointment to buttocks every shift and as needed" ordered 12/30/16; however, the December 2016 and January 2017 medication records reflected 8 a.m.</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 01 28</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Calmoseptine ointment to buttocks every shift and as needed" ordered 12/30/16; however, the December 2016 and January 2017 medication records reflected 8 a.m.	<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 in doubt primary caregiver will let MD know that an order "every shift" is not used in the care home and have MD change the order right away. Primary caregiver will also have at least 1 caregiver check to ensure that the correct order is printed on the MAR.</p>	<p style="text-align: center;">1/19/17</p> <p style="text-align: center;">Done next visit 1/19/17</p> <p style="text-align: center;">5/5/17</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><u>FINDINGS</u> Resident #1 - "Metoprolol Tartrate 1 tab 25 mg BID po Hold SBP < 100 or HR < 55" ordered 12/30/16, 1/3/17, 1/19/17 and 1/24/17; however, the December 2016, January 2017, February 2017, March 2017 and April 2017 medication records reflected the medication was taken at 5 p.m. and the BP taken at 6 p.m.</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>In the future, primary caregiver will have another caregiver check the MAR closely to make sure correct times are printed indicating taking BP at 5pm and giving Metoprolol Tartrate at 6 pm.</i></p>	<p style="text-align: center;">5/5/17</p> <p style="text-align: right;">17 28</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 - Progress notes did not reflect resident's tolerance to Ensure supplement TID.</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 28</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> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - "Warm compress" (to left eye) ordered 1/24/17; however, no documentation of the frequency and duration of the compresses applied.</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 28</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - "Warm compress" (to left eye) ordered 1/24/17; however, no documentation of the frequency and duration of the compresses applied.</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>In the future, primary caregiver will clarify with MD the frequency and duration of any order including warm compress and document in the progress note and MAR.</i></p>	<p style="text-align: right;">5/5/17</p> <p style="text-align: right;">82</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> No pliable plastic pillow protectors on facility pillows.</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>plastic pillow protectors were purchased on the day of inspection.</i></p>	<p style="text-align: center; vertical-align: top;">5/5/17</p>

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Licensee's/Administrator's Signature: 

Print Name: Maenan Arciaga - Primary Caregiver

Date: 8/15/17

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