

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nita's	CHAPTER 100.1
Address: 98-029 Lii-Ipo Street, Aiea, Hawaii 96701	Inspection Date: February 2, 2016 Annual

	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>FINDINGS Substitute care giver (SCG) #1, tuberculosis (TB) attestation form incomplete: no X-ray clearance and no screening for TB symptoms. Submit copy of completed attestation form with the plan of correction (POC).</p>	<p>I returned the attestation form see completed attached form</p> <hr/> <p>My plan is to check and tell all my substitute to complete attestation form before giving to CHA</p> <hr/> <p>To tell all substitute to make sure that top information of attestation form is completed. see submitted copy</p>	<p>8/2/16</p>

	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	I provided substitute training for medication administration See attached training documentation	8/2/16
FINDINGS SCG #1, #2 and #3, no substitute care giver training by the primary care giver for safe medication administration and personal care to residents. Please submit documentation with the plan of correction.	In the future when there is a new substitute care giver, she or he must have to be trained by the primary care giver for safe medication administration + personal care to residents (SCG #1, #2, #3)	6/28/16
<input checked="" type="checkbox"/> §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. FINDINGS Two (2) bottles of toxic chemicals (bleach) unsecured under the laundry room sink.	I installed a lock cabinet for safety when toxic chemicals, cleaning agents and other insecticides, it should be always properly labeled and stored properly and not to mix with food supplies and be always lock	8/2/16
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; FINDINGS Resident #1, progress notes do not reflect the reason for <u>PRN medication administration</u> : 1. Physician order reads, "Artificial Tears 1.4% one drop to each eye BID as needed". During February 2015, progress notes reads, "Artificial tears applied 3x <u>this month</u> and eyes much better".	I will make a note (pad) as a reminder on medication chart and the residents response to the medication after each medication given and I will write on my progress note	6/28/16

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	2. Physician order reads, "Ketoconazole 2% Shampoo – apply shampoo to affected area 2x/weekly as directed PRN". During February 2015, progress notes reads, "Shampoo applied 5x this month and resolved."	In the future when PRN given of ketoconazole 2% shampoo - need to write on progress note, month, date, year and the result of the prescribe eye drop.	6/28/16

Licensee's/Administrator's Signature: Anita Domingo
 Print Name: Anita Domingo
 Date: 06/28/2016

Licensee's/Administrator's Signature: Anita Domingo
 Print Name: Anita Domingo
 Date: 08/29/2016

Licensee's/Administrator's Signature: Anita Domingo
 Print Name: Anita Domingo
 Date: 09/12/2016