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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATE OF HAWAII  
DOH-OHCA LICENSING

Facility's Name: Nods	CHAPTER 100.1
Address: 689 Holua Drive, Kahului, Hawaii 96732	Inspection Date: April 22, 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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> SCG #1 no evidence of annual physical exam. SCG #1</p>	<p>Calendar on post it reminder will be done from now on.</p> <p>Annual physical exam was scheduled CHD will have annual 5/14/16</p>	5/14/16
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually to certify that they are free of infectious diseases. SCG #2</p>	<p>P.E. on calendar &amp; schedule it on a timely basis.</p> <p>Colin's Annual physical &amp; TB clearance was done but forget to provide copy for the carehome.</p> <p>Calendar &amp; post it reminders will be done from now on.</p>	5/14/16

	<b>FINDINGS</b> SCG #2 no evidence of annual physical exam.		
<input checked="" type="checkbox"/>	§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.  <b>FINDINGS</b> Family Member #1 no evidence of annual physical exam.	Family member #1 Annual physical exam was done but copy was submitted to ACS for Colin's employment. 5/14/16	
<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.  <b>FINDINGS</b> Resident #1, Physician prescribed medication Zyprexa 5mg, and Aspirin 81mg not in medication box and not available to resident.	ATO will ask for copy from care home folder each time a P.E. is due.  Zyprexa 5mg and Aspirin 81mg last dose given but after fill was ordered and it will be delivered same day. In the future ATO will order before the last pill will be used so that it will be available at all times.	Aug. 9, 2016
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  <b>FINDINGS</b> Resident #1 medication administration record (MAR) missing administration initials for the following medications from April 9, 2016-April 22, 2016. 1) Zyprexa 5mg 2) Lamotrigine 25mg 3) Amlodipine 5mg 4) Atorvastatin 20mg 5) Docusate Sodium 100mg 6) Isosorbide 30mg	All medication was administered and ATO initials was not done plan was it will be initialed later. In the future ATO will initial during administration of medication to prevent this deficiency from recurring.	Aug. 9, 2016

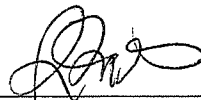
	<p>7) Aspirin 81mg 8) Ferrous Sulfate 325mg 9) Metoprolol 50mg</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 emergency sheet not current. Missing current TB test date and physician ordered medication, Isosorbide 30mg. <i>Resident # 1</i></p>	<p>Emergency sheet updated. TB test date 3/24/16 available and Isosorbide 30mg daily.</p>	<p>Oct. 24, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b>FINDINGS</b> No record of fire drill being conducted from August 2015 – March 2016.</p>	<p>To prevent the deficiency in the future I have to make a reminder every beginning of the month to keep my emergency sheet current.</p>	
		<p><del>inspector</del> Fire drill conducted from Aug. 2015 - March 2016 was not charted during inspection now corrected.</p>	<p>Aug 9, 2016</p>
		<p>To prevent this deficiency in the future I will put a reminder in the calendar every beginning of the month to do my fire drill.</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b> Kitchen refrigerator has mold on freezer door seal.</p>	<p>CHD cleaned refrigerator door &amp; door + brush.</p>	<p>5/14/16</p>
<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><b>FINDINGS</b> Bedroom #1 no pliable plastic pillow protector.</p>	<p>CHD will check door &amp; make sure there is no mold each time fridge is opened.</p> <p>Bedroom #1 Client refused to have pillow protector CHD put [redacted] name on pillow.</p>	<p>5/14/16</p>

Licensee's/Administrator's Signature: *R Ines*

Print Name: Romualda Ines

Date: 5/14/16

Licensee's/Administrator's Signature: 

Print Name: Romualda Ines

Date: Aug. 9, 2016

Licensee's/Administrator's Signature: 

Print Name: Romualda Ines

Date: Oct. 24, 2016

Licensee's/Administrator's Signature: Romualda Ines

Print Name: Romualda Ines

Date: Oct. 27, 2017

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