

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Tabora's <i>TABORA'S ARCH / EARCH</i> | CHAPTER 100.1 |
| Address: 94-970 Lumihoahu Street, Waipahu, Hawaii 96797 | Inspection Date: February 7, 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.

Director A. Liberman

17 FEB 08 P2:53

| | 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 #1 - No documentation of positive tuberculosis skin test, CXR.</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>I got a copy of positive ⊕ PPD and CXR from substitute caregiver # 1 and submitted copies with plan of correction.</i></p> <p style="text-align: right; font-size: small;">Doris A. Llewellyn</p> | <p style="text-align: right; font-size: large;"><i>2/10/17</i></p> <p style="text-align: right; font-size: small;">17:02:53 P2:53</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | RULE #11-100.1-9(b) | <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 style="text-align: center;"> <i>Anytime new substitute caregivers come I will ask for copies of ⊕ APD with CXR and physical exam with positive TB screening</i> </p> | <p style="text-align: center;">2/10/17</p> <p style="text-align: center;">17:53 P2:53</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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><u>FINDINGS</u> Closet containing family medication adjacent to the kitchen was unlocked.</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>Closet containing family medication adjacent to the kitchen was locked</i></p> | <p><i>2/7/17</i></p> <p>17:00:00 P2:53</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>RULE #11-100.1-15(b)</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><i>Put sign to remind caregivers to lock family medication adjacent to kitchen after use. Teach and train substitute caregivers to check family medication cabinet to make sure it's locked. I will check family medication cabinet adjacent to kitchen to ensure it is locked everytime I pass by</i></p> | <p><i>2/7/17</i></p> |

17-100.1-15(b) P2:54

David A. Lichten

| | Rules (Criteria) | Plan of Correction | Completion Date |
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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 - "Cilostazol 100 mg Take 1 tab by mouth two times per day" ordered 1/9/17; the label reflected "Take on empty stomach 30 minutes before or 2 hours after meal unless told by MD." The medication record reflected the medication is taken at 8 a.m. and 6 p.m. Breakfast is served 7 a.m. to 8 a.m. and dinner is served 6 p.m. to 7 p.m.</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>Document medication cilostazol 100 mg 1 tab by mouth two times a day on empty stomach 30 minutes before ^{meals} or 2 hours after meal on medication record</i></p> | <p style="text-align: right;"><i>2/7/17</i></p> <p style="text-align: right;">97</p> <p style="text-align: right;">0254</p> |

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| <input checked="" type="checkbox"/> | <p>RULE #11-100.1-15(e)</p> <p>1/11/17 12:54</p> <p>Dr. A. L. L. L.</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>will double check with pharmacist caregiver on medication record everytime will write doctor's order on medication record. check medication bottle for instructions. Write on medication record if there's instructions like take on empty stomach 30 mins before meal or 2 hours after meal write time given then initial</p> | <p>2/7/17</p> |

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| <input checked="" type="checkbox"/> | <p>§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.</p> <p><u>FINDINGS</u> Resident #1 - "Pantoprazole 40 mg tab Take 1 tab by mouth one time per day" ordered 1/9/17; the medication record was not initialed by the care giver 2/3-7/17.</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>Medication record was initialed by care giver on 2/3-7/17</i></p> | <p style="text-align: center;"><i>2/8/17</i></p> <p style="text-align: center;">D254</p> |

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| <input checked="" type="checkbox"/> | <p>RULE #11-100.1-15(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>In the future will follow established protocol for administering medication</p> <ol style="list-style-type: none"> 1. Open the MAR when administering medication 2. Validate medication with MAR <ol style="list-style-type: none"> a. right medication b. right dose c. right route d. right resident e. right time 3. Initial each medication flow sheet upon giving medication to resident 4. Provide continuing education and training to all caregivers regarding proper medication administration and documentation. | <p style="text-align: center;">4/3/17</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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 - No progress notes for January 2017.</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>Late entry progress notes done on 2/7/17</i></p> | <p style="text-align: center;"><i>2/7/17</i></p> <p style="text-align: center;">0254</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>RULE #11-100.1-17(b)(3)</p> <p>17 2:54</p> <p>Documentation</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>To prevent similar deficiency from happening every 2nd week of 12th day of the month I will do monthly chartings and in the event has appointment or other circumstances that occur will do documentation and record on that month.</p> | <p>2/7/17</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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 - No incident report when resident had multiple episodes of brown black emesis on 11/27/16 requiring hospitalization.</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>Any unusual incidence that occur should make incident report.</i></p> | <p style="text-align: center;"><i>2/8/17</i></p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>RULE #11-100.1-17(c)</p> <p>11-100-17</p> <p>MISSOURI LICENSING</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>To prevent this from recurring any unusual circumstance and for any change in patient's condition an incident report must be initiated</p> <p>Provide continuing education and training for all caregivers how to document incident report</p> <p>Primary caregiver will ensure to review incident report and ensure the accuracy of incident report and must be properly documented.</p> | <p>4/3/17</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - Blue ink used for December 2016 progress notes.</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>Discarded blue ink pens. Use black ink always.</i></p> | <p style="text-align: center;"><i>2/8/17</i></p> <p style="text-align: center;">0254</p> |

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| <input checked="" type="checkbox"/> | RULE #11-100.1-17(d)(1) | <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 style="text-align: center;">Will not use blue ink. Discard blue ink pens and improve black ink always.</p> | <p style="text-align: center;">2/8/17</p> <p style="text-align: center;">11:54</p> |

Licensee's/Administrator's Signature: *Lowres Tabora*
Print Name: LOWRES TABORA
Date: 2/23/17

Licensee's/Administrator's Signature: *Lowres Tabora*
Print Name: LOWRES TABORA
Date: 4/4/17

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DEPARTMENT OF LICENSING