Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina Quality Living	**CHAPTER 100.1**
Address: **5304 Limu Place, Honolulu, Hawaii 96821**	**Inspection Date: August 3 and 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
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #2 medications not evaluated and signed by the physician from August 17, 2016 through April 17, 2017.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Physician Order Sheet containing all the medication and treatment order for resident #2 was faxed to PCP for reevaluation and signature. PCP reviewed and signed POS on 8/14/17.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #2 medications not evaluated and signed by the physician from August 17, 2016 through April 17, 2017.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG created a checklist and electronic calendar reminder to send Physician Order Sheet to PCP of all residents for their review and signature every four months or as ordered by MD. Calendar was also marked on each second Monday of the month for RN to review all POS. RN tasked to double check all POS for compliance.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 Physician ordered medication Pantoprazole DR 40mg discontinued July 15, 2017. Medication still appears on medication administration record (MAR) and was initialed as administered on August 1-3, 2017.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Incident record was made upon discovering error on Agust 3, 2017. Family and MD was notified per facility protocol.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 Physician ordered medication Pantoprazole DR 40mg discontinued July 15, 2017. Medication still appears on medication administration record (MAR) and was initialed as administered on August 1-3, 2017.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG made a template for medication administration record in the facility instead of availing thru an outside source Pharmerica. MAR is updated every 3rd week of the month to ensure current listing of medications. RN is tasked to review MAR every last week of month to ensure double checking and veracity.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #1 valuables not documented for April 7, 2017 admission.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Inventory of valuables done on 8/15/17 and filed on resident's binder.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #1 valuables not documented for April 7, 2017 admission.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG and RN added Inventory of valuables to checklist for readmission. Admission/readmission packet revised to include Inventory of valuables form. Administrator tasked to review and monitor that checklist/packet being followed to both new admission and readmission of residents.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 no documentation that thickened liquids (nectar thick consistency, 7/15/17) was provided as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The special diet order nectar thick consistency to all liquids was added to Medication Administration and Treatment Record on 8/3/17. Staff instructed to sign MAR/TAR daily after implementing order.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 no documentation that thickened liquids (nectar thick consistency, 7/15/17) was provided as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** RN and PCG oriented to double check each month that dietary orders are included in medication administration and treatment record. MAR/TAR template revised to include dietary order.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #2 no documentation that thickened liquids (nectar thick consistency, 6/30/17) was provided as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The special diet order nectar thick consistency to all liquids was added to Medication Administration Record on 8/3/17. Staff instructed to sign MAR daily after implementing order.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; FINDINGS Resident #2 no documentation that thickened liquids (nectar thick consistency, 6/30/17) was provided as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** RN and PCG oriented to double check each month that dietary orders are included in medication administration and treatment record. MAR/TAR template revised to include dietary order.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident; **FINDINGS** Lysol spray cans in two (2) bathrooms are not secured.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Lysol spray cans in two bathroom removed and placed designated secured cabinet on August 3, 2017.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident; **FINDINGS** Lysol spray cans in two (2) bathrooms are not secured.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG designated shift leaders to check bathrooms, rooms and public areas to ensure that no Lysol, disinfecting and cleaning agents left not secured. This role was added to list of daily duties and responsibilities. PCG noted on daily calendar to do spot checking on areas inside and around facility 4 days a week. A checklist is made to ensure compliance. Administrator to perform random spot check on bathrooms weekly.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h)(1)(D) 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. Housekeeping: All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily. **FINDINGS** Bathroom across from Bedroom #7 has urine smell.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The smell originated from soiled diaper placed in open thrash can for disposal. Soiled diaper placed inside a plastic bag and discarded. The bathroom cleaned and disinfected.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h)(1)(D) 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. Housekeeping: All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily. **FINDINGS** Bathroom across from Bedroom #7 has urine smell.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Staff training conducted for proper disposal of soiled diapers to wit; placing soiled diapers in an individual plastic bag and tied tightly. To be discarded right away. A covered thrash can was also provided in all bathrooms. A scheduled daily cleaning of bathrooms twice a day and as needed was added to staff daily task. Bathrooms are scheduled for deep cleaning every night by NOC shift staff. PCG's role and responsibility revised to include daily random spot checking of bathrooms for compliance.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (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. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Bedroom #4, paint peeling on wall next to resident bed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Bedroom # 4 wall with peeling paint was fixed and repainted on Sept 5, 2017.	

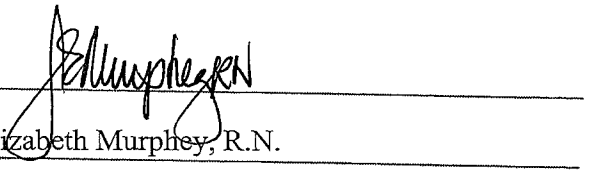
	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety: **FINDINGS** Bedroom #4, paint peeling on wall next to resident bed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A Building maintenance binder is created. Staff were oriented to write and report maintenance related issues to administrator and PCG. Administrator noted on calendar to do building and environmental safety check every Sunday of the month. To report to facility owner for any repairs and maintenance needed every week.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Bedroom #4 has no signaling device. Wall signaling device is blocked by a tall cabinet shelf.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The family requested for the resident's bed to be placed closer to the window to mimic the resident's bed placement at home. This made the wall mounted signaling device not usable. In lieu for signaling device, a call bell was placed securely on the bedside table and within resident's reach on 8/4/17. The resident was trained on how to use signaling device.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Bedroom #4 has no signaling device. Wall signaling device is blocked by a tall cabinet shelf.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Routine schedule to check on signaling device daily was created. Team leaders for AM shift are assigned to perform this task. Administrator checklist of duties revised to included weekly spot check to all rooms and signaling device. This is done every Sunday of the month and is marked on the calendar.	

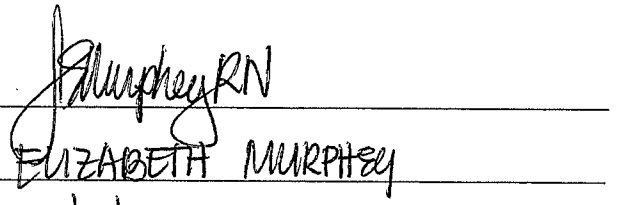
	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** No inspection by city and county fire department for 2016 calendar year.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Honolulu Fire Department Fire Inspection was done on 2/24/17.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** No inspection by city and county fire department for 2016 calendar year.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The city and County fire department fire inspection to be done every other year. An electronic and hard copy calendar was marked to remind Administrative team on fire inspection schedule. The administrator asst. job description revised to include to compliance to annual fire inspection requirements.	

Licensee's/Administrator's Signature: 

Print Name: Elizabeth Murphey, R.N.

Date: December 28, 2017

Licensee's/Administrator's Signature: 

Print Name: ELIZABETH MURPHEY

Date: 2/5/18