

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Care Homes by Hale Makua	CHAPTER 100.1
Address: 1540 Lower Main Street, Wailuku, Hawaii 96793	Inspection Date: October 18 and 19, 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>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Community bathroom, bathroom cleaners found next to toilet, unsecured.</p>	<p style="text-align: center;">PART 1 <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>Cleaner immediately removed from community bathroom by PCG during inspection and placed in locked storage closet where chemicals are usually placed. Physical inspection of all resident accessible areas done, no further unsecured chemicals found.</p>	10/18/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Community bathroom, bathroom cleaners found next to toilet, unsecured.</p>	<p style="text-align: center;">PART 2 <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>All ARCH staff were provided with re-education on the expectation that all chemicals are secured in the locked storage closet when not in use, and all chemicals in use are not to be left unattended at any time for any reason. PCG or designee to inspect resident care areas daily to ensure standards for chemical storage are being adhered to. Disciplinary action to occur for failure to observe rules related to storage of chemical products.</p>	11/01/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<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 medication administration record (MAR) missing administration initials for Calcium + Vitamin D 600mg and Vitamin B12 250mg on September 4, 2017.</p>	<p style="text-align: center;">PART 1 <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>Licensed Nurse (LN) on duty on September 4, 2017 verified that medications were administered by her to Resident #1, but she failed to initial MAR as per policy. MAR was initialed by administering LN on 10/19/17 indicating that medications were administered to Resident #1 on September 4, 2017 at 8:00am.</p>	10/19/17

	Rules (Criteria)	Plan of Correction	Completion Date
<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 medication administration record (MAR) missing administration initials for Calcium + Vitamin D 600mg and Vitamin B12 250mg on September 4, 2017.</p>	<p style="text-align: center;">PART 2 <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>All Licensed Nurses who administer medications will be required to check the MARs at the end of their shift to ensure all medications have been signed off as per policy. PCG or designee will audit MARs weekly to ensure adherence to policy for documentation of medication administration. If missing initials are found, PCG or designee will follow up with LN on duty on the date that initials are missing to ensure documentation is done. Disciplinary action to occur for failure to adhere to policy on documentation of medication administration.</p>	11/01/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 emergency sheet medication list missing Alendronate 70mg.</p>	<p style="text-align: center;">PART 1 <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;">Emergency sheet medication list for Resident #1 was updated to include Alendronate 70mg.</p>	10/19/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 emergency sheet medication list missing Alendronate 70mg.</p>	<p style="text-align: center;">PART 2 <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>All resident emergency sheets were checked against current medications to assure that information was updated. Licensed Nurses re-educated by PCG on the process of updating the emergency sheet every time a resident's medications are changed. PCG or designee to check emergency sheets at least weekly and PRN to assure accuracy. Disciplinary action to occur for failure to adhere to process on keeping accurate emergency sheets for all residents.</p>	11/01/2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><u>FINDINGS</u> Resident #2 emergency sheet medication list contains the following discontinued medications, 1) Clopidogrel 75mg 2) Metoprolol 50mg The emergency sheet is missing the following medications, 1) Iron 650mg 2) Aspirin 81mg 3) Omeprazole 10mg 4) Acetaminophen 650mg</p>	<p style="text-align: center;">PART 1 <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>Emergency sheet for Resident #2 updated to reflect current medications per physician orders.</p>	10/19/17

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<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><u>FINDINGS</u> Resident #2 emergency sheet medication list contains the following discontinued medications, 3) Clopidogrel 75mg 4) Metoprolol 50mg The emergency sheet is missing the following medications, 5) Iron 650mg 6) Asprin 81mg 7) Omeprazole 10mg 8) Acetaminophen 650mg</p>	<p style="text-align: center;">PART 2 <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>All resident emergency sheets were checked against current medications to assure that information was updated. Licensed Nurses re-educated by PCG on the process of updating the emergency sheet every time a resident's medications are changed. PCG or designee to check emergency sheets at least weekly and PRN to assure accuracy. Disciplinary action to occur for failure to adhere to process on keeping accurate emergency sheets for all residents.</p>	<p>11/01/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Room #109 paint chipping off wall.</p>	<p style="text-align: center;">PART 1 <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>Work order called in to Maintenance to repair paint chips noted to Room #109. Wall sanded and painted by Maintenance on 10/20/17. All resident rooms and common areas were inspected for paint chip concerns, no further deficiencies were observed.</p>	<p>10/20/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Room #109 paint chipping off wall.</p>	<p style="text-align: center;">PART 2 <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>PCG or designee to inspect all resident rooms, both occupied and unoccupied, and common areas weekly for maintenance issues and make work repair requests as needed. PCG or designee to make follow up inspection with Maintenance to assure repairs are done in a timely manner.</p>	<p>11/01/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Room #107 paint chipping off wall.</p>	<p style="text-align: center;">PART 1 <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>Work order called in to Maintenance to repair paint chips to unoccupied room #107. Maintenance sanded and repainted wall on 10/20/2017. All other resident rooms and common areas were inspected for similar deficiencies, no further concerns noted.</p>	10/20/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Room #107 paint chipping off wall.</p>	<p style="text-align: center;">PART 2 <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>PCG or designee to inspect all resident rooms, both occupied and unoccupied, and common areas weekly for maintenance issues and make work repair requests as needed. PCG or designee to perform follow up inspection with Maintenance to assure repairs are done in a timely manner.</p>	<p>11/01/2017</p>

Licensee's/Administrator's Signature: Jan Grimes - AU/PCGI
Print Name: Janinne Grimes
Date: 12/20/2017