

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Kuakini Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 347 North Kuakini Street, Honolulu, Hawaii 96817</b>	<b>Inspection Date: November 8 &amp; 9, 2017 Annual</b>

**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>§11-100.1-23 <u>Physical environment</u> (h) 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><u>FINDINGS</u> Room 28 ceramic hand sink had a small nick in the middle creating a rough surface.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The hand sink in Room #28 was repaired.</p>	<p>11/13/2017</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><b><u>FINDINGS</u></b> Room 28 ceramic hand sink had a small nick in the middle creating a rough surface.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Staff will notify RN Supervisor or designee of any facility repairs needed when conducting daily rounds of residents' rooms.</p> <p>Nursing and Facilities management will include inspection of the hand sinks in each resident's rooms during the monthly environmental rounds. Requests for repairs in the resident's rooms will be submitted to Facilities Management Department.</p>	<p>11/08/2017 and ongoing</p> <p>11/08/17 and ongoing</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)                      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><b>FINDINGS</b>                      Medication refrigerator log had temperatures of 32 degrees Fahrenheit and 34 degrees Fahrenheit. The log sheet had no recommended or required temperature range. Recommended range is 36- 46 degrees Fahrenheit.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The medication refrigerator temperature log sheet was revised to include the recommended temperature range of 36-46 degrees Fahrenheit.</p> <p>The medication refrigerator temperature control was reset to be within the recommended temperature range of 36-46 degrees Fahrenheit.</p>	<p>11/12/2017</p> <p>11/12/2017</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> Medication refrigerator log had temperatures of 32 degrees Fahrenheit and 34 degrees Fahrenheit. The log sheet had no recommended or required temperature range. Recommended range is 36- 46 degrees Fahrenheit.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Staff have been in-serviced on the medication refrigerator and the recommended temperature range of 36-46 degrees Fahrenheit.</p> <p>Nursing and Facilities management will include inspection of the medication refrigerators and their temperature logs for temperature readings that are within the recommended temperature range of 36-46 degrees Fahrenheit.</p>	<p>11/17/2017</p> <p>11/17/2017</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(1)(A)                      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>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b>FINDINGS</b>                      Room #14 had urine smell in bedroom.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The source of the urine smell in Room #14 was identified as the padding under the bed sheets (that was supplied by the resident's family) and was removed for cleaning.</p>	<p>11/08/2017</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (p)(5) Miscellaneous:</p> <p>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.</p> <p><b><u>FINDINGS</u></b> Room #9 signaling device was unreachable by resident from bed.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The signaling device in Room #9 was attached to the bed rail within the resident's reach.</p>	<p>11/08/2017</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>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.</p> <p><b><u>FINDINGS</u></b> Room #9 signaling device was unreachable by resident from bed.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Staff have been in-serviced to attach signaling devices to residents' bed rails within the respective resident's reach.</p> <p>Staff will include checking that signaling devices are attached to the residents' bed rails within residents' reach when conducting daily rounds of residents' rooms.</p> <p>RN Supervisor or designee will include checking that signaling devices are attached to the residents' bed rails within residents' reach when conducting inspection of residents' rooms during weekly rounds.</p>	<p>11/15/2017 and ongoing</p> <p>11/15/2017 and ongoing</p> <p>11/15/2016 and ongoing</p>

Licensee's/Administrator's Signature: Gary Kajiwara  
Print Name: Gary Kajiwara  
Date: 1/19/2018