

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley (DDDH)	CHAPTER 89
Address: 245 Valley Avenue, Wahiawa, Hawaii 96786	Inspection Date: November 17, 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>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> Verification of a current TB screening was not available for Caregiver #1.</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 secure right away a new copy of the TB screening clearance with the Section 3 of the form is completed. for the Caregiver #1. Please see attached copy.</p>	<p style="text-align: center;">2/24/18</p> <p style="text-align: right; vertical-align: bottom;">RECEIVED 18 FEB 28 AM 13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> Verification of a current TB screening was not available for Caregiver #1.</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>I created a worksheet with my name and my substitute caregivers name, household members' name and due dates on it for the necessary paper works, i.e., Physical, TB Screening Clearance and other necessary paper works to ensure to renew before its due date. I will have my substitute caregiver also to check every month who is due for renewal.</p>	<p style="text-align: center;">2/24/2018</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><u>FINDINGS</u> For Resident #1, the last Self-Preservation Statement on file was dated September 15, 2016.</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, caregiver ensure for Resident #1 to secure the Self-Preservation Statement right away. Please see attached.</p>	<p style="text-align: center;">11/21/17</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the faciility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p><u>FINDINGS</u> For Resident #1, the last Self-Preservation Statement on file was dated September 15, 2016.</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>To avoid the same mistake in the future, I created a worksheet with the Residents name and due dates on it for all the necessary documents/paper works, i.e., Physical, TB Screening Clearance and other necessary paper works to ensure to renew before its due date. I will have my substitute caregiver also to check every month who is due for renewal.</p>	<p style="text-align: center;">11/21/17</p> <p style="text-align: center;">18 FEB 28 AM:14</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">STATE OF MARYLAND</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, on April 1, 2017, there was no verification that Benzoyl Peroxide 10% Wash, Fluticasone Propionate 50 mcg Spray and Selsun Blue Shampoo were applied/given at 8 pm, and Hydrocortisone Valerate 0.2% Cream was applied at 6 pm. Additionally, on April 2, 2017, there was no verification that Benzoyl Peroxide 10% Wash, Fluticasone Propionate 50 mcg Spray, Hydrocortisone Valerate 0.2% Cream and Clindamycin PH 1% Gel were applied/given at 6 am.</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>For Resident #1, on April 1, 2017, Resident #1 was Home Leave, medications were given to Resident #1 for him to applied on his own at 6pm and 8pm. I, caregiver noted HL for Home Leave for the April 1, 2017 at 6pm and 8p, and April 2, 2017 at 6am.</p>	<p style="text-align: center;">2/24/18</p> <p style="text-align: center;">18 FEB 28 AM 10:14</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">STATE OF MARYLAND DEPARTMENT OF HEALTH & GENERAL SERVICES</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> For Resident #2, verification of a current TB screening was not available.</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, caregiver ensure for Resident #2 to secure the TB Screening Clearance right away. Please see attached.</p> <p style="text-align: right;">STATE OF HAWAII H-OHIO-PT-100-0000</p>	<p>2/27/18</p> <p style="text-align: center;">RECEIVED 18 FEB 28 10:14</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <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 submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> For Resident #1, there was no verification that the adverse event reports of May 15, 2017 and July 12, 2017 were sent to the Department of Health case manager.</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, Caregiver sent a copy to the Department of Health case manager via fax and ensure that a cover sheet is attached for verification.</p>	<p style="text-align: center;">1/22/18</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><u>FINDINGS</u> White out was used on the date of Resident #1's 3-month medication update of June 13, 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>For Resident #1's #1 3 - month medication update, called the MD's Office to obtain a new 3-month medication update because Erasures and white outs are not permitted.</p>	<p style="text-align: center;">1/22/18</p>

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Licensee's/Administrator's Signature: Emerita Ringor

Print Name: EMERITA RINGOR

Date: 01 | 25 | 2018

Licensee's/Administrator's Signature: Emerita Ringor

Print Name: EMERITA RINGOR

Date: 2 - 27 - 18