

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Care (DDDH)	CHAPTER 89
Address: 94-983 Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: April 18, 2017

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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Initial: _____

	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 #2, a current Self-Preservation Statement was not on file.</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><i>Yes, the deficiency was corrected. The statement is attached for resident #2</i></p> <p style="text-align: right;"><i>Logan Thomas</i></p>	<p style="text-align: center;"><i>4-21-17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> For Resident #1, the pharmacy label of April 14, 2017 notes, Accu-chek Avian Plus Test Strip use 1 strip daily. Physician orders of January 12, 2017 and February 18, 2017 note the frequency as twice a day.</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><i>Yes, I corrected the deficiency. I already went back to the doctor's office to sign and label for the correct order, for resident #1.</i></p> <p style="text-align: right;"><i>Reginald Davis</i></p>	<p style="text-align: right;"><i>11-11-17</i></p> <p style="text-align: right;">RECEIVED</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> (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 January 19, 2017, there was no verification that Metformin HCL 850 mg tablet was given at 7 pm.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, there were no caregiver entries reflecting resident's response to his special diet ordered on October 31, 2016 and/or to the Glucerna given twice a day.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> For Resident #1, on October 31, 2016, physician ordered a regular soft pureed diet; however, it is not a standardized diet.</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>Resident #1</i> <i>yes, the deficiency has been corrected. went in for follow up with doctor to correct diet into a standardized diet. Attached the diet order.</i></p>	<p style="text-align: center;"><i>5-1-17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><u>FINDINGS</u> For Resident #1, a regular soft pureed diet was ordered on October 31, 2016. The order was not updated thereafter.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Raquel Julian

Print Name: RAQUEL JULIAN

Date: NOVEMBER 11, 2017

Licensee's/Administrator's Signature: Raquel Julian

Print Name: RAQUEL JULIAN

Date: 2-22-18

Licensee's/Administrator's Signature: Raquel Julian

Print Name: RAQUEL JULIAN

Date: 4-4-18