

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Jack and Jill (DDDH) | CHAPTER 89 |
| Address: 94-1088 Lumi Street, Waipahu, Hawaii 96797 | Inspection Date: May 4, 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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10/11/17
10/11/17

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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, the 3-month medication update of April 27, 2017 noted, Indomethacin 25 mg, take 1 cap TID PRN for pain and for gout symptoms. The April 2017 medication record did not include PRN.</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> | <p>11/15/17</p> |

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| <input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications: 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. FINDINGS For Resident #1, the 3-month medication update of April 27, 2017 noted, Indomethacin 25 mg, take 1 cap TID PRN for pain and for gout symptoms. The April 2017 medication record did not include PRN. | <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><i>To ensure that this deficiency will never happen again, I the Primary Caregiver (PCG) will make sure that I will always double check my transcription of the medication order from the Physician's order sheet onto the Medication Administration Record (MAR) on a monthly basis as MAR is developed monthly. The pharmacy label needs to be consistent w/ Physician order and medication sheet. Substitute Caregiver needs to double check the medication sheet after the medication sheet is developed.</i></p> | <p style="text-align: center;">4/5/2018</p> |

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| <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, the physician order of March 28, 2017 notes, Nystatin 100,000 unit/gm External Cream, apply a thin layer to affected area (perineum area and buttock) and rub in well daily and prn rash/redness, which is consistent with the pharmacy label of March 24, 2017. This differs from the 3-month medication update of March 11, 2017 which notes, Nystatin Cream 30 gm, apply on thin layer to the affected area (perineum and buttock) and rub in well PRN BID. The March 2017 medication record notes, Nystatin Cream 30 gm, apply a thin layer to affected area BID (perineum and buttock) and rub well PRN. The April 25, 2017 and April 27, 2017 3-month medication updates note, Nystatin Cream 30 gm, apply a thin layer to the affected area (perineum and buttock) and rub well daily PRN for rash/redness. The April and May 2017 medication records; however, note Nystatin Cream 30 g apply a thin layer to affected area daily (perineum and buttock) and rub well PRN for rash and redness.</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 style="text-align: center;"><i>see attached sheet.</i></p> | <p style="text-align: center;"><i>15 May 2017</i></p> |

11-89-14(e)(12): For Resident #1, the Physician order March 28, 2017, Nystatin Cream should have been Daily As Needed for redness and rash (buttock & Perineum) since her rash was healed. We discussed this on our next visit on 15 May, 2017 with PCP Doctor and this was corrected on the Physician order to read as "apply a thin layer to the affected area (Perineum & buttock) and rub well "Daily As Needed for rash and redness". The strength of 30 gm on the 3 Month Physician Update and Medication Chart was also corrected to 100,000 unit/gm Cream. My fault as Administrator/Caregiver for not checking the label when the cream came in and also not reading the Doctor's order. All this was corrected on our visit of 15 May 2017 by the Doctor.

The March 11, 2017 note PRN BID on 3 Month Physician Update should have been written up as BID PRN until it change to Daily PRN on March 28, 2017. Medication Record should also be written up as BID PRN til 27 March 2017.

The April 25 and Apr 27, 2017 should have been Daily PRN because since 28 March 2017 medication have been changed to Daily PRN, but was not properly documented in Doctor's orders and was not called at the pharmacy right although it was discussed in the doctor's office.

The April and May 2017 medication records should also be Daily PRN and the dosage change to 100,000 units/gm cream.

Licensee/Administrator's Signature: Emilia B. Tupinio

Print Name: EMILIA TUPINIO

Date: 15 Nov 2017

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| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 was admitted into the DDDH on July 1, 2016. The second step TB skin test was not completed until July 13, 2016, after the resident's admission.</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> | <p>11/13/16</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| ☒ | <p>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> Resident #1 was admitted into the DDDH on July 1, 2016. The second step TB skin test was not completed until July 13, 2016, after the resident's admission.</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><i>To ensure that this deficiency will never happen again, I, the PCG will make sure that I will follow the Chapter 89 for admission of new clients which means that all admitting documents are completed before on by admission date of the new client. Use the checklist to ensure all required documents are obtained prior to admission otherwise client will not be admitted.</i></p> | <p style="text-align: right;"><i>4/5/2018</i></p> |

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| <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> According to the caregiver's entry of October 27, 2016, resident fell on the bathroom floor, hitting the faucet. Resident complained of ear pain and Ibuprofen was given at 6 pm. An incident report was not written.</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> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><u>FINDINGS</u> For Resident #1, white out was used in the caregiver's entry of August 16, 2016.</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> | <p>11/11/16</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2 was admitted as a respite placement on April 30, 2017; however, was not listed on the Admission/Discharge Registry.</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>For Resident # 2, the Administrator or license caregiver who is admitting the Resident must document in the admission/Discharge Registry, the Date a Respite / Placement was admitted in the DOM Home. It was corrected on the spot by the license Caregiver.</i></p> | <p><i>4 May 2017</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition</u>. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches, and all other poisons shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Clorox was diluted and placed in an unlabeled spray bottle.</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>The sprayed bottle that was left unlabeled was now labeled "Clorox" to sanitized utensils in the facility. The Clorox is now stored in a secured locked area together with the other cleaning supplies.</i></p> | <p><i>5 May 2017</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition</u>. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches, and all other poisons shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Clorox was diluted and placed in an unlabeled spray bottle.</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 style="text-align: center;"><i>Spray bottles will never be used. Toxic chemicals and cleaning agents will be kept in their original containers</i></p> | <p style="text-align: center;"><i>4/5/2018</i></p> |

Licensee's/Administrator's Signature: Emilia B. Tupinio

Print Name: EMILIA TUPINIO

Date: 15 Nov 2017

Licensee's/Administrator's Signature: Emilia B. Tupinio

Print Name: EMILIA B. TUPINIO

Date: 01 Nov 2018

Licensee's/Administrator's Signature: Emilia B. Tupinio

Print Name: EMILIA B. TUPINIO

Date: 4/5/18