

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Opportunities and Resources, Inc. House 2A (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 64-1510 Kamehameha Highway, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: November 16, 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>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> In one resident's bedroom, the metal window frame was warped, resulting in a gap of approximately one inch.</p>	<p style="text-align: center;">PART 1</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 deficiency was corrected, the window frame was replaced and the screen was also replaced.</p>	<p style="text-align: center;">11/20/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> In one resident's bedroom, the metal window frame was warped, resulting in a gap of approximately one inch.</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>The assigned Case Manager will do a monthly inspection of the home and request maintenance staff to fix, or replace, any deficiencies to ensure the facility in maintained in compliance will all state and county zoning, building, fire, sanitation, housing and other codes, ordinances and laws.</p>	<p style="text-align: center;">11/20/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><b><u>FINDINGS</u></b> Triple Antibiotic packets were found in the first aid kit.</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 deficiency was corrected. The Triple Antibiotic Triple Antibiotic packets were removed.</p>	<p style="text-align: center;">11/16/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><b><u>FINDINGS</u></b> Triple Antibiotic packets were found in the first aid kit.</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>* when they arrive the nurse will check the first aid kit  * Program coordinator will check during monthly walk-through.  → The program coordinator notified the supplier of our first aid kits, "Antox", to not include triple antibiotic packets in the first aid kit when they arrive for</p> <p style="text-align: right;">4/19/18</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(2)  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>A written record of each drill shall be kept on file.</p> <p><b><u>FINDINGS</u></b>  A fire drill report was not found for January 2017.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(2)  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>A written record of each drill shall be kept on file.</p> <p><b><u>FINDINGS</u></b>  A fire drill report was not found for January 2017.</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>The Program Coordinator, or assigned CM, will monitor monthly fire drill to ensure the caregiver complete the fire drill report. The Program Coordinator will collect the monthly fire drill reports and ensure they kept on file.</p>	<p style="text-align: center;">11/21/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> For Resident #1, the pharmacy label of October 19, 2017 notes, CVS Tussin DM Liquid, take 2 teaspoonfuls every 4 hours as needed for cough. The October 2017 and November 2017 medication administration records, and the 3-month medication updates of August 7, 2017 and November 3, 2017; however, note the frequency as every 4-6 hours as needed for cough.</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>Yes, the deficiency was corrected. The original Physician's order was every 4-6 hours as needed for cough. The pharmacy changed the frequency without authorization, when the medication was refilled. The Program Coordinator contacted the physician who clarified that the correct frequency was every 4-6 hrs. as needed for cough. The Program Coordinator then contacted the pharmacy and corrected the label</p>	<p style="text-align: center;">11/21/17</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> For Resident #1, the pharmacy label of October 19, 2017 notes, CVS Tussin DM Liquid, take 2 teaspoonfuls every 4 hours as needed for cough. The October 2017 and November 2017 medication administration records, and the 3-month medication updates of August 7, 2017 and November 3, 2017; however, note the frequency as every 4-6 hours as needed for cough.</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>The Program Coordinator, or assigned CM will review the medication administration records and 3-month medication updates to ensure they match the pharmacy label. Any discrepancies will be corrected by the Prog. Coordinator in consultation with the physician and the pharmacy.</p>	<p style="text-align: center;">11/21/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> For Resident #1, on March 2, 2017, physician ordered Ativan 0.1 mg p.o. every 4 hours prn severe agitation not to exceed 3 in 24 hours; however, the March 2017 medication administration record notes the strength as 1 mg.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the deficiency was corrected. The medication administration record was corrected to match the physician order.</p>	<p>11/21/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> For Resident #1, on March 2, 2017, physician ordered Ativan 0.1 mg p.o. every 4 hours prn severe agitation not to exceed 3 in 24 hours; however, the March 2017 medication administration record notes the strength as 1 mg.</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><i>* The program coordinator, or assigned CM will review the medication administration records and physicians orders and pharmacy labels every two (2) weeks to ensure they match. any discrepancies will be immediately corrected.</i></p> <p style="text-align: right;"><i>4/19/18</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> For Resident #1, on February 10, 2017, physician ordered to start the Amoxicillin 50 mg capsule/Take 1 capsule 3 times a day until gone. The February 1-15, 2017 and February 16-28, 2017 medication administration records note the strength as 500 mg.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> For Resident #1, on February 10, 2017, physician ordered to start the Amoxicillin 50 mg capsule/Take 1 capsule 3 times a day until gone. The February 1-15, 2017 and February 16-28, 2017 medication administration records note the strength as 500 mg.</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>The Program Coordinator, or assigned CM will review the order coming from the physician and match the label of the medication to ensure they match. Any discrepancies will be immediately corrected.</p>	<p style="text-align: center;">11/17/17</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><b><u>FINDINGS</u></b> For Resident #1, Ibuprofen 400 mg tablet, take 1 tablet every 8 hours as needed with food for pain was first listed on the March 1-15, 2017 medication administration record (MAR), although the MAR noted the order date as April 4, 2017. A physician order to start the Ibuprofen 400 mg tablet was not found; however, it was reflected on the 3-month medication update of May 8, 2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (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><b><u>FINDINGS</u></b> For Resident #1, Ibuprofen 400 mg tablet, take 1 tablet every 8 hours as needed with food for pain was first listed on the March 1-15, 2017 medication administration record (MAR), although the MAR noted the order date as April 4, 2017. A physician order to start the Ibuprofen 400 mg tablet was not found; however, it was reflected on the 3-month medication update of May 8, 2017.</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>The Program Coordinator, or assigned CM will review the physician's orders and medication administration records to ensure they match and correct. Should a physician's order be missing, the Program Coordinator will contact the physician to obtain a written order.</p>	<p style="text-align: center;">11/17/17</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><b><u>FINDINGS</u></b> For Resident #1, on January 16, 2017 and January 17, 2017, the 7:30 pm dose of CVS Spectravite Advance Tab was initialed as given; however, there were no caregiver initials to verify that CVS Spectravite Advance Tab was given from January 18-31, 2017, and that Sertraline HCL and Simvastatin were given from January 16-31, 2017.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



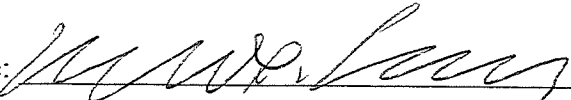
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled 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><b><u>FINDINGS</u></b>  For Resident #1, on January 16, 2017 and January 17, 2017, the 7:30 pm dose of CVS Spectravite Advance Tab was initialed as given; however, there were no caregiver initials to verify that CVS Spectravite Advance Tab was given from January 18-31, 2017, and that Sertraline HCL and Simvastatin were given from January 16-31, 2017.</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><i>The program coordinator will continue to provide in-service training with the caregiver on the importance of recording the date, time, name of drug and dosage on the resident's medication records and initial so as to verify that medication was taken by the resident.</i></p> <p><i>The program coordinator or assign em will check the med sheets every two weeks to ensure that medication are initialed or not followed <sup>up with the</sup> caregiver.</i></p> <p style="text-align: right;"><i>4/19/18</i></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><b><u>FINDINGS</u></b> For Resident #1, on the August 16-31, 2017 medication administration record, caregiver did not initial for the 7:30 pm dose of CVS Spectravite Advance Tab, Sertraline HCL and Simvastatin on August 31, 2017 to verify that medications were given.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b>  For Resident #1, on the August 16-31, 2017 medication administration record, caregiver did not initial for the 7:30 pm dose of CVS Spectravite Advance Tab, Sertraline HCL and Simvastatin on August 31, 2017 to verify that medications were given.</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><i>The program coordinator will continue to provide in-service training with the caregivers on the importance of recording the date, time, name of drug and dosage on the resident's medication records and initial so as to verify that medication was taken by the resident.</i></p> <p><i>The program coordinator or assign cm will check the med sheets every two weeks to ensure that medication are initialed or not follow-up with the caregiver.</i></p> <p style="text-align: right;"><i>4/19/18</i></p>	


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>            For Resident #1, there was no caregiver entry for February 2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>            For Resident #1, there was no caregiver entry for February 2017.</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><i>The program coordinator will continue to provide in-service training with the caregiver on the importance of documenting their observation of the resident's response to activities, program, changes in behavior pattern, noting the date, time and action taken, if any or more often as appropriate but immediately when an incident occurs. The program coordinator or assign em will check the monthly documentation at the end of each month to ensure that the caregiver notes are written, if not written follow-up with the caregiver</i></p> <p style="text-align: right;"><i>4/19/18</i></p>	

Licensee's/Administrator's Signature: 

Print Name: Susanna F. Chang President ICED

Date: 3/08/2018

Licensee's/Administrator's Signature: 

Print Name: Susan Hudson

Date: 4/19/18