Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Lusitana B (DDDH)	**CHAPTER 89**
Address: **1660 B Lusitana Street, Honolulu, Hawaii 96813**	**Inspection Date: November 28, 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
☒	§11-89-14 Resident health and safety standards. (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: A written record of each drill shall be kept on file. **FINDINGS** The fire drill reports on file were incomplete, as follows: • The report of December 6, 2016 did not specify the time the drill was conducted, the exit used, the evacuation time and/or the level of assistance needed by residents; • The report of January 18, 2017 did not specify the exit used by residents; • The report of April 2017 did not have the date and time the drill was conducted; and • The report of May 3, 2017 did not have the time the drill was conducted.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (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: A written record of each drill shall be kept on file. **FINDINGS** The fire drill reports on file were incomplete, as follows: • The report of December 6, 2016 did not specify the time the drill was conducted, the exit used, the evacuation time and/or the level of assistance needed by residents; • The report of January 18, 2017 did not specify the exit used by residents; • The report of April 2017 did not have the date and time the drill was conducted; and • The report of May 3, 2017 did not have the time the drill was conducted.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The Home Manager and staff were retrained and the fire drill report reviewed with them by the Director of Programs and Services. Each area was described and given examples as to how it needed to be completed. Also reviewed the fire drill report with the Executive Assistant who collects monthly fire drills from the Home Managers. She will review the reports as they come in to the Admin office to ensure all areas are completed appropriately. She will return the reports to the Home Manager and have them corrected as needed.	December 5, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(4) Medications: All poisons shall be plainly labeled and stored separately in a locked cabinet. **FINDINGS** Comet was unsecured in a bathroom cabinet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Home Manager removed the Comet from under the bathroom cabinet and placed in a locked cabinet.	November 29, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(4) Medications: All poisons shall be plainly labeled and stored separately in a locked cabinet. **FINDINGS** Comet was unsecured in a bathroom cabinet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The Home Manager and staff were reminded all cleaning supplies are to be in a locked cabinet when not being used. The Home Manager was reminded that she is responsible to do a final sweep of the home when staff clocks out or when she goes off shift.	November 29, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: 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. **FINDINGS** For Resident #1, there was no physician order for the Alprazolam 1 mg tablet given on August 18, 2017, one hour prior to resident's ultrasound.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: 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. **FINDINGS** For Resident #1, there was no physician order for the Alprazolam 1 mg tablet given on August 18, 2017, one hour prior to resident's ultrasound.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Physician order was not filed properly but had been received prior to the stated appointment. The Home Manager will ensure paper work is filed in appropriate sections of the Residents file. During the RN's quarterly audit, she will ensure all paper work is filed in the appropriate sections of the Resident's file and refile correctly if out of place. See attachement 1.	November 29, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(11) Medications: Discontinued or outdated medications shall be disposed of by flushing down the toilet. **FINDINGS** Resident #1's Carac Cream 0.5% dispensed on February 14, 2014, expired in October 2014 and is still being used.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On November 30, 2017 the home manager contacted the physician regarding the use of the current Carac cream 0.5% due to its prohibitive cost and received a signed order for the continued use of the cream. Upon review of the note, more specific details have been requested by the nurse.	February 15, 2018

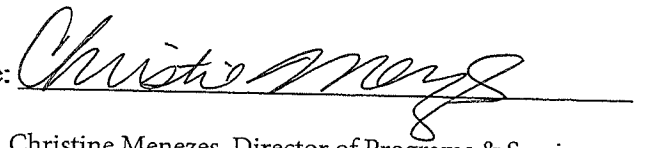
	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(11) Medications: Discontinued or outdated medications shall be disposed of by flushing down the toilet. **FINDINGS** Resident #1's Carac Cream 0.5% dispensed on February 14, 2014, expired in October 2014 and is still being used.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** It is agency practice to dispose of out dated medication properly. Training regarding obtaining clearance and documentation to utilize medication outside of general parameters was done with the home manager. The nurse will continue her quarterly audits and make written recommendations for changes and corrections. She will follow up on the corrections with the home manager and appropriate staff members. The Nursing Manager will provide oversight and conduct random quarterly audits of the client records.	November 30, 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (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, physician ordered Ensure 1-2 cans as needed for meal replacements. When given, the medication administration records did not consistently indicate whether 1 or 2 cans of Ensure was given.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (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, physician ordered Ensure 1-2 cans as needed for meal replacements. When given, the medication administration records did not consistently indicate whether 1 or 2 cans of Ensure was given.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Staff received in service training regarding documentation of Ensure usage (1 or 2 cans). Number of cans administered will be noted on the medication record. The nurse will continue her quarterly audits and make written recommendations for changes and corrections. She will follow up on the corrections with the home manager and appropriate staff members. The Nursing Manager will provide oversight and conduct random quarterly audits of the client records.	November 30, 2017

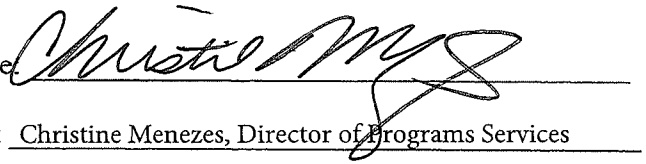
	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(12) Medications: All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed 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, on June 27, 2017, the Dermatologist ordered to restart treatment with Fluorouracil 5% Cream twice daily x 2 weeks; however, the June 2017 and July 2017 medication administration records noted that it was applied only once daily at 7 a.m. from June 27, 2017 – July 9, 2017.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-89-14 Resident health and safety standards. (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, on June 27, 2017, the Dermatologist ordered to restart treatment with Fluorouracil 5% Cream twice daily x 2 weeks; however, the June 2017 and July 2017 medication administration records noted that it was applied only once daily at 7 a.m. from June 27, 2017 – July 9, 2017.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Staff and Home Manager were re-trained on following physician's orders as they are stated, documentation on the medication records and reminded of the procedure of the 30-minute mediction check. Included in the training was also the reminder to submit a copy of physician orders and accompanying paperwork to the nurse within 72 hours. The nurse will continue her quarterly audits and make written recommendations for changes and corrections. She will follow up on the corrections with the home manager and appropriate staff members. The Nursing Manager will provide oversight and conduct random quarterly audits of the client records.	November 30, 2017

Licensee's/Administrator's Signature: 

Print Name: Christine Menezes, Director of Programs & Services

Date: January 31, 2018

Licensee's/Administrator's Signature 

Print Name: Christine Menezes, Director of Programs Services

Date: March 20, 2018