

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tanacio's (DDDH)	CHAPTER 89
Address: 94-1166 Hoomakoa Street, Waipahu, Hawaii 96797	Inspection Date: April 13, 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a) 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>FINDINGS No verification that a TB clearance was completed for Caregiver #1.</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>TB Clearance for caregiver NO. #1 completed the top portion signed and dated. TB Clearance was taken March 29, 2017 a copy is attached.</i></p>	<p style="text-align: right;"><i>11-14-17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-13 <u>Residents' rights.</u> (a) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to:</p> <p><u>FINDINGS</u> For Resident #1, there was no verification that resident's legal guardian was informed of the resident's rights.</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>For the Resident #1 the Resident's right that was signed by his brother "legal guardian" the time it was certified as DDD Home on 8-1-2007, was not filed in his medical record instead it was filed by the admission and discharge record book. Right away during my inspection on April 13, 2017, it filed in his medical record.</i></p>	<p><i>April 13, 2017</i></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) 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><u>FINDINGS</u> Three exits were identified on the fire evacuation plan. The exit by the kitchen has a security screen door with a deadbolt locking device and a thumb turn lock. The inner door has a key lock and thumb turn lock. This exceeds the number of locking devices allowed for an exit.</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>Removed the kitchen door as fire exit on the floor plan.</i></p>	<p style="text-align: center;"><i>11-14-17</i></p>

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<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><u>FINDINGS</u> For Resident #1, the caregiver entry of April 11, 2017 noted that resident scratched his left foot by the ankle. Neosporin Ointment was applied. There was no physician order found for the Neosporin Ointment and it was not reflected on the April 2017 medication record.</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>11-89-14 <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 October 2016 – April 2017 medication records noted the strength of Vitamin B-12 as 100 mg rather than 100 mcg.</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>§11-89-17 <u>General operational policies.</u> (b) Upon admission, there shall be written documentation that the resident, guardian, or next of kin was fully informed of policies governing the resident's care.</p> <p><u>FINDINGS</u> For Resident #1, there was no verification that the resident's legal guardian was informed of the policies governing the resident's care.</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>For Residents # 1, Yes the signed policies governing the residents care that was signed by his guardian is filed in his medical records, give you a copy!</i></p>	<p style="text-align: right;"><i>11-14-17</i></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, the adverse event report of July 9, 2016 was filed in the resident's medical record. There was no verification that the report was sent to the Department of Health case manager within 24 hours. The fax transmittal sheet from the waiver agency was dated August 5, 2016.</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>I removed the ordered report from the medical record chart, I have a separate covered binder labelled w/ incident report, and filed properly and asked my case manager to give me a copy of the transmittal sheet.</i></p>	<p style="text-align: right;"><i>March 1, 2018</i></p>

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Licensee's/Administrator's Signature: Shirly M. Tanacio

Print Name: SHIRLY M. TANACIO

Date: NOVEMBER 14, 2017

Licensee's/Administrator's Signature: Shirly M. Tanacio

Print Name: SHIRLY M. TANACIO

Date: MARCH 1, 2018

Licensee's/Administrator's Signature: Shirly M. Tanacio

Print Name: SHIRLY M. TANACIO

Date: MAY 23, 2018