

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea Heights Senior Living	CHAPTER 100.1
Address: 99-1657 Aiea Heights Drive, Aiea, Hawaii 96701	Inspection Date: May 30 &31, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

JUN 18 AM 11:00

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(1) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be at least eighteen years of age;</p> <p><u>FINDINGS</u></p> <p>Employee #1 no current first aid certification on file.</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>Employee #1 is signed up for a CPR/First Aid class.</i></p>	<p style="text-align: center;"><i>6/16/18</i></p> <p style="text-align: center;">'18 JUN 18 AM 1:00</p> <p style="text-align: center;">STATE OF HAWAII DON-ORICA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(1) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be at least eighteen years of age;</p> <p><u>FINDINGS</u></p> <p>Employee #1 no current first aid certification on file.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, the Administrative staff will carefully check all paperwork & follow a check list to be sure the required documents are received before the employee starts working.</i></p>	<p style="text-align: right;">'18 JUN 18 AM 1:00</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><u>FINDINGS</u></p> <p>Employee #2 observed feeding and exercising the residents. No documentation the employee received any orientation on how to provide care for residents prior to directly working with residents.</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>Employee #2 was completed orientation; a checklist has been signed by staff supervising Employee #2.</i></p> <p><i>* on the day of inspection, employee #2 was reassigned to our non-expanded residents.</i></p>	<p style="text-align: center;"><i>6/11/18</i></p> <p style="text-align: right;">18 JUN 18 AM 1:00</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; border: 1px solid black; padding: 2px;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><u>FINDINGS</u></p> <p>Employee #2 observed feeding and exercising the residents. No documentation the employee received any orientation on how to provide care for residents prior to directly working with residents.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, an orientation check list will be with the new employee & signed off by the trainer. The employee will not be allowed to work directly with residents until orientation is complete.</i></p>	<p style="text-align: right;">'18 JUN 18 AM 1:00</p> <p style="text-align: right;">STATE OF HAWAII DOH-DIHA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</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></p> <p>Laundry detergent not properly secured in locked cabinet.</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>Laundry detergent was put into the proper container & stored in a locked cabinet New lock installed.</p>	<p style="text-align: center;">6/11/18</p> <p style="text-align: center;">18 JUN 18 AM 1:00</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</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. <u>FINDINGS</u> Laundry detergent not properly secured in locked cabinet.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, the designated shift leader will double check all locked cabinets and sign off to the nurse in charge, at the end of the shift.</i></p>	<p style="text-align: center;">'18 JUN 18 AM :00</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u></p> <p>Resident #1 physician orders dated 4/16/18 read, "Galantamine 16 mg ER capsule, Take 1 cap by mouth every day with breakfast." No discontinue order in chart and medication did not appear on April or May medication administration record.</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>A discontinuation order has been received, for Galantamine, by the resident's PCP.</i></p>	<p style="text-align: right;"><i>5/21/18</i></p> <p style="text-align: right;">'18 JUN 18 AM 1:00</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u></p> <p>Resident #1 no documentation that physician was notified of significant weight change of six (6) pounds from September 2017 (132 lbs.) to October 2017 (139 lbs.) and twelve pound change from December 2017 (134 lbs.) to January 2018 (146lbs.).</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 - PCP notified of weight loss between 9/2017 ; 10/2017 and between 12/2017 ; 1/2018</i></p>	<p style="text-align: center;"><i>5/31/18</i></p>

STATE OF HAWAII
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u></p> <p>Bedroom #3 no hot water in bathroom.</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>Bathroom in bedroom #3 is used for toileting only. The sink currently has only cold water.</p> <p>A plumber will be assessing the water situation in all bathrooms. The plumber will be out to AHSL on 6/15 or 6/16.</p>	<p>6/15 or 6/16/18</p> <p style="text-align: right;">18 JUN 18 AM 10:00</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(D) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>Provision for the free passage of handicapped residents, including wheelchair residents, to rooms, toilets, corridors, and exits shall be maintained at all times;</p> <p><u>FINDINGS</u></p> <p>Bedroom #1 door to room partially blocked by stand-alone closet preventing free access to hall from room.</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>The closet door has been removed and a curtain hung, as a temporary fix. We are waiting for a new front door to arrive. At that time, our contractor will be fixing the closet door. The front door's arrival is expected the 2nd week of July.</p>	<p style="text-align: center;">6/2/18</p> <p style="text-align: center;">18 JUN 18 AM 1:01</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u></p> <p>Bedroom 2B beds #2B and 2C signaling devices out of reach from resident while in bed.</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>Signaling devices for beds #2B & #2C was repositioned & is within the resident's reach, while in bed.</i></p>	<p style="text-align: center;"><i>5/31/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u></p> <p>Screens in living room, bedroom #2 and #5 have holes in them. Window in living room also has a hole in the lower right corner.</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>Green patches put on to cover holes in the screens, as a temporary fix. We are awaiting bids from contractors to have all the screens changed.</p>	<p style="text-align: right;">6/2/18</p> <p style="text-align: right;">18 JUN 18 AM 1:01</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u></p> <p>West wall bedroom #5 has a large crack in the wall.</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>The large crack is will be repaired on 6/16/18 and repainted.</p>	<p style="text-align: center;">6/16/18</p> <p style="text-align: right;">18 JUN 18 AM 10:01</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u></p> <p>West wall bedroom #5 has a large crack in the wall.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, the staff has been instructed to report issues immediately to the Administrative staff, who will have the issues assessed and fixed as soon as possible.</p>	<p style="text-align: right;">'18 JUN 18 AM 1:01</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u></p> <p>Bedroom 4B toilet making a loud continuous piecing (ringing) noise.</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>The valve causing the loud noise has been replaced.</i></p>	<p style="text-align: right;"><i>6/2/18</i></p> <p style="text-align: right;">'18 JUN 18 AM 10:01</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Carlene Ebisutani

Print Name: Carlene Ebisutani

Date: 06/14/2018

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'18 JUN 18 AM 1:01

STATE OF HAWAII
DOH-DHCA
STATE LICENSING