

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E Cottage – Hilo #2	CHAPTER 98
Address: 100 Apoke Street, Hilo, Hawaii 96720	Inspection Date: April 10, 2018

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-06 <u>Disaster preparedness.</u> (a) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p>FINDINGS C.A.R.E. Hawaii Emergency Procedures entitled "Fire," did not detail a special escape route, instructions or staff assignments.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Temporary Hilo LCRS addendum to Fire evacuation plan placed in Emergency procedures book, along with copies of all evacuation maps that are present in resident rooms, and posted</p>	<p>4/18/18</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure: administrative and organizational plan. (c)</u> Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> C.A.R.E. Hawaii Policy and Procedures "F10.12 Medication Administration" read, III. Procedures: "2. Physician prescribed medications shall have a pharmacy label attached." "4. Prescription medications must have been prescribed by the physician, psychiatrist, M.D. APRN, or dentist and will only be dispensed from the containers bearing the proper labels." Resident #1, Epinephrine IM injectable – no prescription label. Handwritten label and physician order dated April 4, 2018 read, "Epinephrine 0.3 mg auto injection IM PRN for allergic emergency."</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>Pharmacy contacted for pharmacy label to attach to the epinephrine IM injectable. <i>Attached to medication</i></p>	<p style="text-align: right;">4/11/18</p>

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure: administrative and organizational plan. (e)</u> Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>FINDINGS C.A.R.E. Hawaii Policy and Procedures "F10.12 Medication Administration" read, III. Procedures: "2. Physician prescribed medications shall have a pharmacy label attached." "4. Prescription medications must have been prescribed by the physician, psychiatrist, M.D. APRN, or dentist and will only be dispensed from the containers bearing the proper labels." Resident #1, Epinephrine IM injectable – no prescription label. Handwritten label and physician order dated April 4, 2018 read, "Epinephrine 0.3 mg auto injection IM PRN for allergic emergency."</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>RN's reminded at Monthly meeting on 4/11/18 and on 5/25/18 regarding need to obtain a pharmacy label, for any prescriptions meds that do not have an appropriate label.</p> <p>Education also on May supervision to RN's.</p> <p>Team lead to continue to check on current medications weekly to ensure in compliance.</p>	<p>4/11/18 5/25/18</p> <p>5/30/18</p> <p>6/1/18</p>

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<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><u>FINDINGS</u> Employee #1, no current tuberculosis (TB) skin test. (Last done 3/22/17).</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;">Employee #1 obtained TB Clearance from the Department of Health on 4/19/18.</p>	4/19/18

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<input checked="" type="checkbox"/>	<p>§11-98-16 <u>Resident's rights and responsibilities.</u> (1) Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct;</p> <p><u>FINDINGS</u> Resident #1, re-admitted on April 4, 2018, consent for treatment signed on April 8, 2018.</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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Licensee's/Administrator's Signature: Therese Reed, RN, BA, MSN

Print Name: Therese Reed, RN, BA, MSN

Date: 5/29/18