

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Home Away From Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 1321A Palolo Avenue, Honolulu, Hawaii 96816</b>	<b>Inspection Date: June 8, 2018 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.**

**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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <p>Employee #1 has a TB attestation completed by the physician, but has no proof of a positive TB test in the past on record.</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 style="text-align: center;"><i>Employee #1 has her positive tuberculin skin test record on file.</i></p>	<p style="text-align: center;"><i>6/8/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <p>Employee #1 has a TB attestation completed by the physician, but has no proof of a positive TB test in the past on record.</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>Effective this date, and in the future, this employee #1 and all employees w/ a positive TB test result will have a copy of their proof of positive skin test result card. This will remain in the Care Home Operators folder for the length of their employment.</i></p>	<p style="text-align: right; font-size: 1.5em;"><i>6/8/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <p>Employee #2 has no current TB test on record. Employee should have no contact with residents until test is completed.</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><i>Employee #2 completed her TB test.</i></p> <p><i>Employee #2 received her results for TB test -</i></p> <p><i>A copy is enclosed &amp; in the care Home Folder</i></p>	<p><i>6/12/18</i></p> <p><i>6/14/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <p>Employee #2 has no current TB test on record. Employee should have no contact with residents until test is completed.</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 style="text-align: center;"><i>In the future, a calendar will be used as a tool to remind this employee #2 and all employees of their annual TB due date</i></p>	<p style="text-align: center;"><i>6/12/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 Vitamin D capsules discontinued 5/25/18, and are still available in the medication bin. Medication should be discarded or returned to the family following the order to discontinue to avoid an accidental administration of the medication.</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 style="text-align: center;"><i>Effective this date Vitamin D capsules were discarded.</i></p>	<p style="text-align: center;"><i>6/8/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 Vitamin D capsules discontinued 5/25/18, and are still available in the medication bin. Medication should be discarded or returned to the family following the order to discontinue to avoid an accidental administration of the medication.</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>Effective today and in the future, every Resident's medication tray will be reviewed after each medication change or update. All discontinued meds will be discarded. The CHO and SUB will provide peer reviews on each Resident's current medications for quality assurance &amp; accountability.</i></p>	<p><i>6/8/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 emergency data sheet states no medication. Since admission resident was started on medication which are not listed on the emergency data sheet.</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 style="text-align: center;"><i>The Emergency data sheet has been revised to include the correct and current medication as ordered by her physician. (enclosed)</i></p>	<p style="text-align: center;"><i>6/8/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 emergency data sheet states no medication. Since admission resident was started on medication which are not listed on the emergency data sheet.</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>Effective on this date and 6/8/18 in the future, the Emergency data sheet will accompany the resident to his/her Doctor appointment. If there is a medication change, that order will be attached to the Emergency data sheet. The CTO and the SUB will review all changes in the M.D. orders - monthly and/or as needed. (2 Staff will double-check each other at all time.)</i></p>	

Licensee's/Administrator's Signature: EMA P. ARELLIANO, CHD  
Print Name: EMA P. ARELLIANO  
Date: 6/15/2018