

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alma and Richard Pilar (DDDH)	CHAPTER 89
Address: 94-1105 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: November 15, 2017 OHCA Annual December 11, 2017 Sanitation

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
DEPARTMENT OF
HEALTH CARE ASSURANCE
STATE LICENSING

18 APR -6 AMO :11

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> No ceiling in the residents' bathroom over the shower area.</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>New ceiling is properly installed and complied with the structural requirements. All is well and dainty now. Sanitarian came and checked.</p>	<p>12-16-17</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>APR -6 AIO :11</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p>FINDINGS Wooden doorway frame to the residents' bathroom and along the hallway outside of the bathroom, wood was damaged.</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;">Wooden doorway frame to the resident's bathroom and along the hallway outside the bathroom were already fixed.</p>	<p style="text-align: center;">12-13-17</p>

STATE OF HAWAII
DUNFORD
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STATE OF HAWAII
DOH-CHCA
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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Wood on the front door was peeling.</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;">Old and damaged door was taken out. New front door was installed and made sure that it is built as to residents' safety.</p>	<p style="text-align: center;">12-15-17</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)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, 3-month medication update of January 3, 2017 notes, "Q-Tussin DM Syrup. Take 1 tsp by mouth every 6 hours as needed for cough"; however, the medication administration records from November 2016 – November 2017 note the frequency as every 4 hours as needed.</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 corrected the frequency of the Q-tussin DM syrup by reviewing the Physicians Order and pharmacy label and corrected the Medication Administration Record (MAR). My assistant caregiver will also double check the Physicians Order and pharmacy label before writing on the Medication Administration Record and before administering the medication.</p>	<p style="text-align: center;">11-16-17</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>FINDINGS For Resident #1, there was no incident report on file for resident's unattended fall while at day program on March 21, 2017. Resident received treatment at the emergency room for a wound/laceration of the upper lip and had a follow up visit with his physician on March 23, 2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">11-16-17</p>

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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (d) Foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> The bags of Tilapia, Chicken Nuggets and Veggie Burgers in the freezer were not sealed.</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 sealed the ^{bags of} Tilapia, chicken nuggets and veggie burgers.</p>	<p>11-15-17</p>

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STATE OF HAWAII
DOH-CHCA
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Licensee's/Administrator's Signature: Alma A. Pilar

Print Name: Alma A. Pilar

Date: April 3, 2018

Licensee's/Administrator's Signature: Alma A. Pilar

Print Name: Alma A. Pilar

Date: May ⁷~~6~~, 2018

Licensee's/Administrator's Signature: Alma A. Pilar

Print Name: Alma A. Pilar

Date: June 27, 2018