

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ARC of Maui County – Molokai Residence Hale Maunaloa (DDDH)	CHAPTER 89
Address: 24 Hoalua Street, Maunaloa, Hawaii 96770	Inspection Date: December 18, 2017 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.

	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> Screen on the patio sliding door was torn.</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 style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>1/20/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(2) 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>A written record of each drill shall be kept on file.</p> <p><u>FINDINGS</u> No fire drill report for February 2017.</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>§11-89-14 <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, Risperidone 2 mg tablet, take 1 tablet once daily at bedtime was started on October 18, 2017. The October 2017 and November 2017 medication administration records did not indicate the times that medication was given, and the December 2017 medication administration record just noted the time as PM.</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>§11-89-18 <u>Records and reports.</u> (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><u>FINDINGS</u> For Resident #1, there were no physician orders for the following:</p> <ul style="list-style-type: none"> • Passion Flower, take 1-2 capsules as needed, started on September 3, 2017; • Holy Basil, take 1 cap 2 times/day as needed, started on September 1, 2017; and • Valerian Root, take 1 cap at night, started on September 9, 2017. 	<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 style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>1/24/18</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> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><u>FINDINGS</u> In Resident #1's medical record, white out was used on the Quarterly Personal Inventory Sheet.</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>	<p>7</p>

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Licensee's/Administrator's Signature: Valerie Sly

Print Name: VALERIE SLY

Date: 1/31/18

Arc of Maui County
Hale Maunaloa
Plan of Correction
January 2018

Annual Inspection: 12/18/17

• **Rule (Criteria)**


11-89-12 Structural requirements for licensure (b)

Corrective Action Part 1:

The screen on the patio sliding door was torn. Patching the screen was not an option. A new screen was already on order at time of inspection, but had not arrived yet.

The new screen was delivered and installed 1/20/18.

Effective Date: 1/20/18



Valerie Sly

1/31/18
Date

- **Rule (Criteria)**

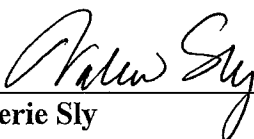
11-89-12 Structural requirements for licensure (b)

Corrective Action Future Plan Part 2:

The screen door is in a high-traffic area and is used frequently. In addition, one resident in the home has a history of opening the screen in an aggressive manner when explosive, causing the screen to tear on more than one occasion. It is expected that this issue will be minimized with behavioral interventions and a recent medication change which has decreased this behavior.

To prevent recurrence, siding for the screen is being considered as an option to decrease the screen's ability to tear. The Resident Manager will continue with daily/weekly maintenance checks and remind staff to report issues immediately to ensure issues are addressed in a timely manner. In addition, staff will be retrained on early warning signs to ensure early interventions are utilized and encourage the resident in question to exit through the back door at times when he is showing signs of agitation.

Effective Date: 1/20/18



Valerie Sly

1/31/18
Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards (d)(2)

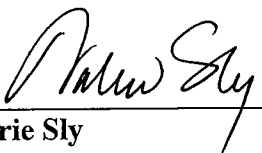
Corrective Action Future Plan Part 2:

In review of this issue, the fire drill schedule is posted in two prominent locations in the home. Since there is a range of date options for staff to implement the fire drill for any particular month, any staff on shift during this time frame had the opportunity to implement the drill. However, no fire drill occurred in February, 2017.

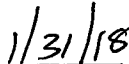
To correct this issue, staff was retrained on the requirement of a monthly fire drill by the Resident Manager. To prevent recurrence, staff is now designated and assigned to implement fire drills on a pre-scheduled day in accordance with the fire drill log. This information will be posted in two locations in the home (on the office window and the bulletin board).

To monitor this issue, the Resident Manager will review the fire drill binder prior to the end of every month to ensure a fire drill was implemented and documented for that month for the safety and welfare of the residents.

Effective Date: 3/1/17



Valerie Sly



Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards (e)(12)

Medications:

Corrective Action Future Plan Part 2:

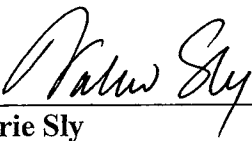
In review of this issue, the documentation on the physician's order was documented on the Medication Record as written, which did not include a specific time. Although staff was administering the Risperdone 2mg tablet at bedtime (8pm) for Resident #1, this time was not documented on the Medication Record.

To correct this issue for Resident #1, the time (8pm) was documented on the Medication Record for this medication. The Resident Manager was retrained by the agency RN regarding the requirement for documented times on the Medication Record and the staff was retrained by the Resident Manager.

To prevent recurrence, the Medication Record was reviewed for all residents in the home to ensure times were documented for all medications (where appropriate), and no other issues were identified.

To monitor this issue, the Service Supervisor, who continues to maintain oversight of the residential program, will review the Medication Records during their regular monthly meetings for a period of three months, to ensure correct documentation of the Medication Records for all residents in the home.

Effective Date: 12/18/17



Valerie Sly

1/31/18

Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards (e)(12)

Medications:

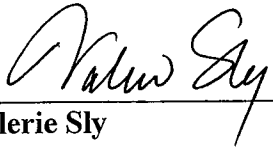
Corrective Action Future Plan Part 2:

In review of this issue, a new staff person picked up the Lorazepam 1mg PRN for Resident #1 at the pharmacy after a medical appointment. Per protocol, the medication was placed in the med cabinet at the residence upon staff's return and the appointment slip was put in the designated box. However, staff did not communicate this information to the Resident Manager or the Service Supervisor, which is standard procedure when new medications are ordered by a medical provider. In addition, the Resident Manager was off for several days during this time period and did not check the med cabinet or the appointment slips immediately upon her return. The medication was not documented on the Medication Record until the beginning of the next month, October, 2017.

To correct this issue, staff was retrained by the Resident Manager to follow the protocol of reporting all new medication orders to the Resident Manager immediately.

All appointments are documented on the Resident Manager's calendar. To prevent recurrence, the Resident Manager will review her calendar when she starts her shift for the day to ensure there is a corresponding appointment slip for recent provider appointments. This will ensure she reviews the appointment slips for new or updated changes to medications or health-related procedures and to check the med cabinet for new medications that may have been obtained by staff without her knowledge.

Effective Date: 1/31/18



Valerie Sly

1/31/18
Date


- **Rule (Criteria)**
11-89-18 Records and Reports (a)(2)

Corrective Action Part 1:

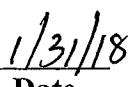
In review of this issue for Resident #1, the supplements in question were being administered by the guardian prior to admission. Upon admission, the guardian requested the supplements be continued. The resident's physician documented his acknowledgment of these supplements by stating "guardian preference" on the appointment slip, which included a list of these supplements. However, a physician's order was not obtained.

To correct this issue, the supplements were discontinued for Resident #1. The guardian no longer wants the supplements continued. The Resident Manager was retrained by the agency RN regarding the requirement for a physician's order for all medications administered.

Effective Date: 1/24/18



Valerie Sly



Date

- **Rule (Criteria)**

11-89-18 Records and Reports (a)(2)

Corrective Action Future Plan Part 2:

To prevent recurrence, all resident's medications were reviewed to ensure a corresponding physician's order existed for each and no other issues were identified.

To monitor this issue, the Service Supervisor, who continues to maintain oversight of the residential program, will review all resident medications during their regular monthly meetings for a period of three months, to ensure there are corresponding physician's orders for each.

Effective Date: 1/24/18

	<i>1/31/18</i>
_____ Valerie Sly	_____ Date

- **Rule (Criteria)**

11-89-18 Records and Reports (e)(2)

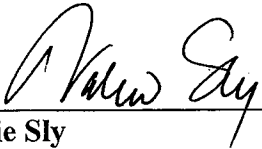
Corrective Action Future Plan Part 2:

In review of this issue, the Resident Manager was aware of the requirement for not using white-out on all other documentation, but stated she was not aware that white-out could not be used on the Quarterly Personal Inventory Sheet.

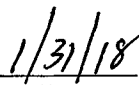
To correct this issue, the Resident Manager was retrained by the Service Supervisor, who continues to maintain oversight of the residential program, regarding the requirement for not using white-out on the Quarterly Personal Inventory Sheet. The Resident Manager trained the staff on this requirement.

To monitor this issue, the Resident Manager will review the Quarterly Personal Inventory Sheet after each inventory is completed by staff to ensure white-out is not being used.

Effective Date: 12/18/17



Valerie Sly



Date