

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Comfort Care Home, L.L.C.	CHAPTER 100.1
Address: 1543 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: July 7, 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.

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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> (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><u>FINDINGS</u> Substitute care giver #1 - No two-step tuberculosis clearance documentation prior to contact with residents.</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>SCG #1 already had two documents of PPD and tuberculosis clearance note made on 10/25/2013, 4/14/2014. then annual The inspector permitted to consider as two step if 2nd step TB clearance was done with in a year from first one.</p> <p style="text-align: center;"><i>see attached,</i></p>	<p style="text-align: center; font-size: 1.2em;">7/18/2017</p> <p style="text-align: right; font-size: 0.8em;">18 JUN -9 19:28</p>

As acknowledged, all individual reside or care giver should have 2 step TB clearance initially before contact resident then annually, it will be required to any new staff or to the family to bring 2 step TB clearance in further. As acknowledged, all individual reside or care giver should have 2 step TB clearance initially before contact resident then annually, it will be required to any new staff or to the family to bring 2 step TB clearance in further.

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PCG bought new metal stem thermometer from" walmart". PCG monitored if new stem thermometer was functioning properly and placed thermometer near oven to be available every time and continued checking cold and hot food temperature.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No working metal stem thermometer.</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>PCG bought new metal stem thermometer from" walmart". PCG monitored if new stem thermometer was functioning properly and placed thermometer near oven to be available every time and continued checking cold and hot food temperature.</p>	<p style="text-align: right; font-size: 1.2em;"><i>7/10/2017</i></p> <p style="text-align: right; font-size: 0.8em; margin-top: 100px;">REC'D 18 JUN -6 AM 128</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No working metal stem thermometer.</p>	<p style="text-align: center;">PART 2 <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>The staff who prepare the food will continue to use metal stem thermometer and will continue check the function of thermometer.</p>	<p style="text-align: right;">7/10/17</p> <p style="text-align: right;">18 MAR -6 19:28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - No physician order to hold "Atenolol" for SBP < 100. For example: medication held:</p> <ul style="list-style-type: none"> • 6/2/17 BP = 94/68 • 6/23/17 BP=94/67 • 5/10/17 BP=95/57 • 5/12/17 BP=98/55 	<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>The PCGand resident #1 visited geriatric Dr. and obtained the order of Holding "Atenolo " Dr. wanted to hold this medicine for SBP < 110. HR <60 on 7/10/2017</p> <p>The PCG labeled the order of holding BP medicine with number of parameter on medicine bottle and medication sheet so any CG can read it before medication.</p>	<p style="text-align: center;">7/10/2017</p> <p style="text-align: right;">18 MAR -01 19:28</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - No physician order to hold "Atenolol" for SBP < 100. For example: medication held:</p> <ul style="list-style-type: none"> • 6/2/17 BP = 94/68 • 6/23/17 BP=94/67 • 5/10/17 BP=95/57 • 5/12/17 BP=98/55 	<p style="text-align: center;">PART 2 <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>The PCG will sure to obtain D.'s order of holding any kinds of BP medicine. CG will not hold BP medicine without Dr's order. When new BP medicine ordered. PCG will also confirm with Dr. if Dr. wants to hold BP medicine and if there is any number of parameter to hold. if medicine needs hold, it will be marked on the medicine bottle and medication sheet. The medication review will be done and report to Dr. for holding for more than 3-7 days in row and if any change condition of resident .</p>	<p style="text-align: right;">7/10/2017</p> <p style="text-align: right;">*18 MAR -0 APR 28</p> <p style="text-align: right;">REMOVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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>FINDINGS Resident #1 - "Melatonin 1 mg tab Take 3 tablets at bedtime" ordered 4/14/17; the <u>medication label</u> reflected "3 mg" tablets available. The <u>medication record</u> reflected "Melatonin 1 mg tab Take 3 tabs at bedtime." The primary care giver stated she was giving one (1) 3 mg tablet at bedtime.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG and resident #1 visited resident #1's Dr. and notified regarding the bottle of "Melatonin" on the hand was available with dose 3mg tab. So asked if Dr. can change the order to give One tab with "Melatomin" 3 mg tab po at HS instead of giving three (3) pills of " Melatonin" 1 mg tab.</p> <p>Dr. agreed to change the order and updated it on 7/10/2017. The order of "Melatonin" 3 mg tab to give one (1) tab PO at bed time</p> <p>The old order with" Melatonin" 1mg tab was Dc d and new order with melatonin 3mg tab replaced on medication sheet of resident #1. and PCG labeled Dr order how to give it on the bottle of "Melatonin"</p>	<p align="center">7/10/2017</p> <p align="right">18 MAR 14 10:28 FILED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 - No admission assessment for readmission 4/3/17.</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>The resident# 1 was hospitalized at acute facility for over 3 days. So when the resident returned from hospital, the condition of return day was charted on the caregiver progress note but the note was not reflected on the admission assessment sheet.</p> <p>So PCG filled up readmission assessment in the chart of Resident #1, as late entry with the review of CG progress note made on the day when Resident #1 came back to home from hospital.</p>	<p style="text-align: center;">2/8/2017</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 - No diet order for readmission 4/3/17.</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>The order of diet for readmission to home was made already per discharge Dr. in the hospital and was sent with resident #1 on 4/3/2017</p> <p>PCG found that PCG misplaced it on wrong section of resident #1 chart after inspection was done on 7/7/2017. So PCG replaced care home admission sheet had the order of diet made on 4/3/2017 onto the admission section of the chart.</p> <p>The diet order made on 4/3/2017 at discharge time from hospital was confirmed per PCP of resident #1 as same when the resident #1 visited PCP on 4/14/2017. and this order was updated when PCG and resident#1 visited his geriatric Dr. on 7/10/2017.</p> <p style="text-align: center;"><i>all attached,</i></p>	<p style="text-align: center; font-size: 2em;"><i>7/8/2017</i></p> <p style="text-align: right; font-size: 0.8em;">18 11:00 AM '17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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 made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 - No incident report for emergency room visit on 6/8/17.</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><i>yes. I completed incident report on the file ² in ² care home, error and filed in care home binder.</i></p>	<p style="text-align: right;"><i>7/27/18</i></p> <p style="text-align: center;">'18 JUL 27 P 4:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; font-weight: bold; font-size: 2em;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident records were in an unlocked cabinet.</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><i>Yes - I placed lock on the cabinet door of Resident's record.</i></p>	<p style="text-align: right;"><i>7/27/18</i></p> <p style="text-align: center;">'18 JUL 27 P 4:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 - Resident register did not reflect discharge on 3/30/17 and readmission on 4/3/17.</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>The resident #1 reflected on the sheet of the resident register discharge on 3/30/2017 to the hospital and readmission to home on 4/3/2017.</p>	<p style="text-align: right;">4/8/2017</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Access to the area of refuge from the second (back) exit was partially obstructed by plants and a large patch of grass growing in the sidewalk.</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 patch of grass on the way of access to the area of refuge from back exit removed and kept area clean smooth for the resident can walk with walker and rolling the w/c without any problem. then patched damaged area of concrete with cement. See attached picture .</p>	<p style="text-align: right;"><i>Removed Grass on 7/7/18 7/10/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Access to the area of refuge from the second (back) exit was partially obstructed by plants and a large patch of grass growing in the sidewalk.</p>	<p style="text-align: center;">PART 2 <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>The staff will continue all exit and access area to be free from any damage and will fix it as soon as possible. Also will continue to remove any obstacles, as like, wood stick from the tree due to wind blow or any equipment placed on the side of the wall for the resident walking with walker or rolling the wlc. for no risk of fall</p>	<p style="text-align: right;">9/10/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (1)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><u>FINDINGS</u> Dining table clearance between floor and lower edge is 26 3/4 inches.</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 height of dining table lifted up to 29 ½ inch high. We bought four (4) wood pieces very well made for the table from store "homedepart"</p>	<p>7/10/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><u>FINDINGS</u> Dining table clearance between floor and lower edge is 26 3/4 inches.</p>	<p style="text-align: center;">PART 2 <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>The home will keep the height of dinning table high 29 inches between floor and lower edge as the rule required . so the w/c can get into the space under the table safe enough . This compliance would prevent potential damage of resident's hand while the resident get into the space under the table.</p>	<p style="text-align: right;"><i>2/10/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Resident Bedroom #1 used for recreation.</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>CG removed the resident was in activity from the bedroom #1 to activity living room. .</p>	<p style="text-align: right;">1/7/17</p> <p style="text-align: right; font-size: small;">RECEIVED STATE OF CONNECTICUT DEPARTMENT OF HUMAN SERVICES</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Resident Bedroom #1 used for recreation.</p>	<p style="text-align: center;">PART 2 <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>CG shall provide social and recreational activities on the regular basis All house hold recreational activity as like ROM exercise listening music , watching TV, reading , talking for being companion will be held in the living room , not in the bedroom at all.</p> <p>The most house hold recreational activity performed in the living room (activity room) are described in the below. The PCG has been gather the all resident to living room after breakfast and resident's own BRP . CG play the piano with same song on daily base at same time . Then CG stands up front of all residents and demonstrate s how to do exercise with ROM of all extremities. CG planed to play the same program on TV for the resident to get familiar with all program Also there is walking exercise depend on the resident before lunchtime the afternoon. CG scheduled talking program with resident either individually or in a group.</p>	<p style="text-align: right; font-size: 2em;">7/8/17</p> <p style="text-align: right; font-size: 0.8em;">18 APR - 0 19:29</p>

	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> Care givers occupying Bedroom #3 licensed for resident use. Resident residing in area identified as "hallway" on the evacuation plan.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The resident transferred to licensed room# 3 .</p> <p>The resident and family notified and PCG took permit from family of the resident for changing the room before moving.</p>	<p align="center">7/19/17</p> <p align="right">D.H. S. 18 MAR -6 A9:29 K...</p>

	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> Care givers occupying Bedroom #3 licensed for resident use. Resident residing in area identified as "hallway" on the evacuation plan.</p>	<p style="text-align: center;">PART 2 <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;">The licensed room should be recognized and will be used for the resident only.</p>	<p style="text-align: center;">2/2/17</p>

Licensee's/Administrator's Signature: Jin en Ra

Print Name: JIN-OK RA

Date: 3/5/2017

Licensee's/Administrator's Signature: Jin en Ra

Print Name: JIN-OK RA

Date: 6/5/2018

Licensee's/Administrator's Signature: Jin en Ra

Print Name: JIN-OK RA

Date: 7/24/2018

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