

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abad, Edna	CHAPTER 100.1
Address: 98-312 Kaluamoi Drive, Pearl City, Hawaii 96782	Inspection Date: April 26, 2018 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.

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1, no written agreement completed at the time of re-admission between primary care giver and resident.</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>HAVE A NEW POLICY RE-ADMISSION WRITTEN AGREEMENT SIGNED BY PCG AND THE RESIDENT.</i></p>	<p style="text-align: right;"><i>4/30/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1, no written agreement completed at the time of re-admission between primary care giver and resident.</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 style="text-align: center;"><i>IN THE FUTURE TO PREVENT THIS TO HAPPEN AGAIN CHECK THE CHECK LIST FOR RE-ADMISSION.</i></p>	<p style="text-align: center;"><i>4/30/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 order for “Fanapt <u>12 mg</u> one tablet BID po” reflected on the August 2017 medication record. Order dated 9/12/17 signed after re-admission (8/28/17). Order dated 8/24/17 reads, “Fanapt <u>10 mg</u> one tablet BID po.”</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 order for "Fanapt <u>12 mg</u> one tablet BID po" reflected on the August 2017 medication record. Order dated 9/12/17 signed after re-admission (8/28/17). Order dated 8/24/17 reads, "Fanapt <u>10 mg</u> one tablet BID po."</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 style="text-align: center;">TO PREVENT THIS TO HAPPEN AGAIN 7/6/18 IN THE FUTURE, AS A CARE GIVER #1, I WILL CHECK THE MEDICATION ADMINISTRATION RECORD AND PHARMACY LABELED BOTTLES TO VERIFY THAT THEY REFLECT THE CURRENT ORDERS.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1, schedule of activities (6/15/12) not updated to reflect participation in Club House activities twice a week.</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>MADE A NEW UPDATED CURRENT SCHEDULE OF ACTIVITIES OF THE PROGRAM.</i></p>	<p style="text-align: right;"><i>4/30/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1, schedule of activities (6/15/12) not updated to reflect participation in Club House activities twice a week.</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>TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, AS A CARE GIVER #1, ANY CHANGES IN THE SCHEDULE OF ACTIVITIES WILL BE REVIEWED AND CURRENTLY UPDATED EVERY NOW AND THEN.</p>	<p>7/6/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 documentation of primary care giver assessment upon re- admission (8/28/17.)</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;"><i>MADE A DOCUMENTATION ASSESSMENT OF RE-ADMISSION (8/28/17).</i></p>	<p style="text-align: center;"><i>5/2/18</i></p>

RECEIVED
MAY 18 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 documentation of primary care giver assessment upon re- admission (8/28/17.)</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 style="text-align: center;"><i>IN THE FUTURE TO PREVENT THIS TO HAPPEN AGAIN, CHECK THE RE-ADMISSION CHECK LIST. TO COMPLETE THE ASSESSMENT DOCUMENTATION.</i></p>	<p style="text-align: center;"><i>5/2/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, no documentation to reflect reasons for making PRN medication available nightly on 8/28/17-9/3/17 and the effect of the medication on the resident.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, no documentation to reflect reasons for making PRN medication available nightly on 8/28/17-9/3/17 and the effect of the medication on the resident.</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>TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, AS A CARE GIVER #1, I WILL ASSIGN/ INFORM SUBSTITUTE CARE GIVERS TO CHECK THE PROGRESS NOTES TO VERIFY CONSISTENT DOCUMENTATION OF THE PRN MEDICATION AND THE RESIDENT RESPONSE TO PRN MEDICATION.</p>	<p>7/6/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1, no incident reports available for the following:</p> <ol style="list-style-type: none"> 1. Transport (8/10/17) to the emergency room and hospital admission. 2. Discovery of medication in bathroom rubbish can. 3. Swearing at the substitute care giver. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1, no incident reports available for the following:</p> <ol style="list-style-type: none"> 1. Transport (8/10/17) to the emergency room and hospital admission. 2. Discovery of medication in bathroom rubbish can. 3. Swearing at the substitute care giver. 	<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>TO PREVENT THIS TO HAPPEN AGAIN 7/6/18 IN THE FUTURE, AS A CARE GIVER #1, I WILL INFORM SUBSTITUTE CARE GIVERS ABOUT THE INCIDENT AND TELL THEM ABOUT THE EVENTS THAT REQUIRES INCIDENT REPORTS. MAKE COPIES OF THE INCIDENT REPORT FORMS AND MAKE AVAILABLE ALL THE TIME AND PLACE IN THE FOLDER FILE THAT EASILY TO LOCATE.</p>	

	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, no dates reflected in the permanent general register for discharge and readmission during 2017.</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>COMPLETED THE PERMANENT GENERAL REGISTER FROM DISCHARGED TO RE-ADMISSION.</i></p>	<p style="text-align: center;"><i>5/7/18</i></p>

	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, no dates reflected in the permanent general register for discharge and readmission during 2017.</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>TO PREVENT THIS TO HAPPEN AGAIN IN THE FUTURE, AS A CARE GIVER # 1, I WILL ASSIGN SUBSTITUTE CARE GIVERS, THEN I WILL CHECK THE COMPLETENESS AND ACCURACY OF THE REGISTRY ENTRIES. EVERY DISCHARGES AND READMISSIONS OF RESIDENTS ENSURE TO MAKE ENTRIES TO THE PERMANENT RESIDENT REGISTER.</p>	<p style="text-align: right;">7/6/18</p>

Licensee's/Administrator's Signature: Edna S. Abad

Print Name: EDNA S. ABAD

Date: 5/8/18

Licensee's/Administrator's Signature: Edna S. Abad

Print Name: EDNA S. ABAD

Date: 7/6/18