

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esta's	CHAPTER 100.1
Address: 94-1110 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: August 22, 2017 Annua

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

'18 MAR 23 P1:28

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Clorox spray unsecured in residents' bathroom on sink.</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>I removed the Clorox spray & placed it in a locked cabinet at the time of inspection.</i></p>	<p style="text-align: right;"><i>8-22-17</i></p> <p style="text-align: right;">18 MAR 23 P 1 28</p> <p style="text-align: right;">STATE OF HAWAII DHI-OHCA STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Clorox spray unsecured in residents' bathroom on sink.</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><i>I will removed the clorox spray every day after use & stored in a locked cabinet.</i></p>	<p style="text-align: right;">8-22-17</p> <p style="text-align: right;">18 MAR 23 P1:28</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em;">RECEIVED</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 dosage or frequency listed for PRN Tylenol medication order from 3/18/17.</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>Tylenol was clarified with resident I's physician. Order was clarified & medication order was transcribed to APRN. Tylenol 500mg, tabs 2x a day PRN. CNO has to check the medication order including dosage & frequency before leaving the clinic.</p>	<p style="text-align: right;">Aug. 23, 17</p>

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DOH-OHICA
STATE LICENSING

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Medication flowsheets and entries photocopied from March – July 2017. Medication entries were not filled in daily.</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>Care given will re-document flowsheets from March - July 2017 accurately - Photos copies shredded; medication entries were recorded daily - CNO will not photocopy medication flowsheets & entries "</i></p>	<p style="text-align: right;"><i>Aug. 23, 17</i></p> <p style="text-align: right; font-size: small;">47 8/23/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Medication flowsheets and entries photocopied from March – July 2017. Medication entries were not filled in daily.</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><i>I will use a clipboard for my MAR. I will record medications after being administered, then file it in the resident's binder every month.</i></p>	<p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">18 MAR 23 P 1:28</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</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> On general register, Resident #2 is listed as being discharged on 11/7/2016. Resident #2 currently resides in care home. General register does not reflect re-admission into care home.</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>CHO - updated the Resident Register - by recording resident #2 - readmitted - 11-10-17 - from Bme. it.</i></p> <p><i>Put a reminder checklist to document; discharged & readmission in the Resident Register</i></p>	<p style="text-align: right;"><i>Aug-22, 17</i></p> <p style="text-align: right; font-size: small;">47 08-22-2016</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> On general register, Resident #2 is listed as being discharged on 11/7/2016. Resident #2 currently resides in care home. General register does not reflect re-admission into care home.</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><i>CFO will review reminder checklist - to make sure that discharge & readmission should be recorded in the Resident register & immediately.</i></p>	<p style="text-align: right;">11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG #1 = Documented evidence of eight (8) continuing education hours. Missing four (4).</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>Remind myself to include in my checklist to complete a minimum of 12 hrs C.E. at the time of inspection. SCG completed 4 CE as of 12-4-17. Make sure to complete 12 hrs total 16 hrs at the time of inspection for missing (4).</p>	<p style="text-align: right;">Aug. 22-17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 = Documented evidence of eight (8) continuing education hours. Missing four (4).</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><i>Check my reminder list to ensure all care givers are in compliance to have 12 hrs. of continuing education available at the time of inspection. Review C.E hrs. is approved by DSH - to make sure not to ^{make} CE hrs. is not missing.</i></p>	<p style="text-align: right;"><i>Aug-22 '17</i></p> <p style="text-align: right;">47 DE-5 2016</p>

Licensee's/Administrator's Signature: Lina M. Estar
Print Name: Lina M. Esta-
Date: 12. 8. 17

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01/07/2017 11:00 AM
Lina M. Estar

Licensee's/Administrator's Signature: Lina M. Esta
Print Name: Lina M. Esta
Date: 3-19-18

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