

Office of Health Care Assurance


State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name:	CHAPTER 100.1
Family Ties	
Address: 1103-A Kahauiki Place, Honolulu, Hawaii 96819	Inspection Date: March 21, 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>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(1) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;</p> <p><u>FINDINGS</u> No emergency procedures for acute illness, injury or death.</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 printed & posted to my carehome binder.</p>	<p>Yes</p> <p>3/22/17</p> <p><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-12 (a)(1)	<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>In the future, I need to make sure my emergency procedure for auto illness, injury or death are posted in my care home binder & to check as often as appropriate to make sure all documents are found in case of emergency.</i> </p>	<p> <i>3/22/17</i>  </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Regular puree diet menu was not posted.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I posted my regular puree diet menu</i></p>	<p><i>3/22/17</i></p> <p><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (d)	<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>Consulted with registered dietitian and developed regular diet and Regular pureed diet menus.</i> </p> <p> <i>On Sundays will post new menu of the week.</i> </p>	<p style="text-align: right; font-size: 2em;"> <i>5/25/18</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - "Regular puree diet with thin liquids" ordered 1/5/17; however, consistency of the lunch meal 3/21/17 was finely minced.</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 called Annette Jackson C DOA nutritionist dated march 29, 2017 & gave me guidance how to make a puree diet.</p> <p>I posted a regular puree diet in the kitchen binder.</p>	<p>3/29/17</p> <p>js</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (1)	<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 will make a list of Diet type and consistency for the residents and post the list next to the menu on the refrigerator. I will train all the subs caregiver to to check the diet list, so that the residents receive the diet ordered by the physicians.</p>	<p style="text-align: center;">5/25/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> "Caltrate 600 + D3" belonging to a care giver unsecured in the resident's area hallway closet.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I took & removed the medication & put it in a locked cabinet.</p>	<p>yes</p> <p>2/21/17</p> <p><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (b)	<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>In the future I need to make sure that there is no medication unsecured in all residents area. I informed the care giver not to put any medication in unsecured residential hallway area, I allow her to use 1 per panel lock cabinet.</p> <p>I need to make sure to check everyday for unsecured medications.</p>	<p>3/22/17</p> <p><i>[Signature]</i></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 - "Levothyroxine" label stated: Do not take antacids, calcium or iron within 4 hours of taking this drug. The medication record reflected "levothyroxine" is taken at 6 a.m. and "calcium 600 mg + D3 400 IU" is taken at 8 a.m.</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 change the administration time of calcium 600mg + D3 400 IU to lunch time. <u>12 pm</u></p>	<p>3/22/17</p> <p><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 <u>Medications.</u> (e)	<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>In the future I need to make sure to read all medication level ^{special} instructions.</p> <p>I need to make sure to check any medication that contains alcohol & other medication & check time of administration.</p>	<p style="text-align: right;">3/22/17</p> <p style="text-align: right;"><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u>(h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Strong urine odor in Bedroom #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>I sweep & mopped the floor to clops & sprayed in air sanitized. I cleaned & sanitized & clops was bedside commode.</p>	<p style="text-align: center;">3/21/17</p> <p style="text-align: center;">/ / ✓</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (h)(1)(A)	<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>① I will mop & sweep the floor as often as appropriate.</p> <p>② I will make sure all dogpoop is lined & plastic bag before throwing to the trash.</p> <p>③ I will check as often as appropriate all trash bag/cans are all emptied every single day hours as indicated.</p>	<p style="text-align: center;">2/10/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Food (large bag of rice, canned foods) stored on the floor of the pantry.</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>I purchase a shelf 6 inches away from the ground & I put the bag of rice & canned foods on the shelf</p>	<p>yes</p> <p>3/22/17</p> <p><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (h)(3) DLH-CNDALICENR0111 31	<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>In the future, I need to make sure all foods are stored properly & to check everytime or as often as appropriate that all food must be off 6" from the ground & informed all sub-stitute caregivers that to check all food not be on the ground. In the future I need to make sure to check everytime that food is not in the ground.</p>	<p>3/22/17</p> <p><i>[Signature]</i></p>

Licensee's/Administrator's Signature:

MAI

Print Name:

May-Ann Bali

Date:

4/4/17

Licensee's/Administrator's Signature:

MAI

Print Name:

May Ann Bali

Date:

2/13/18

Licensee's/Administrator's Signature:

MAI

Print Name:

May-Ann Bali

Date:

5/25/18