

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Home Away From Home II Corporation	CHAPTER 100.1
Address: 6020 Kalaniana'ole Highway, Honolulu, Hawaii 96821	Inspection Date: July 12, 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>§11-100.1-9 <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>FINDINGS Substitute care giver (SCG) #1 - No annual tuberculosis (TB) clearance.</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 obtained copy of Tuberculin skin test from carehome folder at Home Away From Home I. See attached. Chest x-ray was done in compliance with DOH requirements</p>	<p style="text-align: center;">07/13/17</p>

	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 (SCG) #1 - No annual tuberculosis (TB) clearance.</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>PCG conducted an audit of all personnel records and requirements. A tabulation of each staff made for all the pertinent records and certificates needed</p> <p>Checklist was reviewed to ensure that all personnel have their initial and annual tuberculin skin test record and is current. PCG marked the master calender of due dates for each staff as a reminder and reference</p> <p>No staff will be allowed to work without proper documentation</p>	<p style="text-align: center;">08/02/17</p> <p style="text-align: center;">08/02/17</p> <p style="text-align: center;">on-going</p>

	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> Activities person - No initial two-step TB clearance.</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>TB clearance completed for Activities person</p> <p>Audit conducted by PCG to all staff to identify if any other staff with missing TB clearance</p>	<p style="text-align: center;">07/20/17</p> <p style="text-align: center;">07/21/17</p>

	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> Activities person - No initial two-step TB clearance.</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>PCG conducted an audit of all personnel records and requirements. A tabulation of each staff made for all the pertinent records and certificates needed</p> <p>Checklist was reviewed to ensure that all personnel have their initial and annual tuberculin skin test record and is current. PCG marked the master calender of due dates for each staff as a reminder and reference</p> <p>No staff will be allowed to work without proper documentation</p>	<p style="text-align: center;">08/02/17</p> <p style="text-align: center;">08/02/17</p> <p style="text-align: center;">on-going</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 - No documentation of training by the primary care giver to make prescribed medication available to 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>Medication Administration training was reviewed with SCG #1 by PCG</p> <p>Policy and Procedure of Medication Administration was reviewed with all caregivers</p>	<p>07/16/17</p> <p>on-going</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #1 - No documentation of training by the primary care giver to make prescribed medication available to residents.</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>SCG #1 documentation of training completed and documentation was in HAFH I carehome folder. Copy of document is now in HAFH II carehome folder</p> <p>All training records will be updated and kept in both carehomes</p> <p>PCG to double check monthly that each SCG have undergone Medication Administration Training before allowing to work with residents</p>	<p>07/17/17</p> <p>ongoing</p> <p>ongoing</p> <p>*18 MAY -7 P 3 :11</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA 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>. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Outside refrigerator used to store "extra" refrigerated food items did not have a thermometer.</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>A thermometer has been placed in outside refrigerator</p>	<p>07/12/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Outside refrigerator used to store "extra" refrigerated food items did not have a 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>A twist tie has been used to secure and keep thermometer in place in the outside refrigerator</p> <p>Training to all SCGs, Visual check done daily by designated SCG to ensure that outside refrigerator is equipped with a thermometer and temperature is maintained at 45F or lower</p>	<p style="text-align: center;">07/12/17</p> <p style="text-align: center;">ongoing</p> <p style="text-align: center;">18 MAY -7 P3:11</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</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> Clorox bathroom cleaner and Lysol disinfecting spray unsecured in the guest bathroom.</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>Clorox bathroom cleaner and Lysol disinfecting spray has been removed from guest bathroom and secured in closet</p>	<p style="text-align: center;">07/12/17</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> Clorox bathroom cleaner and Lysol disinfecting spray unsecured in the guest bathroom.</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>PCG to review with staff on securing cleaning chemicals in closet</p> <p>PCG to perform random weekly checks to ensure proper storage of chemicals</p>	<p>08/02/17</p> <p>on-going</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 bathroom cleaner and Lysol disinfecting spray unsecured in the guest bathroom.</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>PCG to review with staff on securing cleaning chemicals in closet</p> <p>PCG to perform random weekly checks to ensure proper storage of chemicals</p> <p>Training to all SCGs, Visual check done daily by a designated SCG to ensure no chemicals left unattended in unsecured premises, Note is posted on bathroom wall as a reminder to securely store all chemicals</p>	<p>08/02/17</p> <p>ongoing</p> <p>ongoing (training included in staff meeting)</p> <p style="text-align: right;">18 MAY -7 P3:11</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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	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 - "Sodium chloride 1 gram oral tab Take 2 tablets by mouth 3 times a day" ordered 2/10/17 (After Visit Summary); however, the February 2017 medication record reflected "one tablet" given until 2/27/17 when the dose was increased to 2 tablets.</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>All medications were reviewed and revised in the MAR with the correct and updated dosages</p>	<p>07/12/17</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 - "Sodium chloride 1 gram oral tab Take 2 tablets by mouth 3 times a day" ordered 2/10/17 (After Visit Summary); however, the February 2017 medication record reflected "one tablet" given until 2/27/17 when the dose was increased to 2 tablets.</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>MAR has been revised to include the correct dosage as ordered by the MD</p> <p>Consultant RN and PCG audited and reviewed Medication Administration Record</p> <p>PCG and designated SCG to review all changes in physicians orders monthly and as needed</p> <p>Two staff created to double check and make sure physician orders are followed promptly</p>	<p>07/13/17</p> <p>08/02/17</p> <p>ongoing</p> <p style="text-align: right;">18 MAY -7 P3:11</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Resident #1 - "Sennosides-Docusate sodium (Stool softener-laxative) 8.5-50 mg oral tab Take 2 tablets by mouth once daily as needed for constipation" ordered 3/3/17 (After Visit Summary); however, the medication record reflected "Docusate sodium 250 mg Take 1 capsule by mouth once daily prn constipation." The medication label reflected the physician order.</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 was counseled by PCG on proper Medication documentation specifically to make sure MAR reflects what the physician ordered and medication label states</p>	07/13/17

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<input checked="" type="checkbox"/>	<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 - "Sennosides-Docusate sodium (Stool softener-laxative) 8.5-50 mg oral tab Take 2 tablets by mouth once daily as needed for constipation" ordered 3/3/17 (After Visit Summary); however, the medication record reflected "Docusate sodium 250 mg Take 1 capsule by mouth once daily prn constipation." The medication label reflected the physician order.</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>MAR revised to include correct order from physician</p> <p>RN to conduct monthly audit of MAR for compliance</p> <p>PCG and designated SCG to double check and review all physicians orders to MAR monthly</p>	<p>07/13/17</p> <p>ongoing</p> <p>ongoing</p> <p style="text-align: center;">18 MAY -7 P 3:11</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-weight: bold;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of a two-step TB clearance at the time of admission.</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>A copy of two-step TB clearance has been obtained by Kaiser Permanente for Resident #1</p> <p>Audit conducted by PCG to all residents to identify if any other resident with missing TB clearance</p>	<p style="text-align: center;">01/20/17</p> <p style="text-align: center;">07/21/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of a two-step TB clearance at the time of admission.</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>An admission checklist is in effect to ensure all pertinent documents are available and in compliance to rules and regulations prior to admission</p> <p>No resident will be admitted without using admission checklist as a reference</p>	<p>07/12/17</p> <p>on-going</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect resident's:</p> <ul style="list-style-type: none"> • Tolerance to "Azithromycin" taken 3/16/17 to 3/20/17. • Response to prunes recommended by the physician 3/3/17. • Response to Ensure nutritional supplement taken daily. 	<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>Late entry to progress note specifically indicating Resident #1 Tolerance to Azithromycin</p> <p>Late entry to progress note specifically indicating Resident #1 Response to prunes</p> <p>Late entry to progress note specifically indicating Resident #1 Response to Ensure supplement</p>	<p>07/13/17</p> <p>07/13/17</p> <p>07/13/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 - Progress notes did not reflect resident's:</p> <ul style="list-style-type: none"> • Tolerance to "Azithromycin" taken 3/16/17 to 3/20/17. • Response to prunes recommended by the physician 3/3/17. • Response to Ensure nutritional supplement taken daily. 	<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>Monthly summary form reviewed to include residents response to medications</p> <p>Progress notes to include residents response to medication, tolerance, treatments, supplements, and any changes in condition</p> <p>PCG and SCG to double check monthly all residents medication records to include observations of the residents responses and tolerance to medications</p>	<p>07/13/17</p> <p>ongoing</p> <p>ongoing</p> <p style="text-align: right;">18 MAY -7 P3:11</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill record did not include personnel participating in the drill.</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>Fire drill record to include personnel participating in drill. Names of participants to include residents as well as all staff</p>	<p>on-going</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill record did not include personnel participating in the drill.</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>Effective 08/01/17 all participants, residents and staff, will be included on Fire Drill Record Form</p> <p>PCG to audit all Fire Drill and Smoke Detector Records monthly</p>	<p>08/01/17</p> <p>on-going</p>

Licensee's/Administrator's Signature: Ema P Arelliano

Print Name: Ema P Arelliano

Date: 12/01/2017

Licensee's/Administrator's Signature: Ema P Arelliano

Print Name: EMA PAULIASI ARELLIANO

Date: 05/07/18

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