

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: House of Aloha</b>	<b>CHAPTER 100.1</b>
<b>Address: 86-569 Paheehoe Road, Waianae, Hawaii 96792</b>	<b>Inspection Date: February 7, 2018</b>

**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 LICENSING SECTION

18 FEB 20 P 1:51

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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><b><u>FINDINGS</u></b> Substitute care giver #1 - No initial two step tuberculosis (TB) clearance. There was a single step TB skin test.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Substitute care giver #1 went to Lanakila to get her Step 2 TB clearance. This have been completed on Feb. 14, 2018</i></p>	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">18 FEB 20 P 1:51</p> <p style="text-align: center;">STATE OF HI</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> Substitute care giver #1 - No initial two step tuberculosis (TB) clearance. There was a single step TB skin test.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, I will make new employee checklist. To make sure I have all the requirements/ information before filing them on the ARCH binder.</i></p>	

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18 FEB 20 P 1:51

STATE OF PA...

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)            Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - "Low salt diet" ordered 12/7/17 was not clarified with the physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCCG called DOTT nutritionist Annette Jackson. She suggested to call the primary physician to clarify the order. PCCG called Dr. Jane Park in order to clarify the order of low salt diet. The physician made modification on the diet order which is low salt to regular diet. Because resident is unhappy with low salt diet. A new physician order form was sent for the physician to write the new order.</i></p>	<p style="text-align: right;"><i>Feb. 9, 2018</i></p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN            RECEIVED            18 FEB 20 PM 1:51</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - "Low salt diet" ordered 12/7/17 was not clarified with the physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, I will double check the diet order signed by the physician or APRN. If there's confusion or things not clear on the diet order I have to call the physician to clarify the order. A new physician order form was sent for the physician to write a new order.</i></p>	<p style="text-align: right;"><i>Feb. 9, 2018</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><b><u>FINDINGS</u></b> Resident #1 - "Tylenol 500 mg 1 tablet am, 1 tablet HS/pm" ordered 2/2/18; however, the label and the medication record noted "Take two tabs am, 1 tab pm/pm."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I checked and went over the physician order. Then I found out the clerical error in typing. Then I made correction on the right frequency of the medication in my computer.</i></p> <p><i>Before printing, I will double check that everything is correct and the medication reflect <del>reflects</del> what is written in the physician order and the medication label.</i></p>	

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	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><b><u>FINDINGS</u></b> Resident #1 - "Refresh eye drop 1 gtt OU TID/pm" ordered 2/2/18; the medication record noted "1 gtt OU eyes 3-4x/day/pm."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I went to check the physician order if the order <del>was</del> written the same. I found out it wasn't. Then I made a correction on the frequency of the medication in my computer. In the future I will compare and double check to make sure all medications prescribed has correct label. And for all over the counter medications, shall be labeled with resident name, date, time, name of drugs, dosage and initialed by the caregivers.</i></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> (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><b>FINDINGS</b> Resident #1 - Progress notes did not reflect the date the Foley catheter was removed.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>- can't correct the deficiency. It is done.</i></p>	<p style="text-align: right;">18 FEB 20 P1 51</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII MCH-ORCA LICENSING</p>

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Licensee's/Administrator's Signature: Armaestry CP

Print Name: Armelinda Tagnipez

Date: Feb. 16, 2018

Licensee's/Administrator's Signature: Armaestry

Print Name: TAGNIPEZ, Ermelinda

Date: 04/04/2018

STATE OF HAWAII  
DCH-OHCA LICENSING

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