

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: La'a Kea House	CHAPTER 89
Address: 41 Palekana Street, Paia, Hawaii 96779	Inspection Date: February 27, 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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p>FINDINGS For Resident #1, the 3-month medication update of February 1, 2018 notes, Miralax 6 oz/17 g (pm by mouth), which is reflected on the February 2018 medication administration record; however, the pharmacy label of January 22, 2018 notes, Polyethylene Glycol 3350, USP Powder for Oral Solution (Miralax 3,350 Nf Powder), dissolve 17 g (1 capful) in 8 oz of water and drink once a day as needed.</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>OPERATOR OF HOUSE, HOUSEMANAGER #1 and CAREGIVER #1 obtained a physician's order noting MIRALAX (POLYETHYLENE GLYCOL) 17g as a PRN FOR RESIDENT #1. RESIDENT #1's med chart was updated to record this consistently between physician's order, med chart, and prescription label. PART 2 was not revised because physician's order was obtained changing MIRALAX from a routine medication to a PRN (see attachments "A" & "B") (see attachment "C")</p>	<p>5-10-18</p> <p style="text-align: right;">18 MAY 21 AM 11 19</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> For Resident #1, the 3-month medication update of February 1, 2018 notes, Miralax 6 oz/17 g (pm by mouth), which is reflected on the February 2018 medication administration record; however, the pharmacy label of January 22, 2018 notes, Polyethylene Glycol 3350, USP Powder for Oral Solution (Miralax 3,350 Nf Powder), dissolve 17 g (1 capful) in 8 oz of water and drink once a day as needed.</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>OPERATOR OF HOUSE, HOUSE MANAGER #1, updated all HOUSE MEMBERS of the change in RESIDENT #1'S MIRALAX MEDICATION. Additionally, HOUSE MANAGER will make sure all future MED CHARTS are updated and filled out with this correction.</p> <p>NEW SECONDARY MEDICATION DOCUMENT CREATED THAT REQUIRES TWO STAFF SIGNATURES FOR VERIFICATION. SEE ATTACHMENT "A"</p>	<p>April 3, 2018</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p>FINDINGS For Resident #1, the 3-month medication update of February 1, 2018 notes, Acetaminophen 650 mg one tab orally every 4-6 hours as needed for pain. Pharmacy label of February 1, 2018 notes, MAPAP Arthritis Pain Er 650 mg tab, take 1 tab by mouth every 8 hours as needed for headache. The February 2018 medication administration record notes, MAPAP 650 mg oral prn.</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>OPERATOR OF HOUSE, HOUSE MANAGER and CAREGIVER #1, contacted RESIDENT #1'S Doctor and received an updated physician's form that matched the label on the prescription, as well as updated the med chart for RESIDENT #1. The result of this is that all forms and documents state that the medication ACETAMINOPHEN (MAPAP) 650 mg is to be taken every 8 hours PRN. (see attachments "A", "B", & "C")</p>	<p style="text-align: center;">5-15-18</p> <p style="text-align: center;">18 MAY 21 AM 11:19</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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		<p>Will update all future MED CHARTS for RESIDENT #1 with this correction. Also, HOUSE MANAGER #1 informed all HOUSE MEMBERS and STAFF of this correction.</p> <p>NEW SECONDARY MEDICATION DOCUMENT CREATED THAT REQUIRES TWO STAFF SIGNATURES FOR VERIFICATION.</p> <p>SEE ATTACHMENT "A"</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, the medication administration records do not consistently reflect the dosage and frequency of medications, such as:</p> <ul style="list-style-type: none"> • The January 2018 medication administration record notes, Ibuprofen 600 mg oral prn, rather than Ibuprofen 600 mg 1 tab orally every 6 hours prn. • The February 2018 medication administration record notes, MAPAP 650 mg oral prn, rather than Acetaminophen 650 mg tab, take 1 tab by mouth every 4-6 hours as needed. 	<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>	<p>18 MAY 21 AM 1:20</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, the medication administration records do not consistently reflect the dosage and frequency of medications, such as:</p> <ul style="list-style-type: none"> • The January 2018 medication administration record notes, Ibuprofen 600 mg oral prn, rather than Ibuprofen 600 mg 1 tab orally every 6 hours prn. • The February 2018 medication administration record notes, MAPAP 650 mg oral prn, rather than Acetaminophen 650 mg tab, take 1 tab by mouth every 4-6 hours as needed. 	<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>In addition to what was previously written, each med. chart at the start of each month will be written according to the current physician's order and checked to make sure it is also consistent with the each prescription label, then each prescription label and med. chart will be doublechecked and signed off by a second certified caregiver. Beyond that, each new and refilled prescription label will be checked to make sure it matches the ^{current} med. chart and physician's order.</p>	<p style="text-align: center;">18 JUL -2 AM 1:31</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

See attachment "A" and "B"

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <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 submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> On January 7, 2018, Resident #1 bumped her head on a shelf. Ice pack was applied as there was a lump and Ibuprofen 600 mg tablet was given. There was no verification that a copy of the incident report was given to the DOH case manager.</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;">INTERNAL INCIDENT (dtd 1-7-18) REPORT WAS FAXED TO CASE MANAGER ON APRIL 17, 2018 . AFTER THE FACT</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <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 submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> On January 7, 2018, Resident #1 bumped her head on a shelf. Ice pack was applied as there was a lump and Ibuprofen 600 mg tablet was given. There was no verification that a copy of the incident report was given to the DOH case manager.</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>Training for 11-89-18 (c) was done by certified caregiver for house manager 1 and all responsible adults on April 16, 2018. 11-89-18 (c) was also photocopied and taped to house bulletin board to be read by all staff as a secondary measure to be sure this won't happen again. See attachment "C" for revised incident report for DOH</p>	<p>6-23-18</p> <p style="text-align: right;">18 JUL -2 AM 1:31</p>

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<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p>FINDINGS Resident #1's Resident Inventory reflects the items in resident's possession; however, it does not indicate the number of each item.</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>OPERATOR OF HOUSE, HOUSE MANAGER #1, and CAREGIVER #1 did an itemized inventory with each RESIDENT. EACH RESIDENT'S RESIDENT INVENTORY was updated with the number of each item.</p> <p>see attachment "f"</p>	<p>March 1, 2018</p>

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Licensee's/Administrator's Signature: Phyllis O'Reilly
Print Name: Phyllis O'Reilly
Date: 4-3-18

Licensee's/Administrator's Signature: Phyllis O'Reilly
Print Name: Phyllis O'Reilly
Date: 5/17/18

Licensee's/Administrator's Signature: Phyllis O'Reilly
Print Name: Phyllis O'Reilly
Date: 6/27/18