

Office of Health Care Assurance

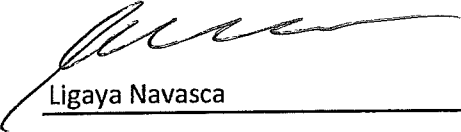
State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


<b>Facility's Name: Ligaya Navasca Dom Home, LLC (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 99-058 Upapalu Drive, Aiea, Hawaii 96701</b>	<b>Inspection Date: December 7, 2017 OHCA Annual November 2, 2017 Life Safety</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.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b)  Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b>  The locking devices for residents' Bedrooms #1 and #3 were not the quick release type.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>see attached</i></p> <p style="text-align: center;"><i>[Signature]</i> 11/31/18</p> <hr/> <p style="text-align: center;">LIGAYA NAVASCA</p>	<p style="text-align: center;"><i>11/4/17</i></p>

Rules (Criteria)	Plan of correction Part 1	Completion Date
11-89-12 (B)	On November 2 Life Safety notified us that the locking devices for resident's Bedroom #1 and #3 were not the quick release type. We replaced the locking devices for resident's Bedroom #1 and #3 with the quick release type immediately.	11/4/2017
Prepared By:	 Ligaya Navasca	Date: 1/21/18

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> The locking devices for residents' Bedrooms #1 and #3 were not the quick release type.</p>	<p style="text-align: center;"><b>PART 2</b> <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><i>see attached</i></p> <p><i>_____</i></p> <p><i>LIGAYA NAVASCA</i>      <i>1/31/18</i></p>	<p style="text-align: center;"><i>11/14/18</i></p>

Rules (Criteria)	Plan of correction Part 2 Future Plan	Completion Date
11-89-12 (B)	In the future to avoid this to happen again, we will contact DOH-OCHA or Life Safety to consult them before making any changes. If it's in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances and laws.	11/4/17
Prepared by;	 <u>Ligaya Navasca</u>	Date: <u>11/30/18</u>

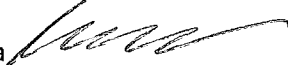
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(2)  The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>A written record of each drill shall be kept on file.</p> <p><b>FINDINGS</b>  On October 8, 2017, the fire drill was conducted at 6 am. Resident #1 was listed as a participant; however, according to the October 2017 medication administration record, resident was staying with his mother from October 7, 2017 until October 9, 2017.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>Ligaya Navasca</i> 1/31/18  LIGAYA NAVASCA</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(2)            The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>A written record of each drill shall be kept on file.</p> <p><b><u>FINDINGS</u></b>            On October 8, 2017, the fire drill was conducted at 6 am. Resident #1 was listed as a participant; however, according to the October 2017 medication administration record, resident was staying with his mother from October 7, 2017 until October 9, 2017.</p>	<p style="text-align: center;"><b>PART 2  <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>see attached</i></p> <p style="text-align: right;"><i>[Signature]</i></p>	<p style="text-align: center;"><i>5/16/18</i></p>

STATE OF MARYLAND  
 DEPARTMENT OF HEALTH & GENERAL SERVICES

'18 MAY 21 P2:58

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Rules (Criteria)	Plan of correction Part 2 - Future Plan	Completion Date
11-89-14(d) (2)	To avoid this to happen again, we have to let another caregiver to double check our work for accuracy purposes. The fire drill reports will be check after the fire drill reports are generated.	5/16/18
Prepared By: <u>Ligaya Navasca</u> 		Date: <u>5/16/18</u>

STATE OF HAWAII  
DOH-CERCA  
STATE LICENSING


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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (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><b>FINDINGS</b> Resident #1 was taken to the emergency room on May 23, 2017 and was diagnosed with cough and allergic rhinitis. Physician ordered to start Cetirizine 10 mg tablet, take 1 tablet by mouth daily. The medication administration record did not reflect that Cetirizine was given.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>Ligaya Navas CA</i>  <u>Ligaya Navas CA</u>  1/31/18</p>	

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<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><b><u>FINDINGS</u></b> Resident #1 was taken to the emergency room on May 23, 2017 and was diagnosed with cough and allergic rhinitis. Physician ordered to start Cetirizine 10 mg tablet, take 1 tablet by mouth daily. The medication administration record did not reflect that Cetirizine was given.</p>	<p style="text-align: center;"><b>PART 2</b> <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><i>To avoid this to happen again, we have to check all the documents, Doctor's visit records when resident #1 goes to the doctor with his mother. I will ask some questions with resident #1 or resident #1 mother what was done or reason why they went to the doctor, or any medications treatment given to resident #1. Once information is obtained incident reports will be done and medication record be mailed as appropriate and updated.</i></p>	<p style="text-align: right;"><i>6/26/18</i></p> <p style="text-align: right;">'18 JUN 26 PM 2:29</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STANDARD INSURANCE</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (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><b>FINDINGS</b> For Resident #1, the physician note of November 27, 2017 listed Famciclovir 500 mg oral tablet, take 1 tablet by mouth three times daily x 7 days for infection, as a medication that resident is currently taking or was ordered on that date; however, the medication was not reflected as given on the medication administration record. Famciclovir was initially given from November 14, 2017 for 7 days.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: center;">   <u>LIGAYA KLAUTSKY</u> </p>	


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Rules (Criteria)	Plan of correction Part 2 - Future Plan	Completion Date
11-89-14 (e) (12)	<p>To avoid this to happen again, we have to check all the documents, Doctor's visit records when Resident #1 goes to the doctor with his mother. Or call Resident #1 mother what was the reason for the doctor's visit and check if there's any medications given to Resident#1. Once information is obtained, we will prepare the necessary reports. Medication record be marked as appropriate and updated.</p>	5/16/18
Prepared By:	<u>Ligaya Navasca</u> 	Date: <u>5/16/18</u>

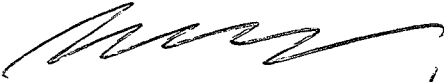
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STATE OF HAWAII  
 DOR/DHCA  
 STATE LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 was taken to the emergency room on May 23, 2017 for a cough and allergic rhinitis. There was no caregiver documentation regarding resident's visit to the emergency room and/or caregiver follow up. Physician ordered to start Cetirizine 10 mg tablet, take 1 tablet by mouth daily.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">             LIGAYA NAVAS CB         </p>	

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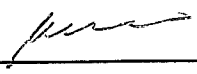
Rules (Criteria)	Plan of Correction	Completion Date
<p><input checked="" type="checkbox"/> §11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1's physician ordered a special diet on January 17, 2017 and July 6, 2017; however, there were no caregiver entries since resident's admission on May 15, 2017 regarding resident's tolerance or response to the special diet.</p>	<p style="text-align: center;"><b>PART 2</b> <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><i>To avoid this to happen again, if there are physician's order like special diet. Documentations will be made regarding resident's tolerance or response to the special diet. I will observe the resident #1 response to special diet if any, I will document it monthly or more often as appropriate but immediately when an unusual incident occurs. I will also let another caregiver to review the entries once a month to ensure that entries are written regarding the resident's tolerance or response to the special diet.</i></p>	<p style="text-align: right;"><i>6/26/18</i></p> <p style="text-align: right;">18 JUN 26 PM 2:29</p> <p style="text-align: right;">STATE OF HAWAII DHF-0101A STATE LICENSING</p> <p style="text-align: right; transform: rotate(90deg);">P10217577</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            For Resident #1, the physician note of August 11, 2017 instructed that resident is to have his blood sugar checked twice a day; however, there is no documentation that blood sugar checks are being done.</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>see attached</i></p>	<p><i>5/16/18</i></p>

STATE OF HAWAII  
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Rules (Criteria)	Plan of correction Part 1	Completion Date
11-89-18 (b)(3)	<p>When OCHA notified me that Resident#1 has no documentation that blood sugar checks are being done. I called Resident's #1 mother to give the blood tester to Resident #1 when he come home so we can document that blood sugar checks are done. I will document it that Resident #1 mother will be doing the blood sugar checks and how often will be done (like twice a day).</p>	
Prepared By:	<u>Ligaya Navasca</u> 	Date: <u>5/16/18</u>

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STATE OF HAWAII  
DOH/OCHA  
STATE LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            For Resident #1, the physician note of August 11, 2017 instructed that resident is to have his blood sugar checked twice a day; however, there is no documentation that blood sugar checks are being done.</p>	<p style="text-align: center;"><b>PART 2</b>  <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>see attached</i></p> <p style="text-align: center;"><i>[Signature]</i>            LIGAYA NAVASCA 1/31/18</p>	<p style="text-align: center;"><i>12/8/17</i></p>

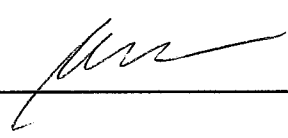
**Part 2 - Future Plan**

**Date**

11-89-18 (b)(3)	To avoid this to happen again, I will check the Physician's Note order carefully. I will also ask Resident #1 and Resident's #1 mom if there are any new medications or order given to them during their doctor's visit.	12/8/2017
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Prepared By:

Ligaya Navasca




Date:

1/31/18

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b><u>FINDINGS</u></b>            Two weight records were found for Resident #1.            Discrepancies in resident's weights were noted as follows:</p> <ul style="list-style-type: none"> <li>• May 2017 155# and 160# (On date of admission)</li> <li>• June 2017 154# and 159#</li> <li>• July 2017 155# and 158#</li> <li>• August 2017 153# and 155#</li> <li>• November 2017 155# and 153#</li> <li>• December 155# and 153#</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: center;"><i>NON</i>  <i>LIGAYA NAWPSCA 2/1/18</i></p>	

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Rules (Criteria)	Plan of correction Part 2 - Future Plan	Completion Date
11-89-18 (b)(7)	To avoid this to happen again, I will be very careful to maintain only one record and use only one weighing instrument for accuracy. I will also ask another person to double check my entry.	
Prepared By:	<u>Ligaya Navasca</u> 	Date: <u>2/1/18</u>



	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><b><u>FINDINGS</u></b>  For Resident #1, there was no incident report written for resident's emergency room visit of May 23, 2017.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>[Signature]</i>  LIGAYA NAVARRO 2/1/18</p>	

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Rules (Criteria)	Plan of correction Part 2 - Future Plan	Completion Date
11-89-18 (c)	<p>To avoid this to happen again, I will review all the Physician Notes given to me by Resident #1. If their visit is unusual incident, report will be made.</p> <p>I also notified Resident #1 and Resident #1 mother to inform me for any doctor's visit they go so we can document it.</p>	<p><i>see attached</i> <i>5/16/18</i></p>
Prepared By:	<p>Ligaya Navasca <i>[Signature]</i></p>	<p>Date: <i>5/16/18</i></p>

STATE OF HAWAII  
DUN-CHCA  
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (o)  Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><b>FINDINGS</b>  For Resident #1, the physical examination of January 17, 2017 noted a diet order of Regular, No Concentrated Sweets. The physician order of July 6, 2017 noted a diet order of Regular, No Added Sweets. The special diet orders were not updated every 3 months.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: center;"><i>[Signature]</i>  LIGAYA NAVASCO 2/1/18</p>	

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Licensee's/Administrator's Signature: 

Print Name: LIGAYA NAVASCA

Date: 2/1/18

Licensee's/Administrator's Signature: 

Print Name: LIGAYA NAVASCA

Date: 5/16/18

Licensee's/Administrator's Signature: 

Print Name: LIGAYA NAVASCA

Date: 6/26/18