

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: ALDE Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1475 Hiapo Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: August 4, 2017 Annual</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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Household member (HM) #1, HM #2, HM #3, HM #4 and HM #5 - No physician examination (PE) prior to contact with residents/move-in to ARCH in May 2017. PEs completed in July 2017.</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><i>This happened when this family was evicted from their previous home that they were in and needed a place to stay immediately. Rather than them going homeless, the Care Giver offered and admitted them in this home without prior P.E. for all of them - HM 1, 2, 3, 4, and 5. Care Giver understood and stood corrected, regardless in no other circumstances that this will not happen again whether temporary or permanent for that matter.</i></p>	<p style="text-align: center;"><i>12-19-17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Household member (HM) #1, HM #2, HM #3, HM #4 and HM #5 - No physician examination (PE) prior to contact with residents/move-in to ARCH in May 2017. PEs completed in July 2017.</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>Care Giver will always follow the requirements as written in the General Policies for admission for Type I ARCH before any admission of all individuals / residents prior entering in the home to have P.E., whether temporary or permanent so that this deficiency won't happen again for the safety of all individuals and residents against infectious diseases.</i></p>	<p style="text-align: center;"><i>12-19-17</i></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>  HM #1 - No tuberculosis (TB) clearance.</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>Yes, HM#1 had her step 2 TB clearance done at the JOH Tuberculosis Branch. Please see enclosed certificate for the results.</i></p>	<p><i>12-19-17</i></p>

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<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> HM #1 - No tuberculosis (TB) clearance.</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>Care Giver will strictly follow JDA staffing and family requirements prior admission of all individuals / residents in the home, either temporary or permanent, to have step 2 TB clearance completed to ensure that this will not happen again in the future.</i></p>	<p style="text-align: center;"><i>12-19-17</i></p>

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<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>            HM #2 - No two-step TB clearance. There was a single TB skin test.</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><i>Yes, HM #2 had her step 2 TB clearance done at the DOH TB branch. Please see enclosed certificate for the results.</i></p>	

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<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 - "Bupropion 150 mg 1 tab every a.m." ordered 7/24/17; however, the medication record read "100 mg". The label read "150 mg."</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><i>Care given corrected this deficiency by charting the right dose for bupropion 150 mg. q a.m. in the MAR as ordered by the Doctor; instead of 100 mg. q a.m. for Res. #1</i></p>	<p style="text-align: center;"><i>12-19-17</i></p>



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<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 - "Bupropion 150 mg 1 tab every a.m." ordered 7/24/17; however, the medication record read "100 mg". The label read "150 mg."</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>Care Giver will and shall read, follow, &amp; double check the label carefully before any documentations be written in the MTR as ordered by the doctor at all times to ensure that this won't happen again in the future.</i></p>	<p style="text-align: center;"><i>12-19-17</i></p>

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<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 - "Levothyroxine 100 mcg 1 tab QD" ordered 7/19/17; the medication label read "Take on an empty stomach." The medication is taken with breakfast at 7 a.m.</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><i>For Res. #1 medicine, the Care Giver charted Levothyroxine 100mg. MCG in the MAR, as ordered by the Doctor, and as written in the label - "take on an empty stomach," given at 6:30 am. instead of 7:00 am. at breakfast time</i></p>	<p style="text-align: center;"><i>12-19-17</i></p>

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<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 - "Omeprazole 20 mg 1 cap QD" ordered 7/19/17; the medication label read "Take this medication before a meal." The medication is taken with dinner at 5 p.m.</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>Care Giver corrected this deficiency for Res. #1 medicine - Omeprazole 20 mg 1 cap qd, as ordered by the doctor, made the above mentioned medicine to the resident, before each meal at 4:30 pm. instead of 5:00 p.m. dinner time.</i></p>	<p style="text-align: center;"><b>12-19-17</b></p>

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<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 - "Meloxicam 15 mg 1 tab QD" ordered 7/19/17; however, the label read "as needed."</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><i>On 5-21-18, I called the doctor to clarify the Meloxicam order. Doctor wanted PRN same as the label. I went to the doctor's office to get the order changed.</i></p>	<p style="text-align: center;"><b>6-29-18</b></p>

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Licensee's/Administrator's Signature: Delia A. Lampitoc

Print Name: DELIA A. LAMPITOC

Date: 12-19-17

Licensee's/Administrator's Signature: Delia A. Lampitoc

Print Name: DELIA A. LAMPITOC

Date: 8-21-18

Licensee's/Administrator's Signature: Delia Lampitoc

Print Name: DELIA LAMPITOC

Date: 4-29-18

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