

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Aguinaldo's | CHAPTER 100.1 |
| Address: 4406 Likini Street, Honolulu, Hawaii 96818 | Inspection Date: May 10, 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> (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> Substitute care giver (SCG) #1 & SCG #2 - No documentation of training by the primary care giver to make medications available to resident. SCGs provided coverage for leave from 8/26/16 to 8/30/16.</p> | <p style="text-align: center;">PART 1</p> <p><i>Training of substitute care giver 1+2 has since been provided by primary care giver on making medications to residents</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p style="text-align: right;">8/27/16</p> |

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|-------------------------------------|---|---|---|
| <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> Substitute care giver (SCG) #1 & SCG #2 - No documentation of training by the primary care giver to make medications available to resident. SCGs provided coverage for leave from 8/26/16 to 8/30/16.</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><i>I will use my check list for the new substitute caregiver to keep track of the requirements - P.E. TB clearance, first aide + do the training again for medications + resident care.</i></p> | <p style="text-align: right;"><i>7/5/18</i></p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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> Thermometer in the resident area refrigerator reflected 50° F.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>YES 5/11/17</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The thermometer thermostat on the refrigerator has since been adjusted to reflect a temperature of 40°F.</i></p> | <p style="text-align: right;"><i>5/11/17</i></p> |

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| <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> Thermometer in the resident area refrigerator reflected 50° F.</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><i>To prevent future discrepancies, the temperature will be checked monthly and documented in a log for proper food handling.</i></p> | <p style="text-align: right;">11/11/11</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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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 - "metformin" is to be taken with a meal; however, breakfast is served 6:30 to 6:45 a.m. and the medication is taken at 8 a.m.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Medication log for resident #1 has since been adjusted to reflect as admitted time of 6:45 Am for metformin to be in compliance with the current medication order. Also the Hmeas falin, the medication log has been updated to include the dosage + frequency as ordered by the physician.</i></p> | <p style="text-align: right;">5/12/17</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 - "atorvastatin" updates 2/26/16, 6/14/16 and 11/22/16 did not include the dosage and the frequency.</p> | <p style="text-align: center;">PART 1</p> <p><i>Medication log for resident #1 has been adjusted to reflect as administered time in compliance with the current medication order. Atorvastatin, the medication log has been updated to include dosage & frequency as ordered by physician.</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 - Medications were not updated 6/14/16 to 11/22/16; a period of five (5) months.</p> | <p style="text-align: center;">PART 1</p> <p><i>Resident was overdue by one month for a follow up with physician. In order to be in compliance with regulations, primary caregivers shall be more aware of proper timing of when documentation & orders are to be updated with physician.</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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>FINDINGS Resident #1 - "Cipro 250 bd x 7d" ordered 11/22/16; however, the medication was not recorded on the November 2016 medication record.</p> | <p style="text-align: center;">PART 1</p> <p><i>This has since been discussed and corrected with physicians. Physicians do not renew Cipro order from physician visit notes in November when physician ordered the Cipro back in June 2014 visit.</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p style="text-align: right;">11/27/16</p> |

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| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - No current inventory of possessions. "Same" was noted from 2003 to 2017.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>YES</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Primary caregiver has since updated Resident #1 chart to reflect a current inventory of Resident's possessions.</i></p> | <p style="text-align: right;"><i>5/13/17</i></p> |

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| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG #1 & SCG #2 - No documentation of training by the RN case manager in providing daily personal and specialized care to the expanded resident. SCGs provided coverage for leave from 8/26/16 to 8/30/16.</p> | <p style="text-align: center;">PART 1</p> <p><i>Documentation of training by the RN case manager has since been done & provided for substitute caregiver #1 & #2.</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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Licensee's/Administrator's Signature: Serafina Aguinaldo

Print Name: SERAFINA AGUINALDO

Date: 8/3/17

Licensee's/Administrator's Signature: Serafina Aguinaldo

Print Name: SERAFINA AGUINALDO

Date: 3/6/18

Licensee's/Administrator's Signature: Serafina Aguinaldo

Print Name: SERAFINA AGUINALDO

Date: 7/5/14