

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Eden Lei's	CHAPTER 100.1
Address: 94-1095 Lumiaina Street, Waipahu, Hawaii 96797	Inspection Date: May 12, 2016 Annual

	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>FINDINGS Substitute Care Giver #1 and #3, no documentation by the primary care giver to make medications available and to provide personal care to residents. Please submit documentation with your plan of correction (POC).</p>	<p>Correction see attached documents for SCG 1 & 2.</p> <p>Plan: PCG conducts training prior to contact with residents; on file documents; make records available during inspection.</p>	8/29/18
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p>		

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	<p>FINDINGS Resident #1, physician order dated 6/10/15 reads, "Pureed with honey thickened liquid"; however, no menus available.</p>	<p>in the future I will post a separate menu for this special diet pureed with honey thickened liquid please see attached I use this as my guide.</p>	<p>5/12/2016</p>
<p>☒</p>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS Lunch menu was not followed during the annual inspection due to "resident preference"; however, no revision to the meal for lunch documented or a specific procedure to document menu substitutions.</p>	<p>when a resident requests for a substitution I offer substitution 2 get a resident to a agreement ① write it down on the menu after you serve it</p>	<p>8/29/18</p>
<p>☒</p>	<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>FINDINGS Resident #1: 1. Physician order reads, "Calcium 600 mg one tablet po daily". However, bottle label reads, "Calcium 600 mg & Vit D3 800 mg". Please clarify with physician. 2. Tylenol made available on 1/12/16 for fever per progress notes. However, no physician order. 3. Physician orders for "crush"; however, no documentation in the medication administration record (MAR) to "crush" for: a. Vit D3 2000 two tablets daily; b. ASA 81 mg one tablet daily; c. Simvastatin 10 mg one tablet daily; and d. Lisinopril 5 mg one tablet daily.</p>	<p>Resident # 1 Went to see her PCP 6/07/16 told him what happened, advised to follow what he prescribed, notified daughter and she brought what the Dr. prescribed in the future I will be more careful. ② in the future I will get doctors order before I can give the tylenol physician order for tylenol 6/7/16 ③ in the future I present to include in the medication administration record (MAR) to CRUSH for her medication</p>	<p>6/07/16</p>

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4. Physician order reads, "Calcium 600 mg one table daily". Tablet crushed; however, no crush order.	In the future, if I'm not sure I will asked now I have the order	6/7/16
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. FINDINGS Repeat citation (2015). Resident #1, 1. Progress notes indicate Tylenol made available on 1/12/16; however, no documentation in the MAR. 2. No documentation for crush orders in the MAR.	My future part ① after giving PRN & med sign the time, initials, after indicate the effect ② to make a new MAR copy a complete DR order name, dosage, route, frequency and special instruction. Have to tell all the substitute at this during in service.	8/29/18
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (k) Medication errors and drug reactions shall be reported immediately to the physician or APRN responsible for the medical care of the client and shall document observations and action taken in the resident's record. FINDINGS Resident #1, "Calcium 600 mg & Vit D3 800 mg" made available. No physician order. No physician notification.	in the future if I discover a medication error, will review medication list with family, if theres one included that family would like to include will call the Dr and ask them to let her/him sign next appt. in order to prevent this from happening	6/19/18
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary. FINDINGS Resident #1, "Emergency Form" medication list outdated. Repeat citation (2015).	Resident #1 Emergency form, in the future always have current list of medications, updates information to prevent this to happen again all residents Emergency form are current.	5/12/16

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p>FINDINGS Resident records unsecured, on top of a chair.</p>	<p>in the future to prevent this from happening again dont bring out residents records until year consultants there to see. (lesson learned)</p>	<p>8/06/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent registry was not maintained, Facility census was five (5). However, the registry listed census as four (4).</p>	<p>My future plan ① make a copy of admission checklist for new resident ② put a checklist in the new binder ③ on the day of admission review checklist if registry is done & initial.</p>	<p>8/29/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p>	<p>in the future double check papers before you get out of the clinic if he/she did the correct one, copy is on file.</p>	<p>6/19/16</p>

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	<p>FINDINGS Residents # 1, #3, and #4 certified as non-self preserving. Resident #3 observed ambulating independently with a walker. Please submit an updated certification following the June 2016 physician examination, for Resident #3.</p>	<p>please see attached</p>	<p>6/4/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; FINDINGS No plastic pillow covers for Residents #4 and #5 living in Bedrooms #1 and #2.</p>	<p>in the future I present to prevent these to happen even pillow is washable and disposable always have a pliable plastic pillow protector as well as the mattress (lesson learned) Future Plan ① inventory assess and documented by PCA at admission</p>	<p>5/13/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. FINDINGS Substitute Care Giver #1 completed 11 of 12 hours continuing education credits required annually. Please submit documentation for one (1) hour, to be credited to the 2016 annual inspection.</p>	<p>please see attached My future plan PCA double check / review training documents with SCG 3 months before inspection ② if they short, remind them to get the papers in.</p>	<p>5/13/16 8/29/16</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p>FINDINGS Resident #1, no annual tuberculosis skin test.</p>	<p>in the future to prevent this fr. happening again remind Kaiser that you need a copy for resident record immunization summary attached</p>	<p>6/09/20</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Resident #1, no documentation of training identified as specific to the expanded ARCH level of care resident by case manager (appropriate restraint use, aspiration precautions, and range of motion) for Substitute Care Givers #1, #2, and #3.</p>	<p>please see attached my future plan ① after CM does her assessment for the new resident ② review care plan with CM ③ identify training for SCG to follow the care plan. ④ schedule a time for CM to train PCG or SCG ⑤ File training documentation for resident record.</p>	<p>1/20/12</p> <p>8/29/18</p>

Licensee's/Administrator's Signature: *Editha L. Galacgac*
Print Name: Editha L. Galacgac
Date: 8/10/16

Licensee's/Administrator's Signature: *Editha L. Galacgac*
Print Name: Editha L. Galacgac
Date: 02/19/18

Licensee's/Administrator's Signature: *Editha L. Galacgac*
Print Name: Editha L. Galacgac
Date: 00/29/19