

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hope-Faith	CHAPTER 100.1
Address: 94-272 Pupukoa Street, Waipahu , Hawaii 96797	Inspection Date: February 24, 2016 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

AUG -7 P 1 :17

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	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><u>FINDINGS</u> Household members #1, #3 and #4, no evidence of initial two-step tuberculosis (TB) skin test. Note: infants under one year of age are exempt from the initial two-step TB skin test rule.</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;"><i>No longer at the home</i></p>	<p style="text-align: center;"><i>6/16/16</i></p>

STATE OF HAWAII
DHHS-ORCA
STATE LICENSING

18 AUG -7 P1:17

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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><u>FINDINGS</u> Household members #1, #3 and #4, no evidence of initial two-step tuberculosis (TB) skin test. Note: infants under one year of age are exempt from the initial two-step TB skin test rule.</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>Primary Caregiver will have the checklist ready from the file & share with the new hired people before starting to work with the residents. The new hired substitute will sign off on individual checklist and then file for one year.</i></p>	<p style="text-align: right;"><i>8/6/18</i></p> <p style="text-align: right;">18 AUG -7 P 1:17</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STAFF LICENSING</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medications unsecured as follows:</p> <ol style="list-style-type: none"> 1. <u>Expired</u> labeled bottles, segregated in a plastic bag, left on top of the primary care giver (PCG)'s desk. 2. Resident medication baskets stored in the PCG's office. The office door has a key lock; however the lock was not engaged. 3. "Tylenol" bottle stored in the door of a refrigerator located in a common "lounge" area. PCG pointed to a chain and padlock available to lock the refrigerator door; however, the locking device was not engaged. 4. Individual packets of the following "stock" items; Antacid, Aspirin, Non-Aspirin, Burn Cream with Aloe Vera, Antibiotic Ointment, in the first aid kit. 	<p style="text-align: center;">PART 1</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;">18 AUG -7 P 1:17</p>

STATE OF HAWAII
 DOJ-DOH
 STATE LICENSING

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RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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, <u>no physician order</u> to change medication quantity; evidence medication quantity was reduced and made available as follows:</p> <ol style="list-style-type: none"> 1. Prescription order by physician #1 dated 12/03/15 reads, "Zoloft 100 mg <u>ii QD</u>". 2. Pharmacy label bottle prescribed by physician #2 and dispensed on 01/03/16 reads, "Zoloft 100 mg <u>i QD</u>". 3. Medication record dated, 01/03/16 reads, "Zoloft 100 mg <u>ii daily</u> - reduced" and a new order entry reads, "Zoloft 100 mg <u>i daily</u>" 	<p style="text-align: center;">PART 1</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: center;">18 AUG -7 P 1 17</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, PRN medication made available on June 23, 25, 27, and 28 2015; however, no documentation in progress notes for why the PRN medication was given or the resident response to medication made available. Repeat deficiency from 2013, 2014 and 2015.</p>	<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 AUG -7 P 1:17</p>

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1, emergency information form was not updated to include a <u>current</u> list of medications and diet.</p>	<p style="text-align: center;">PART 1</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: center;">18 AUG -7 P 1 17</p> <p style="text-align: center;">STATE OF HAWAII DOI-ORCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1, tampering of record. Physician #1 order dated 12/03/15 reads, "Zoloft 100 mg ii daily". When asked about extra ink mark changing the quantity the PCG replied, "I changed it because the new doctor reduced to i daily."</p>	<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 AUG -7 P 1 :18</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

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Licensee's/Administrator's Signature: Melanie Lucas

Print Name: Melanie Lucas

Date: 8/7/18

RECEIVED

'18 AUG -7 P 1:18

STATE OF HAWAII
DOH-OHCA
STATE LICENSING