

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palma Nova (DDDH)	CHAPTER 89
Address: 91-1276 Hoopio Street, Ewa Beach, Hawaii 96706	Inspection Date: December 8, 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.

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'18 FEB 20 P1:50

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p>FINDINGS Resident #1's external medications (Triple Antibiotic Ointment and Bethamethasone DP Augmented 0.05% Cream) were kept in the same medication container as resident's internal medications and were not separated.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>This deficiency is corrected. Triple antibiotic ointment and Bethamethasone DP Augmented 0.05% Cream were removed in the containers of internal medications and separated in another topical medication container on Dec 8, 2017. Certified caregiver will secure D/C orders of triple antibiotic on next doctor's visit March 12, 2018. A hard copy to OHCA same day.</i></p>	<p align="center"><i>Dec. 8, 2017</i></p> <p align="center">STATE OF HAWAII H. HARRIS</p> <p align="center">RECEIVED 18 FEB 20 P1:50</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (e)(3)(A) Medications: Compartments shall be provided, for each resident's medications and separated as to: External use only; <u>FINDINGS</u> Resident #1's external medications (Triple Antibiotic Ointment and Bethamethasone DP Augmented 0.05% Cream) were kept in the same medication container as resident's internal medications and were not separated.	<p style="text-align: center;">PART 2 <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>Future Plan: Another caregiver or responsible person will have to review and follow up the separation of external from internal medications on a weekly basis and make sure it will not happen again.</i></p>	<p style="text-align: right;"><i>Dec. 8, 2017</i></p> <p style="text-align: center;">RECEIVED 18 FEB 20 P1:50</p> <p style="text-align: center;">STATE OF MARYLAND HEALTHCARE</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(3)(B) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>Internal use only.</p> <p><u>FINDINGS</u> Resident #1's external medications (Triple Antibiotic Ointment and Bethamethasone DP Augmented 0.05% Cream) were kept in the same medication container as resident's internal medications and were not separated.</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><i>This deficiency is corrected.</i> <i>Internal medications now in internal medication containers for Resident #1.</i> <i>External medications are now in external medication containers for Resident #1.</i></p>	<p style="text-align: right;"><i>Dec. 8, 2017</i></p> <p style="text-align: center; vertical-align: bottom;"> RECEIVED 18 FEB 20 1:50 STATE OF HAWAII HHS/OSCA L... </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(3)(B) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>Internal use only.</p> <p><u>FINDINGS</u> Resident #1's external medications (Triple Antibiotic Ointment and Bethamethasone DP Augmented 0.05% Cream) were kept in the same medication container as resident's internal medications and were not separated.</p>	<p style="text-align: center;">PART 2 <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>Future Plan: Another caregiver or responsible person will review and follow up to make sure that internal medications and external medications are separated in separate containers on a weekly basis.</i></p>	<p style="text-align: right;"><i>Dec. 8, 2017</i></p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">18 FEB 20 P1:50</p> <p style="text-align: center;">STATE OF HAWAII HEALTHCARE LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, admission order of May 8, 2017 for Vitamin D3 1000 Units capsules did not specify the dose and frequency to be given.</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>RECEIVED</p> <p>'18 FEB 20 P1:50</p> <p>STATE OF HAWAII H-H-ORCA LICENSE</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, admission order of May 8, 2017 for Vitamin D3 1000 Units capsules did not specify the dose and frequency to be given.</p>	<p style="text-align: center;">PART 2 <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>(Mother of Caregiver, Substitute or responsible person will review all written orders of PCP prior to resident's admission and not admit resident if PCP orders are not complete and accurate.</i></p>	<p><i>Dec 3, 2017</i></p>

	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><u>FINDINGS</u></p> <p>For Resident #1, Triple Antibiotic Ointment was found in the medication container; however, was not listed on the medication administration records since resident's admission on May 17, 2017. The physician order of May 8, 2017 noted Neosporin, the order of June 16, 2017 noted Neosporin as needed and the order of August 31, 2017 noted Neosporin to open cuts PRN. The physician order did not consistently include the frequency the ointment should be used. The Neosporin was not included in the 3-month medication update of December 4, 2017 and there was no physician order to discontinue its use.</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><i>New physician order obtained Aug. 31, 2018 for Neosporin ointment to be applied to scratches or open wound BID PRN.</i></p>	<p><i>Aug. 31, 2018</i></p>

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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>FINDINGS For Resident #1, the physician orders of May 8, 2017, June 16, 2017 and August 31, 2017 included Rubbing Alcohol and Hydrogen Peroxide; however, they were not listed on the May 2017 – August 2017 medication administration records. The physician orders did not include the frequency that the Rubbing Alcohol and Hydrogen Peroxide should be used. The Rubbing Alcohol and Hydrogen Peroxide were not included in the 3-month medication update of December 4, 2017 and there were no physician orders to discontinue their use.</p>	<p style="text-align: center;">PART 1 <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><i>Phone order to discontinue Rubbing alcohol and Hydrogen Peroxide obtained on March 5th 12, 2018 and contents were poured out in the sink.</i></p>	<p><i>March 12, 2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> For Resident #1, the physician orders of May 8, 2017, June 16, 2017 and August 31, 2017 included Rubbing Alcohol and Hydrogen Peroxide; however, they were not listed on the May 2017 – August 2017 medication administration records. The physician orders did not include the frequency that the Rubbing Alcohol and Hydrogen Peroxide should be used. The Rubbing Alcohol and Hydrogen Peroxide were not included in the 3-month medication update of December 4, 2017 and there were no physician orders to discontinue their use.</p>	<p style="text-align: center;">PART 2 <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>Certified caregiver will ensure to be present at doctor's appointment in the future to make sure that orders of medications are correct and updated on timely manner which is every 3 months and call the physician as soon as possible if some clerical errors. Next physician's appointment is May ^{March} 12, 2018.</i></p>	<p style="text-align: center;"><i>Dec. 8, 2017</i></p>

STATE OF HAWAII
DHHS-CHCA LICENSING

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Licensee's/Administrator's Signature: Marilyn S. Llanos

Print Name: MARILYN S. LLANOS

Date: FEB. 16, 2018

Licensee's/Administrator's Signature: Marilyn Llanos

Print Name: MARILYN LLANOS

Date: JUNE 16, 2018

Licensee's/Administrator's Signature: Marilyn Llanos

Print Name: MARILYN LLANOS

Date: SEPT. 11, 2018