Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Suetos Care Home	CHAPTER 100.1
Address: 4415 Ukali Street, Honolulu, Hawaii 96818	Inspection Date: July 18, 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
☒	§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. **<u>FINDINGS</u>** Household member (HM) #1 and HM #2 - No documentation of initial tuberculosis clearance prior to move into home.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SEE ATTACHED	3/26/18

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<u>11-100.1-9 Personnel, staffing & family requirements, (b)</u>

Actually, before I moved HM # 1 & HM # 2 to my ARCH. I obtained EXAMINATION FOR HM & MD/APR TB RISK ASSESEMENT FORM for they have a HX. TB positive results since 1975 when both of them moved to Hawaii.
(I got cited 7/18/2017) I took them to Lanakila Health Center-
(7/24/17- had TB test & read 7/27/17- HM# 1 & HM #2- result are 0mm)
Copy is attached.

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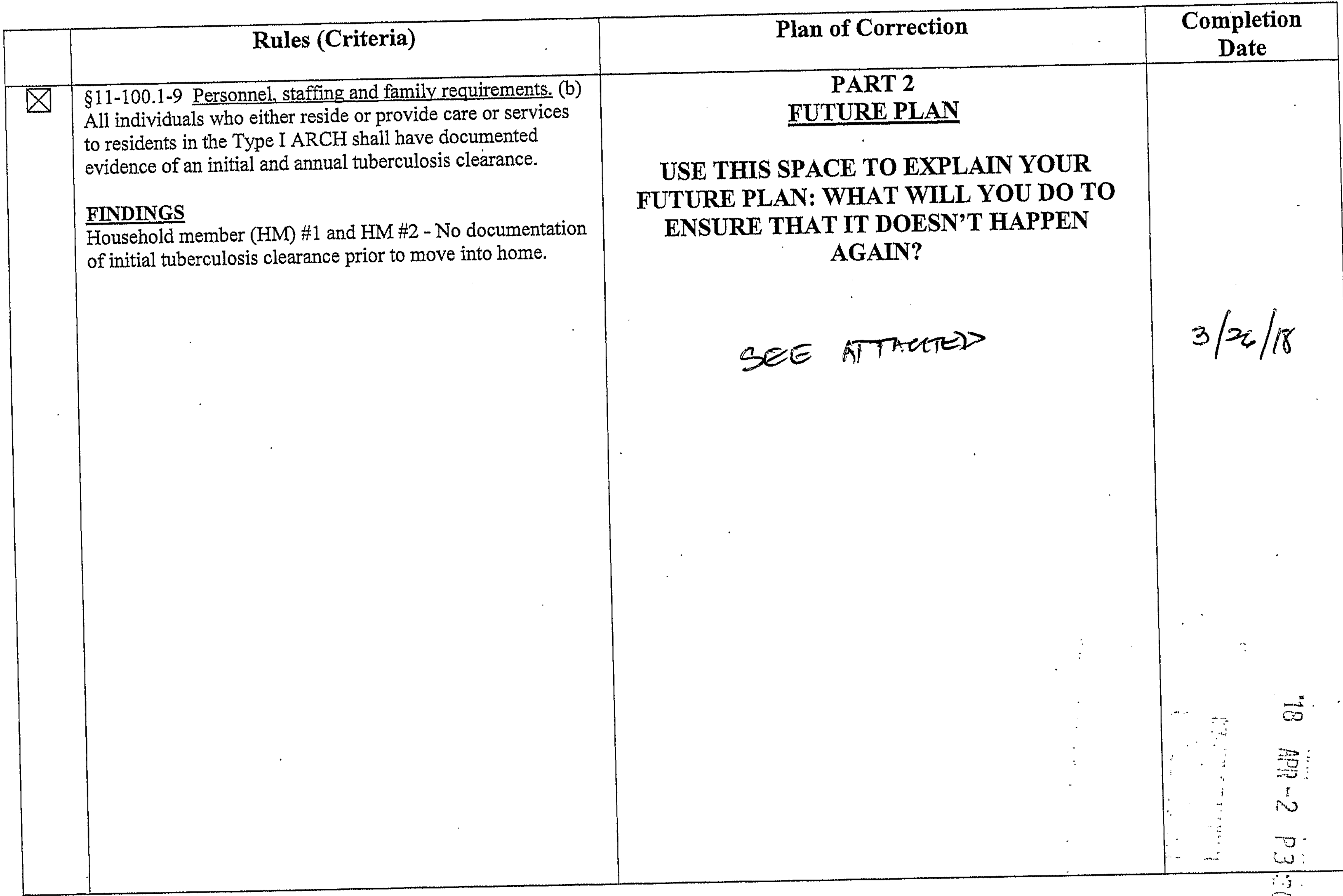

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **<u>FINDINGS</u>** Household member (HM) #1 and HM #2 - No documentation of initial tuberculosis clearance prior to move into home.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** SEE ATTACHED	3/26/18

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11-1001.1-9 Personnel , staffing and family requirements. (b)

In the future so this deficiency will not occur again, I will make sure that I will not assume or take it for granted. Anybody that I bring to my ARCH should undergo to a TB Clearance & MD Examination before I took them to my ARCH & I should do it 3 months in advance so & I don't have to rush myself & to avoid this deficiency in the future again. (I should not make any exception even they are my parents. I should treat everyone equally regardless who they are.

FYI, HM #1 passed away 9/25/2017 & HM # 2 passed away 1/3/2018 (my parents)

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 - No special diet menus for: • "Combination diet, fine chopped solids with nectar thickened liquids, Heart Healthy diet, Carb Controlled diet" ordered 12/6/16 • "1800 ADA" ordered 12/14/16 and 3/15/17	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I TALKED TO DOH DIETICIAN. SHE SUGGESTED I TALK TO THE PCP TO CLARIFY THE DIET ORDER TO REGULAR NO CONCENTRATED SWEETS BASED ON THE DIET I HAVE PROVIDED. A FOUR WEEK CYCLE MENU HAS BEEN MADE.	6/27/18

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 - No special diet menus for: • "Combination diet, fine chopped solids with nectar thickened liquids, Heart Healthy diet, Carb Controlled diet" ordered 12/6/16 • "1800 ADA" ordered 12/14/16 and 3/15/17	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - I WILL USE HANDOUT GIVEN TO ME DURING SPECIAL DIET CLASS TO USE AS GUIDE TO MAKE A MENU FOR THE RESIDENTS SPECIAL DIET ORDERED - CONSULT WITH DOH NUTRITIONIST IF NEEDED	6/28/18

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<table>
<tr><th></th><th>Rules (Criteria)</th><th>Plan of Correction</th><th>Completion Date</th></tr>
<tr><td>☒</td><td>§11-100.1-13 <u>Nutrition.</u> (b)
Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.

<u>FINDINGS</u>
Resident #1 - No special diet menus for:
• "Combination diet, fine chopped solids with nectar thickened liquids, Heart Healthy diet, Carb Controlled diet" ordered 12/6/16
• "1800 ADA" ordered 12/14/16 and 3/15/17</td><td>PART 2
<u>FUTURE PLAN</u>

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

SEE ATTACHED</td><td>3/26/18</td></tr>
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11-100.3-13 Nutrition. (b)

In the future so this deficiency will not happen again. I will make sure that I follow the diet order all the time & when I can see improvement & when patient tolerate well & will call the resident's PCP & when I am not sure about the diet itself. I will clarify to resident's PCP & if still in doubts on diet order. I can call the DOH, RD for more advices. Ask for help for they are very nice & helpful all the time.

I will make sure also to communicate with my Care Givers Substitute so they know which residents on a Special Diet.

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 - Special ordered diet ordered 12/6/16 "Combination diet, fine chopped solids with nectar thickened liquids, Heart Healthy diet, Carb Controlled diet" and "1800 ADA" ordered 12/14/16 and 3/15/17 were not provided.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** THANK YOU! GOD BLESS YOU!!	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 - Special ordered diet ordered 12/6/16 "Combination diet, fine chopped solids with nectar thickened liquids, Heart Healthy diet, Carb Controlled diet" and "1800 ADA" ordered 12/14/16 and 3/15/17 were not provided.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** = I WANT TO MAKE SURE THAT EVERY SPECIAL DIET ORDERED SHOULD BE FOLLOWED & I WILL MAKE SURE THAT THERE IS A SPECIAL MENU TO BE FOLLOWED FOR THE WELL BEING OF THE RESIDENTS & IF NOT SURE WHAT I AM DOING I WILL CALL & DISCUSS TO THE RESIDENT'S PHYSICIAN & ALSO TO CONTACT DOH (RDH) I AM SO SORRY.	9/19/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Refrigerated medications were unsecured.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - ON JULY 18, 2017 AS MY NURSE CONSULTANT CAME MY ARCH. I LOCKED MY (HM #1) BISACODYL SUPP. I GOT A PLASTIC BOX WITH LOCK & I PUT BACK TO MY KITCHEN ICE BOX. I AM SORRY I JUST FORGOT & (HM#1) PASSED AWAY 9/25/17	7/18/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Refrigerated medications were unsecured.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** SEE ATTACHED	5/26/18

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11.100.1 -15 Medications. (b)

I am sorry, this medicine was my HM#1(my mom) Tylenol suppository that was in my Kitchen Refrigerator in the main house

In the future to avoid that this will not happen again. I will make sure that all refrigerated medications were properly labeled & kept in a separated plastic bag & put in a secured locked box container & put in the refrigerator & keep away from children. It does not matter if anybody's medicines & communicate with my Care Givers Substitute & I will follow rules.

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Hydrocortisone 1% cream unsecured in the bathroom.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** = AS SOON AS MY NURSE CONSULTANT LEAVE MY ARCH. I PUT THE HYDROCORTISONE CREAM IN A ZIP LOCK & LOCK IT UP. I JUST USED WITH MY RESIDENTS #2 WITH HER HEMORRHOIDS. I AM SORRY I FORGOT TO LOCKED IT UP.	7/18/17

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Cyanocobalamin 100 mcg (Vitamin B12) one tab po once daily" order written by the primary care giver and signed by the physician on 3/15/17; however, the March 2017 medication record reflected "1000 mcg."	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** THANK YOU!!	7/19/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Cyanocobalamin 100 mcg (Vitamin B12) one tab po once daily" order written by the primary care giver and signed by the physician on 3/15/17; however, the March 2017 medication record reflected "1000 mcg."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** = I AM SORRY IT'S MY MISTAKE. I DID CHANGE MY MEDICATION RECORDS & IN THE FUTURE I WILL LET MY SUBSTITUTE #3 CHECKS ALL MY MEDICATION RECORDS FOR ~~SHE~~ IS "RN" AT PALI MOMI HOSPITAL. I WILL MAKE SURE THAT IT WILL BE IMPLEMENTED WELL! THANKS!!!	7/19/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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. **<u>FINDINGS</u>** Resident #1 - "Losartan 50 mg i tab by mouth every morning" ordered 6/21/17; however, the medication record reflected "Losartan 50 mg (0.5) one tab po once daily."	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - IT WAS MY MISTAKE & I AM VERY SORRY. I CORRECTED MY MEDICATION RECORDS & I WILL MAKE SURE THAT I WILL CHECK AGAIN & AGAIN SO I WILL NOT MAKE A MISTAKE. SORRY!!!	7/19/17

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-16 Personal care services. (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver. **FINDINGS** Resident #1 - No written policy for restraint use. Written order dated 12/14/16.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I WILL ~~[illegible]~~ CALL 6/29/18 MY RESIDENT'S PCP TO DISCONTINUE WHEELCHAIR RESTRAINS & HAVE A CARE GIVER WITH THE RESIDENT ALL THE TIME WHILE HE IS ON THE WHEELCHAIR. NOTIFY SON ABOUT THE PLAN TO DISCONTINUE WHEELCHAIR. RESIDENT IS BEEN DOING OKAY WITHOUT A RESTRAINS.	6/28/18

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-16 Personal care services. (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver. **FINDINGS** Resident #1 - No written policy for restraint use. Written order dated 12/14/16.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** SEE ATTACHED	3/27/18

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11-100.1 16 Personal care Services. (j)

In the future so doesn't happen again. I will make sure that restraints orders need always a written policy from my ARCH & a written consent from the family or a POA. I will make sure that consent is kept in the resident chart as well as make sure that the order is being renewed every 3 months or when goes to see his PCP.
Copy of policy is attached.

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; FINDINGS Resident #1 - No documentation that "Combination diet, fine chopped solids with nectar thickened liquids, Heart Healthy diet, Carb Controlled diet" ordered 12/6/17 and "1800 ADA" ordered 12/14/16 and 3/15/17 were provided and tolerated or the order clarified with the physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - I DID CHANGE MY PROGRESS NOTES WHICH INCLUDED THE OBSORVATIONS OF RESIDENT'S RESPONSE TO MEDICATION, TREATMENTS AND CHANGE OF CONDITION. I AM VERY SORRY I AM NOT ~~AS~~ A REGISTERED NURSE IN HAWAII ONLY IN THE PHILIPPINES. MY HAND IS SO HANDFUL SINCE I HAVE MY PARENTS WITH ME.	7/20/17

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - No documentation that "Combination diet, fine chopped solids with nectar thickened liquids, Heart Healthy diet, Carb Controlled diet" ordered 12/6/17 and "1800 ADA" ordered 12/14/16 and 3/15/17 were provided and tolerated or the order clarified with the physician.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** -I WILL SURE THAT MY PROGRESS NOTES IS BETTER. I WILL MAKE SURE THAT THE CARE PLAN IS BEING IMPLEMENTED 'S DO MY VERY BEST OF MY KNOWLEDGE.	7/20/17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - No documentation regarding restraint use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SEE ATTACHED	3/27/18

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<u>11-100.1-17 Records & reports. (b) (3)</u>

July 20, 2017- I went back to my chart & revised my charting on the progress notes for Resident # 1. Progress notes should include any observation on how the residents tolerates or how the resident react the wheel chair with restraints, is he trying to get out or he is so combative & tries to get out. I just want make sure that the residents can be un-restraints every 2 hours. I will make sure that there is a close supervision, & properly communicate with my Care Givers Substitutes & let them aware the side effects of restraints & our goal is the safety, the rights, the dignity & wellbeing is being maintained.

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<table>
<tr><th></th><th>Rules (Criteria)</th><th>Plan of Correction</th><th>Completion Date</th></tr>
<tr><td>☒</td><td>§11-100.1-17 <u>Records and reports.</u> (b)(4)
During residence, records shall include:

Entries describing treatments and services rendered;

<u>FINDINGS</u>
Resident #1 - Blood sugar record inconsistent with glucometer reading as follows:

DATE / TIME / METER / RECORD
7/18/17 / 6:20 a.m. / 120 / 113
7/17/17 / 4:30 p.m. / 118 / 120
7/17/17 / 6:20 a.m. / 115 / 101
7/16/17 / 4:30 p.m. / No reading / 130
7/16/17 / 6:20 a.m. / 113 / 121
7/15/17 / 4:30 p.m. / 132 / 121
7/15/17 / 6:20 a.m. / 113 / 110
7/14/17 / 4:30 p.m. / 147 / 108
7/14/17 / 6:20 a.m. / 108 / 112
7/13/17 / 4:30 p.m. / 127 / 127
7/13/17 / 6:20 a.m. / 92 / 109
7/12/17 / 4:30 p.m. / 177 / 177
7/12/17 / 6:20 a.m. / 121 / 121</td><td>PART 1

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

THANKS !!!</td><td></td></tr>
</table>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 - Blood sugar record inconsistent with glucometer reading as follows:	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** SEE ATTACHED	3/27/18

DATE	TIME	METER	RECORD
7/18/17	6:20 a.m.	120	113
7/17/17	4:30 p.m.	118	120
7/17/17	6:20 a.m.	115	101
7/16/17	4:30 p.m.	No reading	130
7/16/17	6:20 a.m.	113	121
7/15/17	4:30 p.m.	132	121
7/15/17	6:20 a.m.	113	110
7/14/17	4:30 p.m.	147	108
7/14/17	6:20 a.m.	108	112
7/13/17	4:30 p.m.	127	127
7/13/17	6:20 a.m.	92	109
7/12/17	4:30 p.m.	177	177
7/12/17	6:20 a.m.	121	121

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11-100.1-17 Records and reports. (b) (4)

In the future so it doesn't happen again. I will make sure that I will not recopy anymore the BLOOD PRESSURE & BLOOD SUGAR LOGS. I know that I can make mistake specially when I am rushing down a night before the inspection. I made a simple Log Book that everyone can just record the results & my job is to check monthly the log & I will make sure that it is properly communicate with my other Care Givers Substitute.

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Licensee's/Administrator's Signature: Ederlina G. Suetos

Print Name: EDERLINA G. SUETOS

Date: 11/17/17

Licensee's/Administrator's Signature: Ederlina G. Suetos

Print Name: EDERLINA G. SUETOS

Date: 3/27/18

Licensee's/Administrator's Signature: Ederlina G. Suetos

Print Name: EDERLINA G. SUETOS

Date: 6/28/18