

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Haven | CHAPTER 100.1 |
| Address: 4475 Luaole Street, Honolulu, Hawaii 96818 | Inspection Date: May 25, 2016 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1, readmitted on 11/29/15, no signed agreement upon readmission. (Repeat 2015)</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to</p> | | |

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| | <p>residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver #6, tuberculosis (TB) skin test dated 04/27/16 reads 0 mm; however, no evidence of a two-step TB skin test completed prior to providing resident care. Please submit documentation of a two-step TB skin test with your plan of correction (POC).</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><u>FINDINGS</u> One (1) large container of water in the refrigerator. However, this container does not provide for an emergency supply of water as directed by civil defense.</p> | | |
| <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> Bedroom #1, one (1) small refrigerator for resident use. However, no thermometer.</p> | | |

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| ☒ | <p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Resident Bathrooms #1 and #2, unsecured Clorox wipes on the sink counters. (Repeat 2015).</p> | | |
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1, primary care giver writes a list of medications prior to the physician re-examination for the physician to sign; orders signed on 04/14/16; however, the pharmacy bottle labels do not match orders for the following:</p> <ol style="list-style-type: none"> 1. Order reads, "<u>FeSO4</u> 325 mg BID po". Pharmacy bottle reads, "<u>FeSO4 EC</u> 325 mg BID po". 2. Order reads, "<u>Pantoprazole</u> 40 mg 1 tablet QD". Pharmacy bottle reads, "<u>Pantoprazole Na</u> 40 mg EC 1 tablet QD". 3. Order reads, "<u>Quetiapine</u> ½ pill 100mg QHS x 1 week then start 1 pill QHS". Pharmacy bottle reads, "<u>Quetiapine Fumarate</u> ½ pill 100mg QHS | | |

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| | x 1 week then start 1 pill QHS”. | | |
| <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> Kitchen refrigerator, Novo log Mix 70/30 for Resident #1. However, medication was unsecured.</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department’s review:</p> <p><u>FINDINGS</u> Resident #1 readmitted 11/29/15. However, primary care giver assessment dated 11/30/15, after admission.</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department’s review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> | | |

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| | <p><u>FINDINGS</u> Resident #1 readmitted on 11/29/15; attestation form dated 11/29/15 incorrect. No date for positive tuberculosis skin test. Please submit documentation for TB skin test results with the POC.</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1, no current financial agreement.</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Bleach from breakfast dishes mixed with sudsy water to sanitize the luncheon dishes. 2. Resident Bathroom #2, odor of urine. 3. Bedroom #3, masking tape used to cover a tear in the upper left hand corner of the screen. | | |

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____