

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Nods | CHAPTER 100.1 |
| Address: 689 Holua Drive, Kahului, Hawaii 96732 | Inspection Date: April 28, 2017 Annual Inspection |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---------------------------|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG – No training sessions within the past year.</p> | | |
| <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</p> | | |

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| | <p>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> SCG #3 – No current annual physical exam.</p> | | |
| ☒ | <p>§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.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> • SCG #1 and #2 – No documented evidence of an initial tuberculosis clearance. • PCG, SCG #1, #2, and #3 – No current annual tuberculosis clearance. | | |
| ☒ | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> 11-100.1-9(e)(3) PCG, SCG #1, #2, and #3 – No current first aid certification.</p> | | |
| ☒ | <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> | | |

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| | <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No documentation that PCG trained SCG #1, #2, or #3 to make prescribed medications available to residents.</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> PCG, SCG #1, #2, and #3 – No current CPR certification.</p> | | |
| <input checked="" type="checkbox"/> | <p>§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.</p> <p><u>FINDINGS</u> No menus provided.</p> | | |
| <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> <p><u>FINDINGS</u></p> | | |

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| | No menus posted in the kitchen/dining room. | | |
| <input checked="" type="checkbox"/> | <p>§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.</p> <p><u>FINDINGS</u> Medications made available to Resident #1 not recorded on medication administration record (MAR) daily; copies of completed MAR from May/June 2016 used from July 2016 to December 2016.</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not reevaluated and signed by the physician every four months. Last reevaluation 11/7/2016 – five (5) months ago.</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><u>FINDINGS</u> Resident #2 – Discharge date not documented on the permanent general register.</p> | | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill records from January and March 2017, do not specify the dates the drills were conducted.</p> | | |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> No monthly smoke detector checks from November 2016 to April 2017.</p> | | |

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____