

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, HI 96706	Inspection Date: 12/11/2018 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p>FINDINGS Caregiver #1 – Verification of a current TB clearance was not available.</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>Caregiver #1 was called in Dec. 11/18 to submit her current TB clearance right away which she did on same date Dec. 11/18. Copy of current TB clearance is now in the folder of Staff Requirements.</i></p>	<p><i>Dec. 11/18</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Ceiling light fixtures in Bedrooms #4, #5, and #6 and in the hallway did not have covers.</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>The regular maintenance person was called in to put back the covers in bedroom # 5, # 4, # 6. And in the hallway.</i></p>	<p><i>Dec. 13, 2018</i></p>

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DEC 27 2018

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☒	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Ceiling light fixtures in Bedrooms #4, #5, and #6 and in the hallway did not have covers.</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>To ensure that these do not happen again, the cleaning staff was re-minded to put back the covers of all ceiling fixtures (especially in bedroom # 4, # 5, # 6) and hallways should be put back after cleaning the same day.</i></p>	<p><i>Dec. 13, 2018</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> Two (2) packets of Burn Cooling Gel and Alcohol Swabs that expired in December 2001 were in the first aid kit.</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>The two packets of Burn cooling gel and alcohol swabs that expired in Dec. 2001 were discarded as the rubbish from the first aid kit.</i></p>	<p><i>Dec. 16, 2018</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> Two (2) packets of Burn Cooling Gel and Alcohol Swabs that expired in December 2001 were in the first aid kit.</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>To ensure that outdated supplies are discarded on a timely basis, two staff are required to inspect and review supplies and equipments on a daily basis or as often.</i></p>	<p><i>DEC 15/2018</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(4) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Medications made available;</p> <p><u>FINDINGS</u> Resident #1 – New medication was ordered on 10/10/2018 and started 10/11/2018. However, it was not documented in progress notes.</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>	

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<input checked="" type="checkbox"/>	<p>11-89-18 <u>Records and reports.</u> (b)(4) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Medications made available;</p> <p><u>FINDINGS</u> Resident #1 – New medication was ordered on 10/10/2018 and started 10/11/2018. However, it was not documented in progress notes.</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>For resident #1. Documentation was made (late entry for Dec. 11, 2018) in progress notes about the doctor's order on Dec 10, 2018. All doctors' orders will be documented in progress notes right away, and to have another staff check up all doctors' orders and progress notes should there be new doctors' orders.</i></p>	<p><i>Dec. 12, 2018</i></p>

Licensee's/Administrator's Signature: Marilyn Llanos

Print Name: MARILYN LLANOS

Date: Dec. 27, 2018