

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 6, 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<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 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 (SCG) #1 and SCG #2 - No screening for symptoms consistent with pulmonary tuberculosis (TB).</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>SCG #1 and SCG #2 cleared and show documented.</i></p>	<p><i>9/24/18</i></p> <p><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 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 (SCG) #1 and SCG #2 - No screening for symptoms consistent with pulmonary tuberculosis (TB).</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 will use a log so I can track the TB clearance every month. and let SCG know 3 months prior to expiration date to make appointment with doctor. Remind them to give clearance.</p> <p>Also staple TB screen form to PE form.</p>	<p>02/22/2019</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained "Neosporin" ointment with expiration "4/14".</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>Neosporin ointment with expiration date of 4/14 was discarded with double bagged on the trash bin. I check again no more expired cleaning agent inside the First Aid kit.</p>	<p style="text-align: center;">4/24/18</p> <p style="text-align: right;"><i>2 Wheeler</i></p> <p style="text-align: center;">18 APR 25 P2:13</p> <p style="text-align: center;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS First aid kit contained "Neosporin" ointment with expiration "4/14".</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 style="text-align: center;"><i>all SCQ's were informed to check monthly First Aid Kit to ensure no expire medicine for the safety of the Residents.</i></p>	<p style="text-align: center;">4/24/18</p> <p style="text-align: right;"><i>[Signature]</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<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> Posted menu is not followed. Breaded fish sandwich, wheat bread, lettuce, skin milk noted on the menu; however, shrimp curry, steamed ground pork (with raisins, peas), sushi was served. There was no substitution list or substitution for the resident who refuses milk.</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>I followed the same Menu no. 1 for that week no substitution recommend if there is I will posted</i></p>	<p style="text-align: center;"><i>9/18/18</i></p> <p style="text-align: right;"><i>[Signature]</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 - "Low fat, no added salt, low concentrated carbohydrates" diet ordered 1/18/18 was not clarified with the physician.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I called PCP about the diet, He reviewed and he send me the Regular diet order.</i></p>	<p><i>4/24/18</i></p> <p><i>[Signature]</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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> Bleach unsecured under the kitchen sink. There was a locking device; however, the locking device was not engaged.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I put sign outside the cabinet to lock after using the chemicals and cleaning agent make sure its totally lock + double check the locking device.</p>	<p>9/18/18</p> <p><i>[Signature]</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<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> Two (2) medication cabinets containing medication were unlocked. For one (1) cabinet, the locking device was on but not engaged. For the second cabinet, the locking device was resting on top of the cabinet.</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 style="text-align: center;">1 locked both cabinets</p>	<p style="text-align: center;">02/22/19</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "CVS gentile laxative rectal suppository 10 mg insert 1 suppository rectally once daily as needed for constipation" has been ordered 1/24/18, 12/29/17, 9/7/17, 4/29/17; however, the medication records noted "if no BM for 3 days."</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>I called PCP verbal order done, They clarified the order sign by the doctor, I followed doctor's order including the label of the medicine and MAR.</i></p>	<p style="text-align: right;"><i>9/18/18</i></p> <p style="text-align: right;"><i>[Signature]</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 - No annual reevaluation for TB.</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>TB clearance cleared (2-9-2018) show documented.</p>	<p>9/18/18</p> <p><i>[Signature]</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 - The Hawaii Kai Urgent Care Visit sheet noted that on 11/13/17 the resident was seen for pain to left lower extremity and swelling; complaint of pain to the left foot; onset 11/12/17. There were no progress notes regarding when the left foot pain started, actions taken, duration of ice pack application and when the ice pack treatment was discontinued.</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>Resident #1 progress note will be updated with more details with actions that were taken.</i></p>	<p align="right"><i>4/24/18</i></p> <p align="right"><i>EWDe</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 - The December 2017 progress notes indicated there was no report of pain; however, the December 2017 medication record noted that "meloxicam" was taken by the resident 12/13/17 to 12/28/17.</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 will document in my progress notes right away if resident complain^{of} pain, I gave medication. and I will document why resident needs pain med and if it helped.</p>	<p style="text-align: right;">02/22/19</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 - No incident report of pain and swelling to the left lower extremity and left foot on 11/12/17. The resident was taken to Hawaii Kai Urgent Care.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident #1 Incident report will be updated with additional note leading to the visit to urgent care.</i></p>	<p style="text-align: center;"><i>4/24/18</i></p> <p style="text-align: center;"><i>[Signature]</i></p>

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STATE LICENSING

'18 APR 25 P2:17

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 - No incident report of pain and swelling to the left lower extremity and left foot on 11/12/17. The resident was taken to Hawaii Kai Urgent Care.</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>First of all I will call PCP and tell what happen about the incident from there. I will document the incident report and PCP order.</i></p>	<p style="text-align: right;"><i>9/18/18</i></p> <p style="text-align: right;"><i>[Signature]</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - The inventory of possessions was not updated since admission on 6/1/16.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="font-size: 1.2em;">Resident #1 personal possessions will be updated to current date</p>	<p style="font-size: 1.5em;">4/24/18</p> <p style="font-size: 1.2em;"><i>ELW</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 - The inventory of possessions was not updated since admission on 6/1/16.</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 will update residents possessions at least once a year on their birthday or when I purchase something for them.</p>	<p style="text-align: center;">02/22/19</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Light fixtures did not have protective covers over the dining table and in two (2) resident bedrooms.</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>Light fixtures over the dining room table and in residents 1 and 2 rooms have been given protective covers over each light bulbs.</i></p>	<p style="text-align: center;"><i>4/24/18</i></p> <p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: center;"> <small>STATE OF HAWAII DOH-DHCA STATE LICENSING</small> </p> <p style="text-align: center;"> <small>'18 APR 25 P2:17</small> </p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Light fixtures did not have protective covers over the dining table and in two (2) resident bedrooms.</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 will inspect all light fixtures during the fire drills. If something needs to be fixed or change I will do it right away.</p>	<p style="text-align: center;">02/22/19</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Food stored directly on the floor of the pantry: two (2) large opened bottles of cooking oil, one (1) large bottle of vinegar, one (1) bottle of shoyu, one (1) bottle of cranberry juice.</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>The 5 bottles of food have been moved off the pantry floor onto a shelf in the food pantry.</i></p>	<p style="text-align: center;">4/24/18</p> <p style="text-align: center;"><i>[Signature]</i></p>

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<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> Food stored directly on the floor of the pantry: two (2) large opened bottles of cooking oil, one (1) large bottle of vinegar, one (1) bottle of shoyu, one (1) bottle of cranberry juice.</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 trained substitute caregivers that all food items will be stored back on shelves. A sign was made as a reminder that all food is to be on a shelf. I check everyday to make sure food on the shelves.</p>	<p style="text-align: center;">02/22/19</p>

Licensee's/Administrator's Signature: Edna F. Nicomedes
Print Name: Edna F. Nicomedes
Date: 4/24/18

Licensee's/Administrator's Signature: Edna F. Nicomedes
Print Name: Edna F. Nicomedes
Date: 9/24/2018

Licensee's/Administrator's Signature: Edna F. Nicomedes
Print Name: Edna F. Nicomedes
Date: 2/22/2019