

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Halawa Care Home LLC	CHAPTER 100.1
Address: 99-696 Halawa Drive, Aiea, Hawaii 96701	Inspection Date: April 5, 2019 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	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 annual tuberculosis skin test available for review.</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>SCG#1 and SCG#2 has now received their annual Tuberculin Skin test. The result have been filed appropriately and are available upon request.</p>	<p>MVC 5/28/2014</p>

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☒	<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 annual tuberculosis skin test available for review.</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 style="text-align: center;">I use my checklist which include TB, PE, In services, I will check periodical to make sure it's completed by staff + house hold members.</p>	<p>7/19/2019 MRC</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 -</p> <ul style="list-style-type: none"> • “Desitin ointment apply to affected area PRN” ordered 3/11/19. However, not transcribed onto 3/2019 Medication Administration Record (MAR). • “Calmoseptine ointment apply to left buttock open area BID” HOLD ordered 2/4/19. However, MAR reflects medication still available and given during the month of 2/2019. 	<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>The deficiency was corrected by prescribing the Desitin BID ointment administration onto the 3/20/19 Medication Administration Record.</p> <p>On April 6, 2019 called the PCP to clarify Calmoseptine order as PRN and adjusted MAR to reflect changes.</p>	<p><i>muc 3/21/19</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>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - "Circulation 360 take as directed" ordered 2/13/19. Per Primary Care Giver (PCG) progress notes, medication discontinued via telephone order on 2/24/19:</p> <ul style="list-style-type: none"> • Not immediately recorded as a telephone order in record. • Physicians signature not obtained at next MD office visit. • Telephone order not available for review. 	<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 style="text-align: center;"><i>The deficiency was corrected by calling the PRN and confirming the telephone order. The telephone order was recorded in paper and had the physician sign the telephone order.</i></p>	<p><i>mme</i> <i>5/20/19</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Full side rails and mittens on both hands in use:</p> <ul style="list-style-type: none"> • No written policy in place outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. • Restraint renewals orders not being 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. 	<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 style="text-align: center;"><i>The deficiency was corrected by Resident #1 to the PCP and getting the previous restraint order. The restraint order was discontinued.</i></p>	<p style="text-align: center;"><i>muc</i></p> <p style="text-align: center;"><i>5/20/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 - Telephone order not available for review. Per Primary Care Giver (PCG) progress notes, "Circulation 360 take as directed" ordered 2/13/19, discontinued via telephone order on 2/24/19.</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 style="text-align: center;">I have trained my SCC to double check that Telephone orders are completed at time. Order is taken and sent physician sign @ next visit.</p>	<p>7/19/2019</p> <p>mu</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> Progress notes:</p> <ul style="list-style-type: none"> • Do not include observations of client's behavior patterns that preclude use of restraints. • Do not include information regarding restraint use such a date, time, duration, patient response, actions taken. 	<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>The deficiency was corrected by creating progress notes dictating create resident's behavior prior to use, of restraints and after the restraint order has taken off. Progress notes also show date and time of when and what the reaction of the resident was.</p>	<p><i>me</i> <i>5/20/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Full side rails and mittens on both hands in use:</p> <ul style="list-style-type: none"> • No written policy in place outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. • Restraint renewals orders not being 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. 	<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>① Written policy will be reviewed ^{by} by all staff when ever I have residents needs restraints</p> <p>② I will add to calendar to remind me all appointments including renewing restraint orders.</p>	<p>7/19/2019 mcc</p> <p style="text-align: right;">19 JUL 19 PM 21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p>FINDINGS Resident #1 – "Side rails x2" ordered 4/13/19. However, full side rails in use.</p> <ul style="list-style-type: none"> • No Physician's order that includes length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. • No written family consent. <p>Continue on next page...</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 style="text-align: center;">The deficiency was corrected by getting written family consent for initial use of the side rails. For the physician's orders, PCP ordered that the restraint be discontinued.</p>	<p style="text-align: center;">mcc</p> <p style="text-align: center;">5/21/19</p>

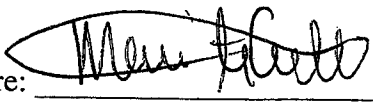
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Continued from previous page...</p> <p>Resident #1 – “Use mittens for skin itching refractory to lotions and creams” ordered 1/11/19. Mittens currently in use.</p> <ul style="list-style-type: none"> • “Cetaphile lotion PRN apply to affected area BID for itching” ordered 3/11/19, however, not documented as being given. • No Physician’s order that includes length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. • No written family consent. 	<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>The deficiency was corrected by getting the family's written consent about the mittens and the PCP ordered to cause the restraint.</p>	<p>Mue</p> <p>5/21/19</p>

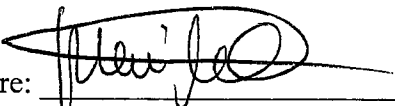
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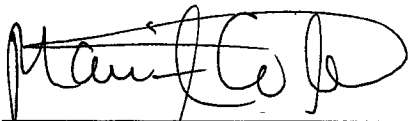
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>Continued from previous page...</p> <p>Resident #1 – “Use mittens for skin itching refractory to lotions and creams” ordered 1/11/19. Mittens currently in use.</p> <ul style="list-style-type: none"> • “Cetaphile lotion PRN apply to affected area BID for itching” ordered 3/11/19, however, not documented as being given. • No written family consent. • No Physician’s order that includes length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. 	<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 have trained my SCS to double check my MAR regularly for completions. with family consent obtained. restraint order clarify by physician. In future all staff will review restraint policy if resident needs restraints.</p>	<p>7/19/19</p> <p>mcc</p>

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF SENIOR SERVICES

19 JUL 19 PM 01

Licensee's/Administrator's Signature: 
Print Name: Marijes Collado
Date: 5/20/19

Licensee's/Administrator's Signature: 
Print Name: Marijes Collado
Date: 7/31/2019

Licensee's/Administrator's Signature: 
Print Name: Marijes Collado
Date: 7/19/2019