Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Khrist Emmanuel Care Home L.L.C.	**CHAPTER 100.1**
Address: **94-1178 Hina Street, Waipahu, Hawaii 96797**	**Inspection Date: March 5, 2020 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented 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. **FINDINGS** Substitute care giver (SCG) #3, listed on leave notification plan (12/23/19-12/30/19); however, no evidence of a current physical examination prior to providing services.	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented 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. **FINDINGS** Substitute care giver (SCG) #3, listed on leave notification plan (12/23/19-12/30/19); however, no evidence of a current physical examination prior to providing services.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, I will make a checklist or calendar of all documents such as PE, CPR, First Aid, TB clearance etc. of my substitute caregivers. So it will remind me the expiration date and when to renew, and shall be kept in my care home folder + file.	4-13-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #3, listed on leave notification plan (12/23/19-12/30/19); however, no evidence of an initial or annual tuberculosis (TB) clearance prior to providing services.	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #3, listed on leave notification plan (12/23/19-12/30/19); however, no evidence of an initial or annual tuberculosis (TB) clearance prior to providing services.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, I will make a checklist of annual tuberculosis clearance of my substitute care-givers providing care or services to the residents, so it will remind me the expiration dates and when to renew, and shall be kept on my carehome folder and file.	4-13-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #2, listed on leave notification plan (9/19/19-10/5/19); however, no evidence of an initial TB clearance prior to providing services as a regular SCG during 2020. Please submit evidence of 2-step TB clearance with the plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** → A copy of the 2 steps TB clearance (attached) has been placed in the care home folder on March 6, 2020 for record and file.	-3-6-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #2, listed on leave notification plan (9/19/19-10/5/19); however, no evidence of an initial TB clearance prior to providing services as a regular SCG during 2020. Please submit evidence of 2-step TB clearance with the plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, I will make a checklist of initial TB clearance of my substitute caregivers providing care or services to the residents, so it will remind me the expiration dates and when to renew, and shall be kept on my care home folder and file.	4-13-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2, listed on leave notification plan (9/19/19-10/5/19); however, no evidence of current First Aid certificate. Please submit evidence of First Aid Certificate with the plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** → First Aid certificate has been acquired (see attached copy) and has been placed on care home folder for record and file.	3-6-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2, listed on leave notification plan (9/19/19-10/5/19); however, no evidence of current First Aid certificate. Please submit evidence of First Aid Certificate with the plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, I will make a checklist of First Aid Certificates of my substitute caregivers providing care or services to the residents. So it will remind me the expiration dates and when to renew, and shall be kept on my carehome folder and file.	4-13-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #3, listed on leave notification plan (12/23/19-12/30/19) can make medication available; however, no evidence of training provided to make medication available.	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #3, listed on leave notification plan (12/23/19-12/30/19) can make medication available; however, no evidence of training provided to make medication available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, I will make a checklist of all the necessary documents of my substitute caregivers providing coverage for a period of less than four hours and I will train and educate them on how to prepare prescribed medication for the residents including on how to properly record them and keep on the care home folder and file.	4-14-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** **SCG #3,** listed on leave notification plan (12/23/19-12/30/19) can make medication available; however, no evidence of a cardiopulmonary resuscitation certificate.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, I will make a check-list of CPR's of my substitute care-givers providing care or services to the resident, so it will remind me the expiration dates and when to renew, and shall be kept on my carehome folder and file.	4-14-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** **SCG #3,** listed on leave notification plan (12/23/19-12/30/19) can make medication available; however, no evidence of a cardiopulmonary resuscitation certificate.	**PART 1** Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** **SCG #3,** listed on leave notification plan (12/23/19-12/30/19) can make medication available; however, no evidence of a cardiopulmonary resuscitation certificate.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, all substitute care-givers providing coverage for a period greater than four hours should have proper documentations, CPR (Cardiopulmonary Resascitation) and be kept in the carehome folder for record and file.	3-6-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Tight fitting box holding medications in Refrigerator #2; however, container is unsecured.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** → The medicine container can now be secured and locked. My husband drilled a hole on the front cover of the medicine container and put a padlock. All substitute caregivers have been informed and instructed to padlock it and keep inside the refrigerator after each use.	3-7-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Tight fitting box holding medications in Refrigerator #2; however, container is unsecured.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, all medications to be kept inside the refrigerator will be placed in a medicine container that can be locked. I will train, educate and remind my substitute caregivers to always keep the medicine container inside the refrigerator after administering the medications to the residents.	4-14-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1, no evidence of an individual plan of care. Please return an activity schedule with the plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** → A schedule of activity plan for residents (see attached) was prepared on March 6, 2020 and will be implemented immediately. The schedule of activity plan will be updated as necessary.	3-6-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1, no evidence of an individual plan of care. Please return an activity schedule with the plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** → In the future, the primary care-giver to prepare a schedule activity plan to include all personal and required special services for each resident and to be updated as necessary.	3-6-20

Licensee's/Administrator's Signature: Anita C. Peralta

Print Name: ANITA PERALTA

Date: 03-16-2020

Licensee's/Administrator's Signature: Anita C. Peralta

Print Name: ANITA PERALTA

Date: 04-15-2020