

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hale Malaihi</b>	<b>CHAPTER 89</b>
<b>Address: 770 Malaihi Road, Wailuku, Hawaii 96793</b>	<b>Inspection Date: February 13, 2020 Annual</b>

**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>§11-89-12 <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><b><u>FINDINGS</u></b> Dust was accumulated under the resident's Bedroom #4.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>2/13/20</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> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Allegra was listed in the medication administration record (MAR) from June 2019 to September 2019. However, physician's order for discontinuation was not on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>2/19/20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(7) Medications:</p> <p>All verbal orders for medication shall be recorded on the physician's order sheet by the certified caregiver receiving the verbal orders. Written confirmation from the attending physician shall be obtained within seventy-two hours.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per MAR, Allegra was started on 5/15/2019. However, the order was signed by the physician on 6/4/2019.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No July 2019 progress notes recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #2 – no current tuberculosis clearance on file.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>2/13/20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – All pages of Individual Service Plan was not on file.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Refer to attached</i></p>	<p style="text-align: center;"><i>2/19/20</i></p>



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Licensee's/Administrator's Signature: *Valerie Sly*  
Print Name: VALERIE SLY  
Date: 2/25/20

Licensee's/Administrator's Signature: *Valerie Sly*  
Print Name: VALERIE SLY  
Date: 4/16/20

02/25/2020  
15:00:00

15:00:00

Arc of Maui County  
Hale Malaihi  
Plan of Correction  
February 2020

**Annual Inspection:** 2/13/20

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- **Rule (Criteria)**  
11-89-12 Structural requirements for licensure. (b)

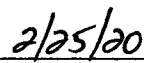
**Corrective Action Part 1:**

In review of this issue, it was identified that staff were not following the cleaning schedule for the home. This schedule is in a binder and staff are expected to check off cleaning tasks as they are completed.

To correct this issue, the resident's bed was moved, and the dust accumulated under the bed was removed and cleaned in Bedroom #4. All other resident's bedrooms and the common areas of the home were checked for cleanliness. All issues identified were addressed.

**Effective Date:** 2/13/20

  
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Valerie Sly

  
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Date

- **Rule (Criteria)**  
11-89-12 Structural requirements for licensure. (b)

**Corrective Action Future Plan Part 2:**

To prevent recurrence, the cleaning task checklist is now posted in the kitchen area which is more easily visible and accessible, and staff are now assigned to specific tasks. The task checklist now differentiates between daily tasks and monthly tasks. The monthly tasks include moving furniture and doing more of a deep cleaning. Staff were retrained regarding house cleaning requirements and the requirement for resident participation in accordance with the residents' Res/Hab goals.

To monitor this corrective action, the Resident Manager will do a walk-through of the home prior to the start of her work shift to ensure resident bedrooms and the common areas of the home are clean and free from debris. In addition, the Resident Manager will review the cleaning task checklist weekly to ensure proper documentation and adherence to the staff assignment schedule. Once monthly, following the deep cleaning of the home, the Resident Manager will inspect the home to ensure the deep cleaning meets the cleaning requirements of the DDDH.

**Effective Date:** 2/25/20

  
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Valerie Sly

2/25/20  
\_\_\_\_\_  
Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(5)

Medications:

**Corrective Action Part 1:**

In review of this issue, the Allegra PRN medication was never administered to Resident #1 during the period in question. The Resident Manager contacted the pharmacist. The pharmacist identified that the physician discontinued "All Day Allergy" PRN (Zyrtec) on 5/14/19 and wanted to start Allegra on 5/15/19. Once the pharmacy received this information, they inputted the Allegra on the medication record and physician's orders and then realized the Allegra would not be paid for by insurance. They faxed a request to the physician to substitute Allegra with another allergy medication that would be covered. The pharmacy acknowledged that they never received a response from the physician and failed to follow-up. It remained on the medication record. The physician's orders were re-signed on June 4, 2019, but the pharmacy never dispensed any new medication.

To correct this issue, the Resident Manager requested from the pharmacy the documentation for the discontinuation of the "All Day Allergy" PRN medication (see attachment #1). An appointment is scheduled for Resident #1 on 2/26/20, to see his physician to determine which allergy therapy should be implemented.

**Effective Date:** 2/19/20

  
Valerie Sly

  
Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(5)

Medications:

**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the agency RN to cross-reference the previous month's medication record with the new one to reconcile any unexpected changes. In addition, the Resident Manager requested that the pharmacy inform the Resident Manager or resident staff promptly whenever a change, however minor, occurs with a medication. This will ensure that appropriate follow-up occurs.

To monitor this corrective action, just prior to the 90-day physician's orders being presented to the providers for signature, the Resident Manager will meet with the agency RN to review for inconsistencies for the next two quarters.

**Effective Date:** 2/25/19

  
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Valerie Sly

2/25/20  
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Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(5)


Medications:

**Corrective Action Plan Part 1:**

To correct this issue, on the day of inspection, the agency RN accompanied Resident #1 to his psych appointment. The doctor confirmed that the correct dose of Quetiapine Fumarate is unchanged at 200mg 1tab BID (see attachment #2).

In review of this issue, Resident #1 sees his psychiatrist each month. At each visit, the doctor renews all medications this doctor is prescribing. In November, the doctor changed the order for the Quetiapine from one 200mg tab to two 100mg tabs. No change to the dose, just the way it was dispensed. The pharmacy incorrectly entered "100mg 1tab BID". The pharmacist checked with the agency RN to see if we would prefer to dispense the correct dose of 200mg in one tab instead of 100mg in 2 tabs. The agency RN and the pharmacist agreed that it's best practice to dispense medication in one tab instead of two tabs when possible. It was confirmed with the doctor that the dose was a total of 200mg BID (400mg daily). We acknowledge that the agency RN neglected to get written instructions from the doctor to return to the 200mg tabs. The pharmacy never dispensed any of the 100mg tabs. Resident #1 continued to receive the correct dose of 200mg BID. However, in the month of November, multiple staff did not follow the strict procedure of checking the five rights, since they were signing the medication record that indicated that 100mg tabs were being given when 200mg tabs were being given. A physician's order to discontinue the 100mg tabs was obtained from the pharmacy (see attachment #3).

**Effective Date:** 2/19/20

  
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2/25/20  
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Date

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(5)

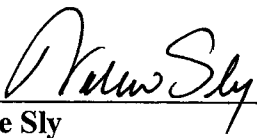
**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the agency RN to cross-reference the previous month's medication record with the new one to reconcile any unexpected changes. In addition, the Resident Manager requested that the pharmacy inform the Resident Manager or resident staff promptly whenever a change, however minor, occurs with a medication. This will ensure that appropriate follow-up occurs.

There have been some concerning issues in recent months with the agency's pharmacy. Efforts to prevent miscommunications have been ongoing. The agency Program Director, CEO and RN have scheduled a meeting 3/27/20, to meet with the head pharmacists to formalize strategies to prevent potential errors and miscommunications.

To monitor this corrective action, just prior to the 90-day physician's orders being presented to the providers for signature, the Resident Manager will meet with the agency RN to review for inconsistencies for the next two quarters.

**Effective Date:** 2/25/20

  
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Valerie Sly

2/25/20  
Date



- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(7)

Medications:

**Corrective Action Future Part 2:**

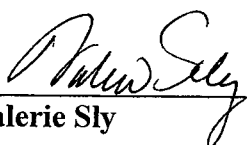
In review of this issue, it was confirmed that the Allegra PRN medication was never administered to Resident #1 during the period in question and it was never dispensed by the pharmacy. At the time of inspection, it was identified that Allegra was on the medication record, but an official order for it was not found. The Resident Manager contacted the pharmacist. The pharmacist determined that the physician discontinued "All Day Allergy" PRN (Zyrtec) on 5/14/19 and wanted to start Allegra PRN on 5/15/19. Once the pharmacy received this information, they inputted the Allegra on the medication record and physician's orders, then realized the Allegra would not be paid for by the resident's insurance. The pharmacy faxed a request to the physician to substitute Allegra with another allergy medication that would be covered. The pharmacy acknowledged that they never received a response from the physician and failed to follow-up. The Allegra remained on the medication record. The physician's orders were signed on June 4, 2019, but the pharmacy never dispensed this medication. The medication change did not take place at a medical appointment and no verbal order was received from the physician. Rather, all interactions took place between the physician's office and the pharmacy via E-Script and fax. The need for a signed order couldn't have been anticipated under these circumstances. However, the change should have been detected and rectified by the Resident Manager when the new month's medication record was received.

To correct this issue, the Resident Manager requested from the pharmacy the documentation for the discontinuation of the "All Day Allergy" PRN medication. A complete discontinuation of all allergy therapy was ordered for Resident #1 at the appointment on 2/26/20.

To prevent recurrence, the Resident Manager was retrained by the agency RN to cross-reference the previous month's medication administration record with the new one to identify any unexpected changes. An additional strategy has been implemented as well. When a medication needs to be refilled, the number of refills remaining will be formally noted. Any medication with zero refills will be flagged as a priority for higher scrutiny. Once the refilled medication is received, the prescription will be reviewed thoroughly, and any inconsistencies will be promptly addressed. The pharmacy has also been made more aware of the potential for errors and has agreed to be more observant of changes that might need to be brought to the attention of the Resident Manager.

To monitor this corrective action, just prior to the 90-day physician's orders being presented to the providers for signature, the Resident Manager will meet with the agency RN to review for inconsistencies for the next two quarters.

**Effective Date:** 4/14/20

  
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Valerie Sly

4/16/20  
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Date

- **Rule (Criteria)**

11-89-18 Records and reports. (b)(2)

**Corrective Action Future Plan Part 2:**

In review of this issue, the Resident Manager frequently correlated a progress note with the filing of an appointment slip in the resident's chart. Since there were no appointments for Resident #1 in July, no progress note was entered.

To correct this issue and prevent recurrence, all resident charts were reviewed for monthly progress notes and no other issues were identified. The Resident Manager was retrained by the Program Director regarding the requirement to ensure monthly progress notes for each resident regardless of the lack of appointments. In addition, the Resident Manager retrained the staff regarding the requirement for monthly progress notes.

To monitor this corrective action and ensure adherence to the regulation, the Program Director will review the resident charts for a monthly progress note for a period of 3 months.

**Effective Date:** 2/20/20

  
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Valerie Sly

2/25/20  
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Date

- **Rule (Criteria)**

11-89-18 Records and reports. (b)(2)

**Corrective Action Future Plan Part 2:**

In review of this issue, Res/Hab data documentation for Resident #1 and other residents in the home, is submitted to the resident's Service Supervisor. This resulted in the data being unavailable for review and was not documented in the resident's progress note.

To prevent recurrence, copies of the Res/Hab data sheets will now be kept on file in the home and the originals submitted to the Service Supervisors.

To monitor this corrective action, the Resident Manager will review all resident charts at the end of each month to ensure staff are implementing the goals, documenting the outcomes properly and maintaining the documentation in its proper place.

**Effective Date:** 2/13/20

  
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- **Rule (Criteria)**

11-89-18 Records and reports. (b)(1)

**Corrective Action Plan Part 1:**

In review of this issue, the annual TB for Resident #2 was completed 1/31/20, with a chest x-ray. Since the resident refuses a TB test, she sees her physician each year for TB clearance.

To correct this issue, the Resident Manager requested results from the physician repeatedly, however, they were not obtained by the day of inspection. On 2/13/20, at a scheduled annual physical, the Resident Manager was able to get a copy of the result (see attachment #4).

**Effective Date:** 2/13/20

  
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2/25/20  
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2/25/20


- **Rule (Criteria)**

11-89-18 Records and reports. (b)(1)

**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager will schedule the annual physical for Resident #2 earlier next year, request that the TB clearance be completed at that time and wait for the documentation prior to leaving the doctor's office. This will ensure the TB clearance is completed in a timely manner and available for review.

**Effective Date:** 2/25/20

  
\_\_\_\_\_  
Valerie Sly

2/25/20  
\_\_\_\_\_  
Date

- **Rule (Criteria)**

11-89-18 Records and reports. (e)(5)

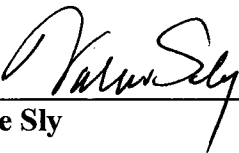
General rules regarding records:

**Corrective Action Plan Part 1:**

In review of this issue, the ISP meeting for Resident #1 occurred in July 2019. The ISP should have been submitted to the Service Supervisor approximately 30 days after the meeting, then given to the Resident Manager. Beginning in August 2019, multiple requests over a period of many months, were made by the Service Supervisor and the Resident Manager to obtain the ISP from the DOH Case Manager with no success. The ISP was finally obtained by the Supervisor and a copy given to the Resident Manager in mid-January 2020. However, a thorough review of the ISP was not done and neither the Supervisor nor the Resident Manager noticed pages missing.

To correct this issue, the Supervisor contacted the DOH Cases Manager and requested the missing pages, which were received 2/19/20, and are now located in the resident's chart.

**Effective Date:** 2/19/20

  
\_\_\_\_\_  
Valerie Sly

2/25/20  
Date

- **Rule (Criteria)**

11-89-18 Records and reports. (e)(5)

General rules regarding records:

**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager will contact the DOH Case Manager's supervisor if the ISP is not received in a timely manner from the resident's Case Manager. The ISP will be reviewed thoroughly to ensure a complete ISP is obtained.

To monitor this corrective action, the Resident Manager will submit a copy of the next ISP for Resident #1 to the Program Director for review to ensure it is complete and obtained in a timely manner.

**Effective Date:** 2/25/20

  
\_\_\_\_\_  
Valerie Sly

2/25/20  
Date