

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Aumoa Care Home LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-562 Kaimu Loop, Aiea, Hawaii 96701</b>	<b>Inspection Date: April 7, 2020 Initial</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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><b><u>FINDINGS</u></b>            Resident #1 - "Ketoconazole 2% cream and hydrocortisone cream were unsecured at the resident's bedside.</p> <p>Medication removed from the bedside during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>See next page</i></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>	<p style="text-align: center;">4/7/20</p>

11-100.1-15 Medications (b) from pg 2 of the SOD

FINDINGS

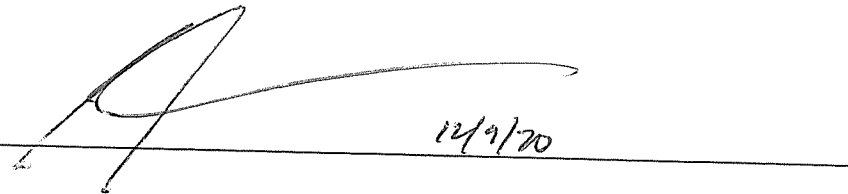
Reident#1 – Ketoconazole 2% cream and hydrocortisone cream were unsecured at the resident's bedside.

PART I – CORRECTION

Resident#1 was admitted to Aumoa Care Home on 4/1/2020. R1 medications orders dated 4/1/2020 does not include hydrocortisone cream. Medication was sent home to R1 family and R1 was given education about medication orders and Aumoa Care Home medication administration procedure. Corrective action completed on April 7, 2020.

Resident#1 was admitted to Aumoa Care Home on 4/1/2020. R1 medications orders dated 4/1/2020 includes Ketoconazole 2% cream, apply sparingly to breast folds, abdomen and abdominal folds as needed for fungal infection. Aumoa Care Home does not allow self-administration of medication. Medication was secured and properly stored for Aumoa Care Home staff to administer as ordered. R1 educated and agreed with the medication storage and administration. Corrective action completed on April 7, 2020.

PCG Signature \_\_\_\_\_

A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a long horizontal stroke. To the right of the signature, the date '12/9/20' is written in a cursive script.


	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><b><u>FINDINGS</u></b>            Resident #1 - "Ketoconazole 2% cream and hydrocortisone cream were unsecured at the resident's bedside.</p> <p>Medication removed from the bedside during the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See next page</i></p>	<p style="text-align: center;"><i>4/9/20</i></p>

11-100.1-15 Medications (b) from pg 3 of the SOD

PART II – FUTURE PLAN

1. Primary Care Giver (PCG) will: compare all admission medications orders against the medication label supplied by the resident/resident representative on admission (medication reconciliation), clarification of orders will be completed if any discrepancy identified to ensure correct orders are followed. All medications will be secured and stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Only medications with orders will be accepted from resident/resident representative. Medication procedure will be reviewed with resident/resident representative and will make sure resident and resident representative will understand that no medications will be allowed at the resident's bedside.
2. All Aumo Care Home caregivers were educated by the PCG regarding; medication labels will be compared against the medication labels from the medications received from resident/resident representative and a clarification of orders will be done if discrepancies identified to ensure correct medication order is followed, proper storing of medication, and no medications will be allowed at the resident's bedside.
3. The PCG or designee will complete daily inspection of resident's bedside environment to ensure all medications are stored properly and there is no medications at the bedside at all times. Daily inspection will be recorded and reviewed by PCG in a daily basis.

PCG Signature \_\_\_\_\_

 12/2/20

	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><b><u>FINDINGS</u></b>            Refrigerated medication was in an unlocked container.</p> <p>Locking device applied to the container for refrigerated medication when the primary care giver returned to the ARCH.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>See next page</i></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>	<p style="text-align: center;">4/7/20</p>

11-100.1-15 Medications (b) from pg 4 of the SOD

FINDINGS

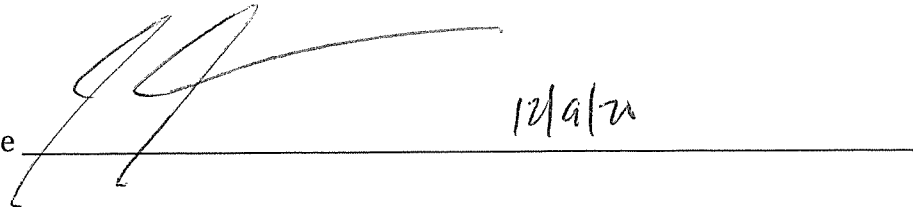
Resident#1 refrigerated medication was in an unlocked container.

PART I – CORRECTION

Resident#1 was admitted to Aumoa Care Home on 4/1/2020. R1 medications orders dated 4/1/2020 includes Latanoprost 0.005% eye drops to both eyes bedtime. Medication was properly labeled and kept in a separate locked container in the refrigerator.

Corrective action completed on April 7, 2020.

PCG Signature

A handwritten signature in black ink is written over a horizontal line. To the right of the signature, the date "12/9/20" is handwritten in black ink.

	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><b><u>FINDINGS</u></b>            Refrigerated medication was in an unlocked container.</p> <p>Locking device applied to the container for refrigerated medication when the primary care giver returned to the ARCH.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See next page</i></p>	<p style="text-align: center;"><i>4/10/20</i></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><b><u>FINDINGS</u></b> Resident #1 - "Hiprex 1 gram tablet 1 tablet everyday" ordered 3/24/20; however, the label read: "Take 1 tablet by mouth twice a day."</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>See next page</i></p>	<p style="text-align: center;"><i>4/9/20</i></p>

11-100.1-15 Medications (b) from pg 6 of the SOD

FINDINGS

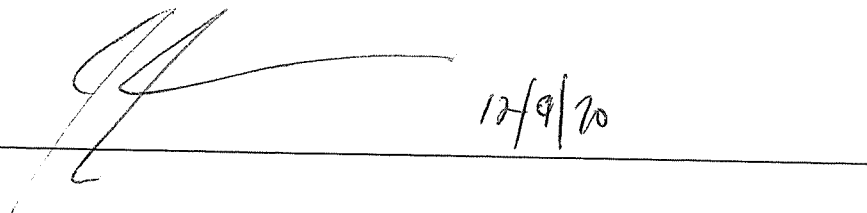
Resident#1 – Hiprex 1 gram tablet 1 tab daily ordered 3/24/20; however, the label read: “Take 1 table by mouth twice daily.

PART 1 CORRECTION

Resident#1 was admitted to Aumoa Care Home on 4/1/2020. R1 medications orders dated 4/1/2020 includes Hiprex 1 gram I tab QD. Medication orders was reviewed with R1 who reported that she should be taking twice daily of Hiprex 1 gram tablet not once daily. Oder clarification was obtained from R1 Urologist and orders changed to Hibrex 1 gram by mouth twice daily on April 9, 2020.

Corrective action completed April 9, 2020.

PCG Signature \_\_\_\_\_

A handwritten signature in black ink is written over a horizontal line. To the right of the signature, the date "12/9/20" is handwritten in black ink.


	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><b><u>FINDINGS</u></b> Resident #1 - "Hiprex 1 gram tablet 1 tablet everyday" ordered 3/24/20; however, the label read: "Take 1 tablet by mouth twice a day."</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>5/29/20</p>

11-100.1-15 Medications (b) from pg 7 of the SOD

PART II – FUTURE PLAN

1. The PCG/designee will review medications orders with resident/resident representative on the day of admission. Medications orders will be checked and compared against the medication labels of the supplies received from resident/resident representative. If discrepancy is identified, a verification of orders will be completed to ensure correct orders received.
2. All Aumoa Care Home caregivers were educated on checking and comparing medication orders against the medication label received from resident/resident representative. Caregivers were educated on clarifying the orders with the PCP if discrepancies identified.
3. The PCG or designee will complete daily inspection of resident's medication administration record to ensure all orders are followed. Daily inspection will be recorded and reviewed by PCG in a daily basis. .

PCG Signature \_\_\_\_\_

 Warden Ross 9/15/20

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SEP 18 2020

	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><b><u>FINDINGS</u></b> Resident #1 - No physician order for "hydrocortisone valerate cream 0.2% unsecured at the bedside. Medication is currently used by the resident.</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>See next page</i></p>	<p style="text-align: center;"><i>4/7/20</i></p>

11-100.1-15 Medications (b) from pg 8 of the SOD

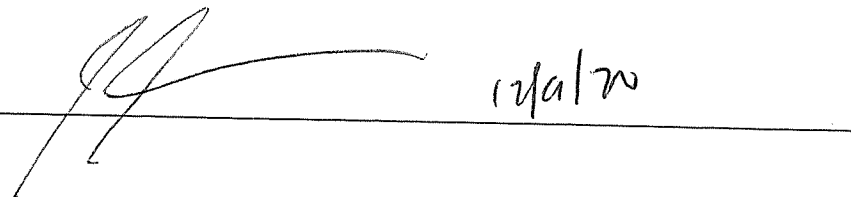
FINDINGS

Resident#1 – No Physician order for “Hydrocortisone valerate cream 0.25 unsecured at the bedside. Medication is currently used by the resident.

PART I – CORRECTION

Resident#1 was admitted to Aumoa Care Home on 4/1/2020. R1 medications orders dated 4/1/2020 does not include hydrocortisone cream. Medication was sent home to R1 family and R1 was given education about medication orders and Aumoa Care Home medication administration procedure. Corrective action completed on April 7, 2020.

PCG Signature

A handwritten signature in black ink, followed by a horizontal line. To the right of the line, the date "12/1/20" is written in black ink.

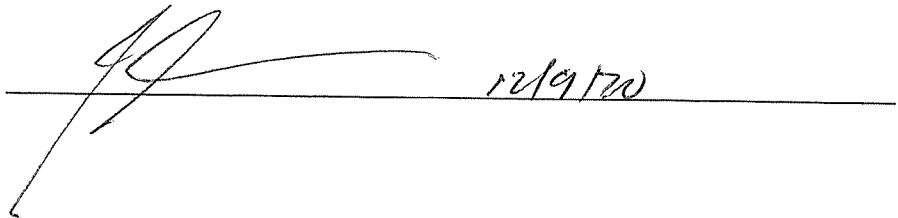
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No physician order for "hydrocortisone valerate cream 0.2% unsecured at the bedside. Medication is currently used by the resident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See next page</i></p>	<p style="text-align: center;"><i>4/7/20</i></p>

11-100.1-15 Medications (b) from pg 9 of the SOD

PART II – FUTURE PLAN

1. All admission medications orders will be compared against the medications supplied by the resident/ resident representative on the day of admission. All medication without orders will not be accepted and returned to the resident's representative.
2. All medications will be secured and stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. No medications will be allowed at the resident's bedside.
3. All Aumoa Care Home caregivers were educated by the PCG on: to only accept medications with orders and no medications will be stored at the resident's bedside.
4. PCG will complete daily resident's bedside inspection to ensure that no medications are stored at the resident room/bed side. Daily inspection will be recorded and reviewed by PCG in a daily basis.

PCG Signature

A handwritten signature in black ink is written over a horizontal line. To the right of the signature, the date "12/9/20" is handwritten in black ink.



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Blue ink used on the medication record and the BP log.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>See next page</i></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>	<p style="text-align: center;"><i>pu</i> <i>4/10/20</i> <i>4/7/20</i></p>

11-100.1-17 RECORDS AND REPORTS (f)(1) from pg 10 of the SOD

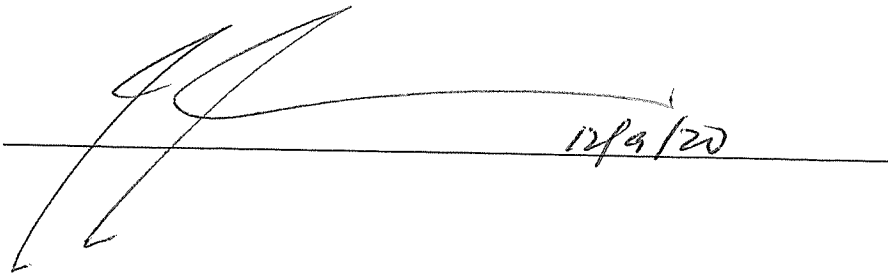
FINDINGS

Resident#1 – Blue ink used on the medication record and BP log.

PART I – CORRECTION

Resident#1 medication record and BP log was written in black ink pen until 4/7/2020, care giver used blue ink pen. All blue ink pens were removed from the home.

PCG Signature \_\_\_\_\_

A handwritten signature in black ink is written over a horizontal line. The signature is stylized and appears to be 'J. J. J.'. To the right of the signature, the date '12/9/20' is written in black ink.

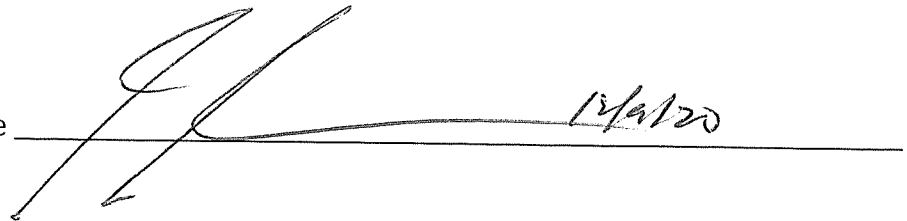
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Blue ink used on the medication record and the BP log.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See next page</i></p>	<p style="text-align: center;"><i>4/10/20</i></p>

11-100.1-17 RECORDS AND REPORTS (f)(1) from pg 11 of the SOD

PART II – FUTURE PLAN

1. Only black ink pen will be used for all of the resident's medical record. All blue ink pens were removed from the home.
2. All Aumoa Care Home caregivers educated by the PCG on the use of black ink pen for all resident's medical record.
3. The PCG will complete daily audit of the use of black ink pen for resident's medical record. Daily inspection audit will be recorded and reviewed by PCG in a daily basis.

PCG Signature \_\_\_\_\_

A handwritten signature in black ink is written over a horizontal line. To the right of the signature, the date "12/1/20" is written in the same ink.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Three (3) residents, admitted on 4/1/20, were not recorded on the permanent general register.</p> <p>Corrected during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>see next page</i></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>	<p style="text-align: center;">4/7/20</p>

11-100.1-17 RECORDS AND REPORTS (f)(1) from pg 12 of the SOD

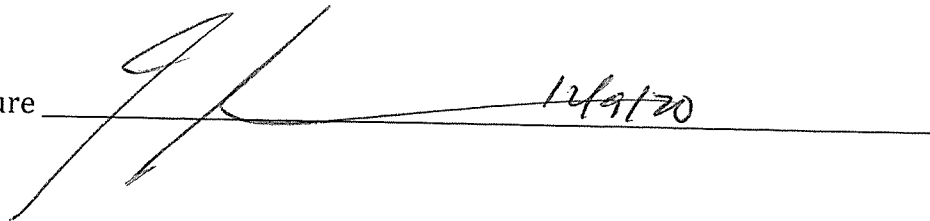
FINDINGS:

Three (3) residents, admitted on 4/01/20, were not recorded on the permanent general register.

PART I - CORRECTION

All three (3) residents admitted on 4/01/20 were recorded on the permanent general register.  
The corrective action was completed on 4/7/2020.

PCG Signature

A handwritten signature in black ink is written over a horizontal line. To the right of the signature, the date "12/9/20" is handwritten in black ink.

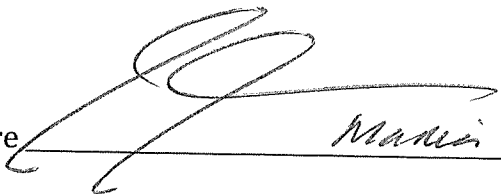
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Three (3) residents, admitted on 4/1/20, were not recorded on the permanent general register.</p> <p>Corrected during the inspection.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>5/28/20</p>

11-100.1-17 RECORDS AND REPORTS (f)(1) from pg 13 of the SOD

PART II – FUTURE PLANS:

1. All resident admitted to Aumoa Care Home will be recorded on the permanent general register.
2. All Aumoa Care Home caregivers educated by the PCG on completing the ARCH/Expanded ARCH Resident Admission-Re-Admission checklist to ensure permanent general register is completed on the day of admission.
3. Completed ARCH/Expanded ARCH Resident Admission-Re-Admission checklist will be filled in the resident's medical record and reviewed by the PCG.

PCG Signature

 *Maria Ross 9/15/20*

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SEP 18 2020



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Kitchen garbage receptacle did not have a tight fitting cover.</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>See next page</i></p>	<p style="text-align: center;"><i>4/7/20</i></p>

11-100.1-23\_PHYSICAL ENVIRONMENT(J)(1) from pg 14 of SOD

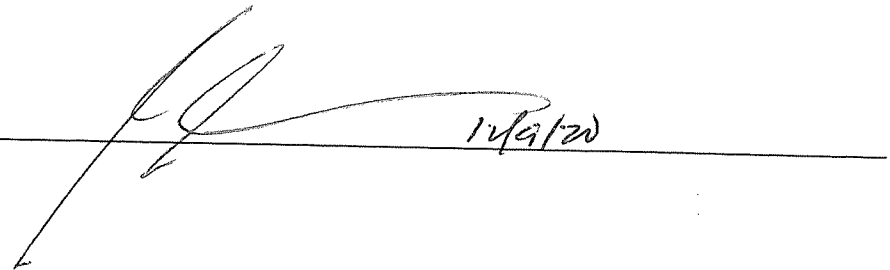
FINDINGS:

Kitchen garbage receptacle did not have a tight fitting cover.

PART I - CORRECTION:

Kitchen garbage receptacle was replaced with the one with a tight fitting cover.  
The corrective action was completed on 4/7/2020.

PCG Signature

A handwritten signature in black ink is written over a horizontal line. The signature is stylized and appears to be 'PCG'. To the right of the signature, the date '12/9/20' is handwritten in black ink.

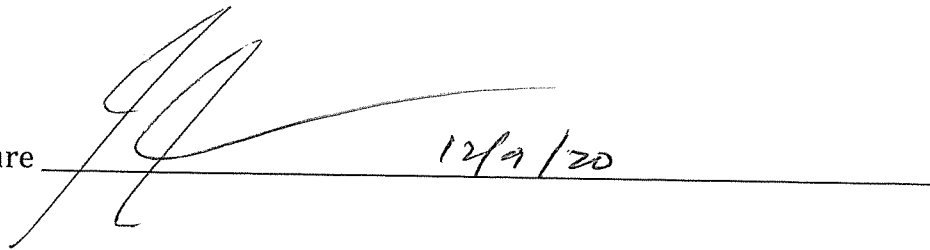
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Kitchen garbage receptacle did not have a tight fitting cover.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>see next page</i></p>	<p style="text-align: center;"><i>9/7/20</i></p>

11-100.1-23\_PHYSICAL ENVIRONMENT(J)(1) from pg 15 of SOD

PART II – FUTURE PLANS:

1. All garbage receptacles will have a tight fitting cover.
2. All Aumoa Care Home caregivers educated by the PCG on ensuring all garbage receptacles has a tight fitting cover.
3. The PCG will complete a daily environmental audit to ensure all garbage receptacles have tight fitting covers. Daily inspection audit will be recorded and reviewed by PCG in a daily basis.

PCG Signature

A handwritten signature in black ink is written over a horizontal line. To the right of the signature, the date "12/9/20" is handwritten in black ink.

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

MARIA ROSS

Date: \_\_\_\_\_

8/7/2020

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

MARIA ROSS

Date: \_\_\_\_\_

9/15/20

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

MARIA ROSS

Date: \_\_\_\_\_

12/9/15