

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Holy Family II	CHAPTER 100.1
Address: 47-410 Ahuimannu Road, Kaneohe, Hawaii 96744	Inspection Date: June 17, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 – No documented evidence that the diet order, “Pureed and nectar thickened liquids,” was clarified with the physician to include the type of diet.	<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 diet order has been clarified with the physician and is now “Regular Pureed, nectar thickened liquids with Thick-It”</p>	<p style="text-align: center;">July 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-13 Nutrition. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. FINDINGS Resident #1 – No documented evidence that the diet order, “Pureed and nectar thickened liquids,” was clarified with the physician to include the type of diet.	<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>To prevent future deficiencies diet orders will be confirmed for completeness by the RN. This includes type of diet, consistency of diet, liquid consistency and type of thickener used, if any. Orders will be double checked by the care home operator.</p>	<p style="text-align: center;">2/23/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers. FINDINGS Refrigerator had multiple drinks (milk/juice) and food uncovered and open to air.	<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;">Kitchen staff have been counseled regarding proper storage of food and drinks to maintain sanitation and proper temperatures. All food and beverages are covered when stored in the refrigerator to maintain proper sanitation and temperatures.</p>	<p style="text-align: center;">July 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers. FINDINGS Refrigerator had multiple drinks (milk/juice) and food uncovered and open to air.	<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>To prevent future deficiencies the cook and kitchen aide are responsible for proper food and beverage storage. Kitchen oversight will be done by the care home operator to ensure that proper regulations are followed. Both the cooks and the care home operator renewed and will maintain current food handler training certificates.</p>	<p>6/11/2019</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS Refrigerator had four (4) thermometers inside. Two thermometers read 60 degrees Fahrenheit, one read 52 degrees Fahrenheit, and the last one read 45 degrees Fahrenheit.	<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;">All older inaccurate thermometers have been removed from the refrigerator. There is now one accurate thermometer that the cook uses to monitor daily temperatures.</p>	<p style="text-align: center;">July 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS Refrigerator had four (4) thermometers inside. Two thermometers read 60 degrees Fahrenheit, one read 52 degrees Fahrenheit, and the last one read 45 degrees Fahrenheit.	<p style="text-align: center;">PLAN OF CORRECTION</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>To prevent future deficiencies, just one secured thermometer will be present in all refrigerators. The cook will be responsible for monitoring daily refrigerator/freezer temperatures. Thermometer placement and removal of old thermometers will be double checked by the care home operator routinely and when a new thermometer is provided.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 – No tuberculosis clearance since 10/3/2018.	<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;">This resident's tuberculosis clearance has since been obtained and is filed in the chart.</p>	<p style="text-align: center;">August 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 – No tuberculosis clearance since 10/3/2018.	<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>To prevent future deficiencies, a record of all residents and current health clearances will be maintained in an easy-to-read chart/table format and updated annually by the RN to keep health records up to date. This will be double checked by the care home operator at the end of every month when monthly summaries are completed.</p>	<p style="text-align: right;">2018/10/30</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #1 – No annual physical examination since 4/17/2018.	<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;">Resident # 1 has since been seen by the physician and the annual physical examination completed and filed in the chart.</p>	<p style="text-align: center;">August 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #1 – No annual physical examination since 4/17/2018.	<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>To prevent future deficiencies, a record of all residents and current health clearances/due dates will be maintained in an easy-to-read chart/table format and updated annually by the RN to keep health records up to date. This will be double checked by the care home operator at the end of every month when monthly summaries are completed.</p>	<p style="text-align: right;">2/15/2019</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 – Inventory of possessions not updated since 2018.	<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;">Inventory of possessions has since been updated and is current in the chart.</p>	<p style="text-align: center;">August 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (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. <u>FINDINGS</u> Resident #1 – Inventory of possessions not updated since 2018.	<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;">To prevent future deficiencies inventory of possessions will be checked and updated annually/as needed in December of each year. One CNA has been assigned to inventory and document resident belongings and will be overseen by the RN.</p>	<p style="text-align: center;">08/27/2018</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage; FINDINGS Urine odor present in various areas throughout facility.	<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>Staff have been monitoring 2 residents who frequently urinate in inappropriate areas due to dementia/behaviors and are uncooperative with timed toileting. One resident has been counseled and moved to a room closer to the bathrooms to prevent voiding outside at the back of the facility. The family of the second resident has since agreed to provide incontinence supplies, and staff have been made aware to assist more frequently with monitoring and timed toileting/diaper changes.</p>	<p style="text-align: center;">July 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage; FINDINGS Urine odor present in various areas throughout facility.	<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>To prevent future deficiencies, residents uncooperative with timed toileting or those not wanting to walk to the restrooms will be placed in bedrooms with closer and easier access to toilets. Staff will attempt timed toileting every 2 hours and continue with toileting reminders if residents are uncooperative. Housekeeping staff have been instructed to adjust face masks briefly when mopping to assess for odors within the facility, which will also be double checked by the care home operator. New enzyme cleaners are now used in addition to regular disinfectant cleaners for mopping and cleaning of environment and equipment.</p>	<p style="text-align: center;">5/27/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment.</u> (h) 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. FINDINGS Fluorescent light cover in hallway cracked.	<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;">Fluorescent light cover in the hallway has since been re-placed with an intact cover.</p>	<p style="text-align: center;">August 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (h) 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. FINDINGS Fluorescent light cover in hallway cracked.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent future deficiencies the environment will be inspected routinely by both housekeeping staff and the care home operator. Outside contractors/service providers will be utilized for equipment in need of immediate repair after proper health screening is done. If repairs can be temporarily done, housekeeping staff will be instructed to do temporary repairs to maintain safety and minimize outside visitors to the facility.</p>	<p style="text-align: right;">26</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); <u>FINDINGS</u> Resident #1 – No current influenza vaccine.	<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;">This resident received an influenza vaccine on 10/05/2019 at the facility, administered by 5 Minute Pharmacy. All resident flu records were kept in a separate Flu Clinic folder at the nurse's station. Consent form enclosed.</p>	<p style="text-align: center;">10/5/2019</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); <u>FINDINGS</u> Resident #1 – No current influenza vaccine.	<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>To prevent future deficiencies, influenza vaccine consent forms and administration records will be filed in each resident's chart by the care home operator once the flu clinic is completed / influenza vaccine received. Receipt of influenza vaccine will be included in the chart progress notes or physician's records and the Health Maintenance Record updated by the RN. Charts/health records will be double checked by the RN for completeness.</p>	<p style="text-align: center;">2019</p>

Licensee's/Administrator's Signature:



Print Name:

SUZANNE LEE, E.N.

Date:

9-22-2020

STATE OF TEXAS

26 SEP 2020 PM 4:09