

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Irene Della Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 189 Maika Street Wailuku, Hawaii 96793</b>	<b>Inspection Date: July 23, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No special diet menu available for review.</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>Yes, Physician, change order Resident diet to Regular diet. Physician check all his lab test normal, &amp; his BP Normal</p>	<p style="text-align: right;">10/18/20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No special diet menu available for review.</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>Whenever there is a new physician's order both me + one of my SCCG's will double check the diet order. If the Resident is no longer Regular diet I will immediately follow up with MD. to inform them that I cannot have special diet Residents in my care home. I will notify the C.M.</p>	<p>12-11-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l)  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.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – 6/1/20 diet order is for Regular, NAS diet, however, care home is not special diet approved.</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;">Yes. Physician change  (<del>change</del>) the order  to Regular diet</p>	<p style="text-align: center;">10/20/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l)  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.</p> <p><u>FINDINGS</u>  Resident #2 – 6/1/20 diet order is for Regular, NAS diet, however, care home is not special diet approved.</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>Whenever there is a new physician's order both me and one of my SCG's will double check the diet order. If the resident is no longer Regular diet I will immediately follow up with M.D to inform them that I cannot have special diet resident's in my care home I will notify the C.M.</p>	<p style="text-align: right;">12-17-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Toxic chemicals were not secured under bathroom sink (bottle labeled Clorox, mold &amp; mildew spray, glass cleaner, pine cleaner).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Yes done, all labelled chemicals bottle, and provided locked for the cabinet</p>	<p style="text-align: center;">10/20/20</p>

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DEC 14 2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Medications were removed from their respective labeled containers and 6 pills were left unsecured in medication cup on kitchen counter top.</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>Yes  PCG will not leave <sup>+</sup> removed from the bottle and leave on the counter.  - I will give the medication right away to the resident as soon as I take out from the bottle.</p>	<p style="text-align: right;">10/20/20</p>



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DEC 14 2020

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	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 – Multi-vitamin bottle without label in medication storage case.</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>Yes, multivitamins labelled done.</i></p>	<p style="text-align: center;"><i>10/20/20</i></p>

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	<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 #2 – No Physician’s order for the following medications: 1. Albuterol Sulfate HFA Inhalation aerosol 90mcg per actuation x2. 2. Tooth Ache and Gum Pain Reliever Gel.</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>Yes, done</i></p> <p style="text-align: center;"><i>Physician sign + provided medication order and I put it on the binder</i></p>	<p style="text-align: center;"><i>10/20/20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u>. (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The following medications were ordered on 2/22/20, however, there are no physician signed reevaluation orders available for review:</p> <ol style="list-style-type: none"> <li>1) Dilantin 100mg cap, take 2 caps in the morning and two caps at night.</li> <li>2) Men's multivitamin or tab, take 1 tab daily.</li> </ol>	<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>Yes. Re-evaluation medication order done, and sign by Physician is inserted to the Resident binder.</i></p>	<p style="text-align: right;"><i>10/18/20</i></p>



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	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medications were ordered on 2/22/20, however, there are no physician signed reevaluation orders available for review:</p> <ol style="list-style-type: none"> <li>1) Dilantin 100mg cap, take 2 caps in the morning and two caps at night.</li> <li>2) Men's multivitamin or tab, take 1 tab daily.</li> </ol>	<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>I have added every four months reminder on my calendar to Renew medication. And i will check periodically to make sure medication Renewal is current</i></p>	<p style="text-align: right;"><i>10/20/20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medications, when taken, were not recorded on the administration record (MAR). MAR not initialed as given for July 17, 2020 to current.</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>Yes, <del>initial</del> <sup>initial</sup> done on 10/20/20 the MAR. I will not forget to initial after giving medication to the resident</p>	<p>10/20/20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No MAR available for Residents use of Albuterol and Tooth Ache Pain Reliever Gel.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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>Yes medication recorded in the MAR + initial done.</i></p>	<p style="text-align: right;"><i>8-20-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u>  Resident #2 – No physician’s order for self-administration of Albuterol and Tooth Ache Pain Reliever Gel.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I will not let him hold his albuterol + tooth Ache pain reliever because no physician order. As a PCA + SCG can only administered his medication</p>	<p>10/20/20</p>

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11-100.1-15 (n) PAGE 23 PART 2

My plan at this time is not allow the self-administration of medications by any resident until such time that I can have the proper policies and permissions in place to comply with the Chapter 100.1 rules. I have updated all my SCG's on this new plan and have reminded them that all medications must be in a secured location and will be administered by staff only.

*Anne Della*

*12-17-2020*



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11-100.1-15 (n) PAGE 25 PART 2

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*Anne Della*

*12-17-2020*

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OCT 26 2020

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No written procedure available describing storage, monitoring, and documentation of self-administrated medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 Attached</i></p>	<p style="text-align: right;"><i>12-17-2020</i></p>

11-100.1-15 (n) PAGE 27 PART 2

My plan at this time is not allow the self-administration of medications by any resident until such time that I can have the proper policies and permissions in place to comply with the Chapter 100.1 rules. I have updated all my SCG's on this new plan and have reminded them that all medications must be in a secured location and will be administered by staff only.

*Jane Della*

*12-17-2020*

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Records not readily available to Nurse Consultant. SCG #1 had no access to Resident records. PCG came home from work and provided records.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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>Yes, done Key was provided both of my SCG to have access the records of the Residents</i></p>	<p style="text-align: center;"><i>10/20/20</i></p>

OCT 26 2020

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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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Records not readily available to Nurse Consultant. SCG #1 had no access to Resident records. PCG came home from work and provided records.</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;">It wont happen again Both of my sec's have access all the records of the Residents. Available to the Nurse Consultant</p>	<p style="text-align: center;">10/20/20</p>

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OCT 26 2020



Licensee's/Administrator's Signature: Irene Della

Print Name: Irene Della

Date: 10-20-2020

Licensee's/Administrator's Signature: Irene Della

Print Name: Irene Della

Date: 12-3-2020

Licensee's/Administrator's Signature: Irene Della

Print Name: Irene Della

Date: 12-17-2020