

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: T & F Home Services, L.L.C.	CHAPTER 100.1
Address: 45-339 Kahowaa Place, Kaneohe, Hawaii 96744	Inspection Date: March 24, 2021 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.

APR -5 P4:09  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.  <u>FINDINGS</u> Resident #1 – Xarelto 15 mg and Xarelto 20mg documented in Medication Administration Record (MAR) As given through March 24 <sup>th</sup> at the same time. Xarelto 15mg was to be given 3 weeks and stopped February 22, 2021 and the 20mg dose started. No bottle was found for Xarelto 15mg.	<p style="text-align: center;">PART 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: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">21 APR -5 P 4:09</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(D) Residents' rights and responsibilities:  Each resident shall:  Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department.  <u>FINDINGS</u> Resident #1 – Does not have an order for safety belt for wheelchair use or for bedrails. <b>Please send a copy of the order with your plan of correction.</b>	<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>3/24/21 the PCG called Dr Among to get a telephone order regarding seat belt use but was told she will call back when available.</p> <p>PCG has also included restraints into the policy and procedures.</p> <p>3/25/21 @ 8:35am Dr Among called saying the seat belt on the wheelchair should be always in use when BC is sitting up in it. Not to exceed more than 12 hours in the 24-hour day for safety reasons. Due to recent falls and behavior issues.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">3/25/21</p> <p style="text-align: center;">21 APR -5 P4:10</p>



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Licensee's/Administrator's Signature:

*[Signature]*

Print Name:

Francesca MaFua

Date:

3/28/2021

STATE OF HAWAII  
DOH-OMCA  
STATE LICENSING

21 APR -5 P4:10