

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TJ Factora Care Home	CHAPTER 100.1
Address: 830 Second Street, Pearl City, Hawaii 96822	Inspection Date: August 10, 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.

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 AUG 24 11:59

	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>FINDINGS Breakfast served did not follow posted menu for Tuesday, 8/10/2021. Breakfast menu for Tuesday stated, "Fresh Orange, Cream of Wheat, Scrambled egg, Prune Muffin". However, food served during inspection was an over easy egg, Vienna Sausage, and rice.</p> <p style="text-align: right;">STATE OF HAWAII DOH - CHCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 AM 59</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	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><u>FINDINGS</u> Breakfast served did not follow posted menu for Tuesday, 8/10/2021. Breakfast menu for Tuesday stated, "Fresh Orange, Cream of Wheat, Scrambled egg, Prune Muffin". However, food served during inspection was an over easy egg, Vienna Sausage, and rice.</p> <p style="text-align: right;">STATE OF HAWAII DQM-CHCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 AM 59</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><i>To ensure that it doesn't happen again, PCG added in the "Daily Duty Checklist" (see attached old + new updated checklist) to follow weekly menu everyday. Menu is subject to change for some reasons if so the PCG/SCG will document, write and note the changes in the menu substitution record (see attached record form). This new checklist is available for use from now on and posted in the kitchen board as a guide and reminder for PCG/SCGs to follow. The menu substitution record is posted in the Dining Room Board.</i></p>	<p><i>on going</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>FINDINGS Resident #1 – Physician’s orders dated 4/23/21 state, “Claritin 10mg” and “Coconut Oil 1000mg capsule”. Order does not indicate the frequency at which the medications should be administered. However, medication bottle and medication administration record (MAR) show medication is administered at the following doses, “Claritin (Anti-allergy) 10mg Take 1 tab. PO OD” and “Virgin Coconut Oil 1000mg. Take 1 cap PO BID”.</p> <p style="text-align: center;">STATE OF HAWAII DOM-0HCA STATE LICENSING</p> <p style="text-align: center;">21 AUG 24 AM 59</p>	<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;"><i>Yes, the PCG called the physician's office to get the order frequency of the medications "Claritin 10mg." and "Coconut Oil 1,000mg capsule." The list of current and updated medications received. (see attached current medications dated August 10, 2021.)</i></p>	<p style="text-align: center;"><i>Aug. 10, 2021</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>FINDINGS Resident #1 – Physician’s orders dated 4/23/21 state, “Claritin 10mg” and “Coconut Oil 1000mg capsule”. Order does not indicate the frequency at which the medications should be administered. However, medication bottle and medication administration record (MAR) show medication is administered at the following doses, “Claritin (Anti-allergy) 10mg Take 1 tab. PO OD” and “Virgin Coconut Oil 1000mg. Take 1 cap PO BID”.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 AM 59</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><i>To ensure that it doesn't happen again, monitoring log (see attached) is created for all residents to check all medications as ordered are correct with dosage/frequency indicated. This monitoring log is based on the current medication list available, medications with complete dosage/frequency and any discrepancy noted notify the doctor for correction immediately. This is weekly monitoring x 1 year.</i></p>	<p><i>on going</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 - Current inventory of valuables unavailable. Last inventory of valuables completed on 2/15/18. Last inventory of clothes completed on 11/4/16.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHDO STATE LICENSES</p> <p style="text-align: right;">21 AUG 24 PM 12:00</p>	<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;"><i>Yes; new and current Inventory of Valuables and Clothes list is made + attached with the old record/list.</i></p>	<p style="text-align: center;"><i>Aug 15, 2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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:</p> <p>A current inventory of money and valuables.</p> <p>FINDINGS Resident #1 – Current inventory of valuables unavailable. Last inventory of valuables completed on 2/15/18. Last inventory of clothes completed on 11/4/16.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 PM 2:00</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 style="text-align: center;"><i>To ensure that it doesn't happen again, PCG created a monthly Inventory of Valuables and clothes log; update every month x 1 year.</i></p>	<p style="text-align: center;"><i>on going</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Residents #2,3 – Annual TB clearance unavailable for review</p> <p>STATE OF HAWAII DOH-090A STATE LICENSES</p> <p>21 AUG 24 12:00</p>	<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><i>No, with this worsening Pandemic PCG has to wait for the scheduled MD visit: Resident #2 has a scheduled MD visit to include Annual PPD administration on Oct. 23, 2021 and Resident #3 has a scheduled MD visit to include Annual PPD administration on Sept. 29, 2021.</i></p>	<p><i>To be done on 10/23/21 and 9/29/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Residents #2,3 – Annual TB clearance unavailable for review</p> <p>STATE OF HAWAII DOH-0907A STATE LICENSING</p> <p>21 AUG 24 P12:00</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><i>To ensure that it doesn't happen again, monitoring log is created (see attached) to all residents to monitor current TB clearances are completed before a year.</i></p>	<p style="text-align: center;"><i>on going</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 –Resident was on downward trend in weight from 151lbs in 2/2021, 146.6lbs in 3/2021 and 144.6lbs in 4/2021. Decreased appetite was noted as reason for weight loss in 3/2021. Response to diet not provided for 4/2021.</p> <p style="text-align: right;">STATE OF HAWAII DOH-08CA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 P12:00</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 -Resident was on downward trend in weight from 151lbs in 2/2021, 146.6lbs in 3/2021 and 144.6lbs in 4/2021. Decreased appetite was noted as reason for weight loss in 3/2021. Response to diet not provided for 4/2021.</p> <p style="text-align: right;">STATE OF HAWAII BOH-ORCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 P12:00</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><i>To ensure that it doesn't happen again; a monthly Weight monitoring log is created (see attached) to include response to diet. PCG will monitor monthly weight response to diet and any significant weight change noted referral to Registered Dietician will be done accordingly for further management as indicated.</i></p>	<p style="text-align: center;"><i>on going</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Bathroom #1 – Single-use hand towels unavailable for use</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 12:00</p>	<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;"><i>Yes, single-use hand Towels provided in the dispenser with available refills in stock.</i></p>	<p style="text-align: center;"><i>Aug. 11, 2021</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§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.</p> <p>FINDINGS Bathroom #1 -- Single-use hand towels unavailable for use</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">21 AUG 24 PM 2:00</p>	<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 ensure that it doesn't happen again, PCG created a Daily Disposable Single-use Towel Monitoring log (see attached). PCG/SCGs will monitor and check single-use towels are always available for residents use daily and put refills whenever supply is running low. PCG added to check and monitor for supplies of single-use towels in the bathroom in the "Daily Duty Checklist." (see attached) as a reminder for PCG/SCG to make supplies available for residents daily use.</p>	<p style="text-align: right;"><i>on going</i></p>

Licensee's/Administrator's Signature: *T. Factora*

Print Name: TESSIE J. FACTORA

Date: 8/24/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 AUG 24 PM 2:00