Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leticia's Care Home	**CHAPTER 100.1**
Address: **1375 Ala Hoku Place, Honolulu, Hawaii 96819**	**Inspection Date: November 2, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #1 – Diet order signed by physician on 10/7/21 states, " Diet: Low salt, fat, CBH diet", however, primary caregiver states resident is being provided a regular diet. STATE LICENSING DOH-OHCA STATE OF HAWAII '22 JAN -3 A11 :40	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I'm submitting a copy of Resident #1 of the PCP's order and revised order reflecting the resident new diet order. To always clarify the diet order from PCP every visit.	11/3/2021

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☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Resident #1 – Diet order signed by physician on 10/7/21 states, " Diet: Low salt, fat, CBH diet", however, primary caregiver states resident is being provided a regular diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will write reminder note to review Physicians diet order after each doctors visit. I will clarify the order if necessary with the doctor. I will place in the cover of residents' chart to remind me. 1/19/22 STATE OF HAWAII DOH-OHSA STATE LICENSING '22 JAN 21 P3:23	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Special diet menu for "low salt, fat, CBH diet" not available for review STATE OF HAWAII DOH-OHCA STATE LICENSING '22 JAN -3 A11 :40	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I didn't make a new menu Special diet menu because the physician changed Resident 1 menu order.	11/3/2021

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☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Special diet menu for "low salt, fat, CBH diet" not available for review	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a reminder note to check menu order on each diet change once a month or sooner whenever diet order changes, and post in the wall next to the kitchen. STATE OF HAWAII DOH OHCA STATE LICENSING '22 JAN 21 P3:23	1/19/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medication orders for the following medications prescribed by physician on 10/30/20, 7/7/21, and 10/7/21 are incomplete (order does not contain frequency of administration): • "JARDIANCE 10MG TABS" • "Vitamin D3 25MCG (1000UT) TABS"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** called Resident I physician to verify a new order for the 2 medications frequency of administration. A telehealth meeting was done with resident I.	11/3/2021

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medication orders for the following medications prescribed by physician on 10/30/20, 7/7/21, and 10/7/21 are incomplete (order does not contain frequency of administration): • "JARDIANCE 10MG TABS" • "Vitamin D3 25MCG (1000UT) TABS"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Put note on resident folder cover to remind me that all medication order has the frequency of the medication. Make note to review the order on each doctors visit.	1/19/22

'22 JAN 21 P3:23

STATE OF HAWAII
DOH-BHDA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medication prescribed by primary care physician was not reevaluated timely between 10/30/20 and 7/7/21. STATE OF HAWAII DOH-OHCA STATE LICENSING 22 JAN -3 AM 11:41	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medication prescribed by primary care physician was not reevaluated timely between 10/30/20 and 7/7/21. STATE LICENSING DOH-OHCA STATE OF HAWAII '22 JAN -3 A11 :41	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Make a list telling me what is required every month and train SCS and user if there's any changes on client. I will use a calendar to remind me by writing down when needs to go next to PCP. 11/3/21	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 – Initial 2-step TB clearance unavailable for review STATE OF HAWAII DOH-OHCA STATE LICENSING '22 JAN -3 A11 :41	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Took Resident 1 to Kaiakila Health center & was told by the nurse that 2020 & 2021 skin test was not a year apart so it considered as 2-step TB clearance. I will send you the documents.	11/3/21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 – Signed financial statement unavailable for review	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 has already signed finacial ~~State~~ statement and placed in his file.	11/3/21

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☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 – Signed financial statement unavailable for review	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Make a note to use admission checklist whenever a resident is admitted to the home and the list will include the financial statement. I will put the reminder infront of the care home binder to do before admission.	1/19/22

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

'22 JAN 21 P3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #2 – Seventeen (17) pound weight gain documented between 10/2020 and 10/2021, however, documentation physician was notified of weight gain was unavailable for review	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Next time resident gain or lost weight at least 5 pounds in a month to notify PCP. Reminder on the resident's folder cover to notify PCP if he gain weight of more than 5 pounds or more in a month.	1/19/22

STATE OF HAWAII
DEPT. OF HCA
STATE LICENSING

'22 JAN 21 P3:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Electronic signaling device in living room not functioning STATE OF HAWAII DOH-OHCA STATE LICENSING '22 JAN -3 A11 :41	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Husband already installed a brand new battery on the electronic signaling device in living room to prevent malfunction.	11/5/21

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☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Electronic signaling device in living room not functioning	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, needs to always be sure that a new battery installed and functioning to prevent malfunction in case emergency arises. Put a Reminder on my calendar every 3 mos to check the electronic signaling device if functioning as intended to be.	11/5/21

Licensee's/Administrator's Signature: Tessie Fernando

Print Name: TESSIE FERNANDO

Date: 11/15/2021

STATE OF HAWAII
DOH-OHCA
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'22 JAN -3 A11 :41

Licensee's/Administrator's Signature: Tessie Fernando

Print Name: TESSIE FERNANDO

Date: January 19, 2022

'22 JAN 21 P3:23

STATE OF HAWAII
DCR-DHCA
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