

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Precious Moment Adult Residential Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 4229 Keaka Drive, Honolulu, Hawaii 96818	<b>Inspection Date:</b> October 11, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**NOV 04 2021**

	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 visited the podiatrist on 1/28/21 for right foot wound with new order of Santyl x 3 days then switch to Vit. A &amp; D ointment x 7 days and cover with dry dressing. However, there was no documented evidence that medication was made available as ordered.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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 # - Physician order dated 9/22/21 reads, "Vit A &amp; D ointment apply to peri area every shift." However, September-October 2020 medication administration record (MAR) was not updated as order reads, "Vit A &amp; D ointment apply to affected area <u>TID PRN</u> for diaper change."</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCG corrected the MAR and it was updated as ordered</i></p>	<p><i>10/11/21</i></p>

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<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><u>FINDINGS</u> Resident #1 – Zinc oxide topical ointment available shows 40% strength on the label, and the signed physician order requires for Zinc Oxide <u>20%</u> ointment.</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>PCG called Doctor to clarify the right strength for Zinc Oxide ointment. order 40% was corrected 10/12/21</i></p> <p style="text-align: right;"><b>NOV 04 2021</b></p>	<p style="text-align: center;"><i>11/4/21</i></p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Primary care giver (PCG) stated that treatment order dated 1/28/21 to apply Santyl on resident #1's right foot wound x 3 days was provided but it was not documented on the January 2021 medication administration record (MAR).</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not include the following:</p> <ul style="list-style-type: none"> <li>Monitoring of resident's behavior as indicated in the case manager's care plan. Resident is on routine Seroquel and Mirtazapine for agitation.</li> <li>Documentation of resident's self-inflicted open cut on right foot. PCG stated the resident tends to scratch and pick his skin.</li> <li>Documentation of PCG's notification to RN CM regarding resident's open cut on right foot.</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCG have started documenting in the residents progress note regarding resident behavior such as scratching + picking his skin and any new behavior has been relate to CM.</i></p> <p><i>Resident open cut on right foot has been healed + CM was notified + documented in the progress note 10/11/21</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence describing the administration of Santyl treatment as ordered by podiatrist on 1/28/21.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><b>NOV 04 2021</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No incident report generated for the R foot laceration wound as noted in the podiatrist after visit notes dated 1/28/21. PCG, however, noted the podiatrist visit on the January 2021 progress notes.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 – No documentation of twelve (12) hours continuous education training.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>SCG completed the required 12 hrs training 10/13/21</i></p>	<p><i>11/4/21</i></p>

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NOV 04 2021

Licensee's/Administrator's Signature: E/Ardue

Print Name: Eva Ardue

Date: 11/4/21

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