

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tender Loving Care G. Care Home LLC	CHAPTER 100.1
Address: 1730 Kilohi Street, Honolulu, Hawaii 96819	Inspection Date: August 26, 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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHS
STATE LICENSING

21 SEP -7 P3:48

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1 - "Dysphagia diet pureed solids and nectar thick liquids" ordered 4/21/21; however, the type of diet was not specified.	<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 have contacted the case manager RN and doctor regarding the resident's type of diet. Orders have been changed in regard to adding the type of diet to the resident's diet order. The diet order is reflected in the doctor's order and care plan.</p> <p>Resident #1 diet order is now: Regular dysphagia diet with pureed solids and nectar thick liquids</p>	<p style="text-align: center;">9-7-21</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">21 SEP -7 P 3:48</p>

STATE OF MICHIGAN
 DONOR
 STATE LICENSE

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #1 - "Dysphagia diet pureed solids and nectar thick liquids" ordered 4/21/21; however, the type of diet was not specified.	<p style="text-align: center;">PART 2 <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>Steps to ensure diet order is complete</p> <ul style="list-style-type: none"> - Before admission I will make sure that there is a specified and correct diet order that will include the type of diet and consistency for solids and liquids. However, if I notice a change in the resident's condition, I will communicate that with the RN case manager as well as the doctor to have them assess the resident's diet consistency. From there, I will make sure that order for the diet type and consistency are properly written. The type of diet for both residents are regular pureed solids and nectar thick liquids. <p>Determining if the diet order needs clarification</p> <ul style="list-style-type: none"> - The correct diet order consist of: type of diet and the consistency for both solids and liquids. If these factors are not included in the order, I will clarify it with both the case manager RN and doctor. <p>Prevent a recurrence of deficiency</p> <ul style="list-style-type: none"> - Effective communication with the case manager RN on a monthly basis and the doctor on their visits about the updates of my resident's diet patterns will prevent a recurrence of deficiency. 	<p style="text-align: right;">10-29-21</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - No physician order to crush medication.	<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>Do I have the physician orders to crush medications? - After communicating this issue with my case manager RN, There are now current orders to crush medications for both of my residents from their doctor.</p>	<p style="text-align: right;">10/29/21</p>

STATE OF HAWAII
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 STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - No physician order to crush medication.	<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>Steps to ensure that there is current orders</p> <p>- Before admission of any resident, I will make sure I ask questions from the previous caregiver regarding if they take their pills crushed or whole. From there I will make sure there is a current order to crush medications. However, if there is a change in my resident's condition regarding how they take their medications, I will communicate this with the case manager RN and doctor to obtain orders. Once the orders are in place, I will make sure that there is proper training given to me and my secondary caregivers from my case manager RN regarding how to crush medications properly.</p> <p>Who will be responsible for ensuring the order is obtained</p> <p>- I, the Primary Caregiver, is responsible for ensuring that the order is obtained before crushing medications.</p> <p>Prevent a recurrence of the deficiency</p> <p>- To prevent a recurrence of this deficiency, I will make sure that I communicate that my resident has difficulty swallowing whole pills to my case manager RN and doctor. Then, I will ask to obtain an order before crushing the medications.</p>	<p style="text-align: center;">10-29-21</p>

STATE OF MARYLAND
 DEPARTMENT OF HEALTH
 STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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 initiated by the care giver. FINDINGS Resident #1 - "Cyanocobalamin (vitamin B-12) 1000 mcg 1 tab under the tongue daily" ordered; however, the medication record did not indicate "1000 mcg"	<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 have communicated this to my case manager and has been corrected in the resident's MAR.</p> <p>Correct medication order for resident #1: Cyanocobalamin (vitamin B-12) 1000 mcg 1 tab under the tongue daily</p>	<p style="text-align: center;">9.7.21</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">STATE OF HAWAII COMMUNITY CARE LICENSING</p> <p style="text-align: center;">21 SEP -7 P3:48</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; FINDINGS Resident #1 - No documentation of the resident's tolerance to pureed consistency solids and nectar thick liquids. No documentation that the resident takes one (1) hour or more for meals and needs to be fed.	<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>	<p style="text-align: center;">STATE OF HAWAII HONOLULU STATE LICENSING</p> <p style="text-align: center;">21 SEP -7 P 3:48</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts: (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. FINDINGS Resident #1 - Inventory of resident's possessions was not maintained. Last updated 4/1/19.	<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;">The inventory of the resident's possessions is and will be documented and updated from now on.</p>	<p style="text-align: center;">9.7.21</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">STATE OF MARYLAND DCH-DNCR STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. <u>FINDINGS</u> Resident #1 - Inventory of resident's possessions was not maintained. Last updated 4/1/19.	<p style="text-align: center;">PART 2 <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 prevent this from happening again, I will have a clip board of the patient inventory list, MAR, and flowsheets to remind me that these are the important paper work that needs to be updated constantly. If there is any changes to the patient's belongings, I will ensure that the inventory list is updated.</p>	<p style="text-align: center;">9.7.21</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: right;">STATE OF MARYLAND COMMISSION ON STATE LICENSING</p> <p style="text-align: right;">21 SEP -7 P3:48</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements:</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 - No RN case manager training for aspiration precautions.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p>The RN case manager has trained me and my SCG for aspiration precautions. This is reflected in the delegation checklist and is documented in the case manager RN notes.</p>	<p style="text-align: center;">9.7.21</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">STATE OF MARYLAND BOB CHODURA STATE LICENSING</p> <p style="text-align: center;">21 SEP -7 P3:48</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> \$11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 - The care plan noted "assist with mobility and ambulation;" however, the resident is wheelchair dependent. Nectar thick liquids ordered; however, the care plan noted that "honey thick" liquids. Calmoseptine ordered; however, was not reflected in the care plan.	<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 have communicated this with my case manager RN. The care plan has been corrected and updated to reflect the current condition of the resident.</p>	<p style="text-align: center;">9.7.21</p> <p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">STATE OF MARYLAND DONOR-ORIG STATE LICENSING</p> <p style="text-align: center;">21 SEP -7 P3:48</p>

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Licensee's/Administrator's Signature

Grace G. Ferrini

Print Name:

GRACE G. FERRINI

Date:

9-7-21

Licensee's/Administrator's Signature:

Grace G. Ferrini

Print Name:

GRACE G. FERRINI

Date:

10-29-21

STATE OF HAWAII
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