

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Veronica Esteban Care Home	CHAPTER 100.1
Address: 1342 Kamehameha IV Road, Honolulu, Hawaii 96819	Inspection Date: January 25, 2022 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.

RECEIVED
STATE LICENSING
DIVISION
JAN 26 2022

1:6V 8-33 Z.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No documented evidence of a current First Aid certification.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Page 2</p> <p style="text-align: center;">Yes, corrected. The #1 SCG attended training on January 29, 2022.</p>	<p style="text-align: center;">1/29/22</p>

HAWAIIAN
STATE OF
DOH-040
LICENSING
STATE OF HAWAII

CI:6V 8-BB Z.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS SCG #1 – No documented evidence of a current First Aid certification.	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Page 3 Future plan to ensure this doesn't happen again.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. To check that all SCG has their current CPR/FIRST Aid card filed in the administrator folder. 2. To make an appointment training for all staff to attend the same training. 3. To RE-Check the white admin folder that everyone has the current CPR/FIRST Aid card on file on a monthly basis while taking residents monthly weight. 	<p align="right">1/29/22</p>

ENGINEERING
 DEPARTMENT
 STATE OF HAWAII

6:13 PM FEB 8 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; <u>FINDINGS</u> SCG #1 – No documented evidence of a current cardiopulmonary resuscitation (CPR) certification.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Page 4</p> <p>Yes, corrected. The #1 SCG attended training on January 29, 2022.</p>	<p style="text-align: center;">1/29/22.</p>

STATE LICENSING
BOARDS
HUMAN SERVICES

11:6V 8-FEB 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; <u>FINDINGS</u> SCG #1 – No documented evidence of a current CPR certification.	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Page 5 Future plan to ensure this doesn't happen again.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. To check that all SCG has their current CPR/FIRST Aid card filed in the administrator folder. 2. To make an appointment training for all staff to attend the same training. 3. To RE-Check the white admin folder that everyone has the current CPR/FIRST Aid card on file on a monthly basis while taking residents monthly weight. 	<p align="right">1/29/22.</p>

STATE LICENSING
DOH-082
STATE OF HAWAII

C1:6V 8-FEB-22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. FINDINGS First Aid kit left open and exposed to environmental elements and insects.	<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;">Page 6</p> <p style="text-align: center;">Yes, corrected. Replace basket with a sealed container.</p>	<p style="text-align: center;">1/25/22.</p>

11:13 AM FEB 8 22
 STATE OF HAWAII
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. FINDINGS First Aid kit left open and exposed to environmental elements and insects.	<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>Page 7 Future plan to ensure this doesn't happen again.</p> <p>Step 1. Label the First Aid Kit Box - SEALED FIRST AID KIT BOX.</p> <p>2. Check the lid closes the first aid box.</p> <p>3. Check to see if the first aid kit is big enough to fit all required items.</p>	<p style="text-align: right;">11/25/22</p>

STATE LICENSING
DOH-CHCA
STATE OF HAWAII

11:6V 8-FEB-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. <u>FINDINGS</u> Observed one (1) unlabeled & expired "Clotrimazole cream 1%" tube unsecured in facility's First Aid kit.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: right;">Page 8</p> <p style="text-align: right;">Yes, corrected. Properly discarded expired lotion cream.</p>	<p style="text-align: right;">1/25/22</p>

STATE LICENSING
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 STATE OF HAWAII

CL: 6V 8-FEB 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 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 – Physician ordered “Tab-A-Vite, 1 tablet by mouth daily.” Medication was unavailable for resident use.	<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>P 10 Yes, corrected. Medication is available for resident.</p>	<p style="text-align: center;">2/11/22</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

FEB -8 9 13 22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Physician ordered “Tab-A-Vite, 1 tablet by mouth daily.” Medication was unavailable for resident use.	<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 style="text-align: right;">P 11</p> <p>Step 1. SCG to check that all medication bottles that has 7 or less tablets to refill.</p> <p>Step 2. SCG will ask pharmacy if the prescription medication still has refills. If no refills and expired, to also call PCP office to renew refills.</p> <p>Step 3. To keep the empty bottle with note in tray until new medications is picked up from pharmacy.</p>	<p style="text-align: right;">2/11/22</p>

LICENSING
 BOARD
 STATE OF HAWAII

11:09 8-FEB-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #2 – No documented evidence of a current physical examination clearance by a physician or an advanced practice registered nurse (APRN).	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">Page 12</p> <p>Yes, it will be completed on resident next doctor's visit. We currently have an appointment schedule on February 23, 2022.</p> <p>Due to ongoing pandemic, all VA visit was schedule online or phone calls. The VA office said the next available appointment is two or three months for in-hospital visits.</p>	<p align="center">2/23/22.</p>

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HAWAII STATE

CL: 6V 8-FEB 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports:</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #2 – No documented evidence of a current physical examination clearance by a physician or APRN.	<div data-bbox="1307 1333 1347 1449">PART 2</div> <div data-bbox="1226 1270 1274 1501"><u>FUTURE PLAN</u></div> <div data-bbox="1079 1018 1201 1753"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </div> <div data-bbox="982 1050 1023 1165">Page 13</div> <div data-bbox="682 1186 982 1806"> <p>Step 1. To schedule the VA residents for PE and TB appointment, 4 months earlier for a in-hospital visit.</p> <p>Step 2. To call and re-check the VA clinic a week before appointment that the doctor or APRN is available for resident to come in during the pandemic and not be cancelled or reschedule due to short staff.</p> </div>	<div data-bbox="649 1795 706 1953">2/23/22.</div>

ORIGINAL STATE
VAHQ-400
HAWAII STATE

CL: 6V 8-BB 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #2 – No documented evidence of a current tuberculosis clearance by a physician or an APRN.	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p align="center">PART 1</p> <p>Page 14 Yes, it will be completed on resident next doctor's visit. We currently have an appointment schedule on February 23, 2022.</p> <p>Due to ongoing pandemic, all VA visit was schedule online or phone calls. The VA office said the next available appointment is two or three months for in-hospital visits.</p>	<p align="center">2/23/22</p>

ONSHORE STATE LICENSING
 VQHQ-HQD
 11/11/2020 10:31:15

21:6V 8-FEB 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div><input checked="" type="checkbox"/></div> <p>§11-100.1-17 Records and reports. (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></p> <p>Resident #2 – No documented evidence of a current tuberculosis clearance by a physician or an APRN.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>PART 2</p> <p>Page 15</p> <p>Step 1. To schedule the VA residents for PE and TB appointment, 4 months earlier for a in-hospital visit.</p> <p>Step. 2. To call and re-check the VA clinic a week before appointment that the doctor or APRN is available for resident to come in during the pandemic and not be cancelled or reschedule due to short staff.</p>	<p>2/28/22</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH
DIVISION OF LICENSING

CL: 6V 8-FEB 22.

Licensee's/Administrator's Signature:

Veronica Esteban

Print Name:

Veronica Esteban

Date:

2/23/22.

Veronica Esteban

STATE OF HAWAII
DOH/HCSA
STATE LICENSING

22 FEB -8 A9:13