

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 96782	Inspection Date: August 26, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order dated 6/16/22 states, "Diet Instructions – Heart Healthy Diet – Limit fats"; however, substitute care giver (SCG) states all residents are following a regular diet. Special diet not being provided as ordered by physician.</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>The PCG prepared a 4-week cycle menus for Heart-Healthy Diet and post it in the Dining Room Area and in the Kitchen Bulletin Board. (4-week cycle menus for Heart-Healthy Diet attached.) This special diet was provided to the resident as ordered.</i></p>	<p>9-30-22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order dated 6/16/22 states, "Diet Instructions – Heart Healthy Diet – Limit fats"; however, substitute care giver (SCG) states all residents are following a regular diet. Special diet not being provided as ordered by physician.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To ensure that it doesn't happen again, the PCG will check immediately the physician's diet order. The PCG will take note and write a list of the kind of diet each resident should receive. This list is posted in the Kitchen Bulletin Board and will remind all Care Home staff on what kind of diet to provide to each resident.</i></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><b><u>FINDINGS</u></b> Resident #1 – Physician's order dated 6/16/22 states, "Diet Instructions – Heart Healthy Diet – Limit fats"; however, special diet menu unavailable for review. Submit special diet menu with plan of correction.</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>The PCG prepared a 4-week cycle menus for a Heart-Healthy Diet - Limit Fats. My mistake for the 7-day cycle menu I submitted, I am so sorry. Copies of the 4-week cycle menus are posted in the Kitchen Bulletin Board.</i></p>	<p>9-30-22</p>

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<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><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 6/16/22 states, “Diet Instructions – Heart Healthy Diet – Limit fats”; however, special diet menu unavailable for review. Submit special diet menu with plan of correction.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To ensure it doesn't happen again, the PCG prepared and made cycle menus for some other types of special diet such as regular pureed diet, No added salt (NAS) and No concentrated sweets (NCS) to be available and ever ready for review in the future.</i></p>	<p>9-3-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Eye drops (external use medication) stored in same bin with internal use medications.</p> <p style="text-align: right;">STATE OF ALABAMA  SEP 19 2022  P 3:45</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><i>Yes, the Eye drops medication 9-6-22 was stored in a small plastic container separated from the internal use medications. This small container was properly labeled with the resident's name, medication name, medication dosage, and indication for use.</i></p>	

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	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>FINDINGS</b> Resident #1 – Medication administration record (MAR) for 7/2022 states, "Refresh Eye Drops – Instill 1 drop both eyes 3 times a day as needed"; however, no physician's order available for this medication. As needed indication also not provided on MAR.</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>Yes, the PCG called the doctor's 9-6-22 office to get the physician's order and clarify the "Refresh eye drops" order made on 7-5-22. The PCG wrote the doctor's order in the Physician Record form and faxed it to the doctor's office for signature. The nurse faxed it back with the doctor's signature. The MAR was updated on 9/6/22 for the as needed indication of the medication</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Verbal orders from telehealth visit on 6/29/22 were written on a sheet of white copy paper and not on a physician's order sheet.</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>The PCG contacted the office of the NP who performed the telehealth visit on 6/29/22 with the resident. The staff faxed over the electronically signed Video Visit documentation made on 6/29/22. (see copies attached)</i></p>	<p>9-7-22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Verbal orders from telehealth visit on 6/29/22 were documented on a sheet of white copy paper by primary caregiver; however, written confirmation by physician was not obtained at next physician's visit on 7/12/22. Verbal medication orders from 6/29/22 remain unsigned and unconfirmed by physician. Submit signed medication orders for 6/29/22 with plan of correction.</p> <p>DISCHARGE SUMMARY 10/12/22 10/12/22 11:00 AM</p> <p>22 OCT 11 AM 21</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future all verbal orders from telehealth will be documented in the physician's order sheet and will be signed properly thru fax on the same day or the next business day. The PC &amp; made a Reminder posted in the Medication Room and on the front page of each resident's chart. (copy attached)</i></p>	<i>on going.</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Initial 2-step tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</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>A 2-step Tuberculosis clearance was done. (Completed copy attached) The PCG called somebody who is license to do the procedure. The NP came to the Care Home to administer, read and completed the 2-step tuberculosis clearance.</i></p>	<p><i>10-7-22</i></p>



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	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><b><u>FINDINGS</u></b>  Resident #1 – Documented evidence of completed inventory of possessions/valuables unavailable for resident's readmission on 6/16/22. Submit an updated inventory or resident's valuables/possessions with plan of correction.</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>An updated and completed inventory of possessions/valuables/ clothing for the resident was done. (copy attached)</i></p>	<p><i>8/27/22</i></p>

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<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><b>FINDINGS</b> Resident #1 – Documented evidence of completed inventory of possessions/valuables unavailable for resident's readmission on 6/16/22. Submit an updated inventory or resident's valuables/possessions with plan of correction.</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES HARTFORD, CT 06103</p> <p>22 OCT 11 AM 9:21</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To ensure it doesn't happen again, the PCG place the check list on the first page of every admission/readmission chart/packet to include a copy of inventory list. The family and PCG will check all the clothing and valuables together. The family will sign the completed list and file in resident's chart.</i></p>	<i>- on going -</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><b><u>FINDINGS</u></b> Bedroom #4 – Window ledge contains significant insect droppings along surface and cobwebs along window track.</p> <p>STATE OF NEW YORK JUL 22 2019 STATE OF NEW YORK JUL 22 2019</p> <p>22 SEP 19 P 3:46</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>All the windows were cleaned immediately removing the insect droppings and cobwebs along window track.</i></p>	<p><i>(on going)</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><b><u>FINDINGS</u></b> Bedroom #4 – Window ledge contains significant insect droppings along surface and cobwebs along window track.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>"Daily Duty Check List" was made and updated. (see attached copy) Under Room Cleaning, a scheduled general room cleaning was assigned every Sunday. Room #1 - 1<sup>st</sup> Sunday of the month, Room #2 - 2<sup>nd</sup> Sunday of the month, Room #3 - 3<sup>rd</sup> Sunday of the month, &amp; Room #4 - 4<sup>th</sup> Sunday of the month. General Room Cleaning include cleaning from ceiling, windows, closets and down the floor. The PCG will make sure that the "Daily Duty Check List In Service Training will be done monthly. The staff will be required to sign on the In Service Sheet after.</p>	<p>on going</p>

Licensee's/Administrator's Signature: *TJ Factora*

Print Name: TESSIE J. FACTORA

Date: 9-19-22

STATE OF IOWA  
DOH 8812  
STATE LICENSE #

22 SEP 19 P3:46

Licensee's/Administrator's Signature: *TJ Factor*

Print Name: TESSIE J. FACTORA

Date: 10/11/22

STATE OF ILLINOIS  
JUL 13 2022  
STATE OF ILLINOIS

22 OCT 11 AM 9:21