

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Irene Della Adult Residential Care Home	CHAPTER 100.1
Address: 189 Maika Street, Wailuku, Hawaii 96793	Inspection Date: July 15, 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.

STATE OF HAWAII
OFFICE OF
STATE LICENSING

22 AUG -5 P 3:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS No documented evidence of 6 hours of training.</p>	<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>Attend inservice at work make Copy. Log and keep in the care home binder 7-29-22</p>	<p style="text-align: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> No documented evidence of 6 hours of training.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>I added a note on my check list to include a reminder that I have six hour training completed yearly</p>	<p style="text-align: right;">7-29-22</p> <p style="text-align: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Stored food observed on the floor.</p>	<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>I have move and stored all food on the shelves away from the floor.</i></p>	<p style="text-align: center;"><i>7-29-22</i></p>

STATE OF WA
 DEPARTMENT OF
 STATE LICENSING

22 AUG -5 P 3:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Stored food observed on the floor.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>I have added on my checklist a reminder note, SCG and myself do not stored food on the floor</p>	<p style="text-align: right;">7-29-22</p> <p style="text-align: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Metal stem thermometer in facility is not functional.</p>	<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 provided a new stem thermometer and its working</p>	<p style="text-align: center;">7-29-22</p> <p style="text-align: center;">22 AUG -5 P 3:25</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE INSPECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS Metal stem thermometer in facility is not functional.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>I have added a note on my checklist SCG + myself check equipment if not working replace a new one or change battery if needed.</p>	<p style="text-align: right;">7-29-22</p> <p style="text-align: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOR-OTDA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Observed 2 aerosol cans of "Lysol" disinfectant spray under the bathroom sink unsecured and 1 aerosol can of "Lysol" disinfectant spray on bathroom counter unsecured.</p>	<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 move the chemicals to the cabinet with the safety lock.</p>	<p style="text-align: right;">7-29-22</p> <p style="text-align: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII D&H - OHCSA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Observed 2 aerosol cans of "Lysol" disinfectant spray under the bathroom sink unsecured and 1 aerosol can of "Lysol" disinfectant spray on bathroom counter unsecured.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>I have added on my checklist posted a note for Reminder SCG + myself to double check ^{all chemicals} stored on the cabinet with [↑] secured locked.</p>	<p style="text-align: right;">7-29-22</p> <p style="text-align: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-0182 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Medications are not being review/renewed by physician every 4 months.</p>	<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: right;">22 AUG -5 P 3:25</p>

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Medications are not being review/renewed by physician every 4 months.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;">I have added every four months Reminder to my calendar to Renew medication and I will check periodically to make sure medicine Renewal is current</p>	<p style="text-align: center;">7-29-22</p> <p style="text-align: center;">'22 AUG-5 P 3:25</p>

STATE OF HAWAII
D&H
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident #1 – PCG made changes to physician's orders dated and signed by physician on 5/16/22:</p> <ul style="list-style-type: none"> • Telephone order received on 5/17/22 stating, "Metoprolol increase dosage from 50mg to 100mg." was added to 5/16/22 physician's orders. • Telephone order received on 5/17/22 stating, "Discontinue taking Mirtazapine starting July 1, 22." 5/16/22 Physician's order was edited with "6/30/22 Discontinued with PCG initials". • Annual physical exam dated 5/16/22 level of care was initially marked "ICF" by physician, however, level of care altered to "ARCH" and was in different ink. • Annual physical exam dated 5/16/22, diet order originally stated, "guidelines included on clinical visit summary", however, "Regular" was added under that in different ink. 	<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: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH - OHS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident #1 – PCG made changes to physician's orders dated and signed by physician on 5/16/22:</p> <ul style="list-style-type: none"> • Telephone order received on 5/17/22 stating, "Metoprolol increase dosage from 50mg to 100mg." was added to 5/16/22 physician's orders. • Telephone order received on 5/17/22 stating, "Discontinue taking Mirtazapine starting July 1, 22." 5/16/22 Physician's order was edited with "6/30/22 Discontinued with PCG initials". • Annual physical exam dated 5/16/22 level of care was initially marked "ICF" by physician, however, level of care altered to "ARCH" and was in different ink. • Annual physical exam dated 5/16/22, diet order originally stated, "guidelines included on clinical visit summary", however, "Regular" was added under that in different ink. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>When I take telephone orders record immediately on the physician order sheet. I will write down the accurate date and I will SCG double check the order. Any PCP order written on the sheet sign by PCP will not change or modified any order.</p>	<p style="text-align: right;">7-29-22</p> <p style="text-align: right;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Resident #2 – Observed pillow with no pliable plastic pillow protector.</p>	<p>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><i>Changes already made</i></p>	<p><i>7-29-22</i></p> <p>22 AUG -5 P 3:25</p> <p>STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Resident #2 – Observed pillow with no pliable plastic pillow protector.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="font-size: 1.2em; font-family: cursive;">I added to my checklist my SCG to double check all Residents pillow have pillow protector.</p>	<p style="text-align: right; font-size: 1.2em; font-family: cursive;">7-29-22</p> <p style="text-align: right; font-size: 0.8em;">22 AUG -5 P 3:25</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF HAWAII BOI DIVISION STATE LICENSING</p>

Licensee's/Administrator's Signature: Inene Della

Print Name: Inene Della

Date: 7-29-2022

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 AUG -5 P 3:25