## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ma & Pa's Runaway Home	CHAPTER 100.1
Address: 1430 Akuleana Place, Kailua, Hawaii 96734	Inspection Date: December 14, 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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-12 Emergency care of residents and disaster preparedness. (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.  FINDINGS  "Fire Drill" was written in "DESCRIPTION OF DRILL" in fire drill records. No other information provided.  Participants' names were not listed.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	-

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers.  FINDINGS Uncovered cut a half onion stored in refrigerator. PCG removed it during inspection.	PART 1	
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§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.  FINDINGS  Hemorrhoidal ointment stored in cabinet inside the residents' bathroom #2. PCG removed and secured it during inspection.	PART 1	
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§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 initialed by the care giver.  FINDINGS Resident #1 – Discontinued Guaifenesin 400mg tab was listed in medication administration record (MAR) as current. Corrected during inspection.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

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§11-100.1-17 Records and reports. (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 — Physician's notes dated 9/29/2022 stated that resident has leg swelling. No progress notes for observation of leg swelling.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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§11-100.1-17 Records and reports. (f)(1) General rules regarding records:  All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;  FINDINGS Resident #1 – Admission assessment was written in green, blue, and black ink.	PART 1	
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§11-100.1-17 Records and reports. (g) 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.	PART 1	
FINDINGS Resident #1 — White correction tape was used in October 2022 MAR.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;  FINDINGS  No documentation that smoke detectors were tested from August 2022 to November 2022.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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Licensee's/Administrator's Signature: _	
Print Name:	
Date	