

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Sweet Haven	<b>CHAPTER 100.1</b>
<b>Address:</b> 98-1274 Hooquali Place, Pearl City, Hawaii 96782	<b>Inspection Date:</b> December 2, 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.**

23 11:20 AM 18

	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><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 10/6/22 states, “albuterol hfa inhaler inhale 1-2 puffs as directed as needed for WHEEZING (hfa inhaler)”; however, order is incomplete and does not include the frequency of administration.</p>	<p>PART 1</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 new order with frequency obtained</i></p>	<p><i>1/16/23</i></p> <p>23 JAN 31 P 3:25</p>

	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><u>FINDINGS</u> Resident #1 – Physician's order dated 10/6/22 states, "albuterol hfa inhaler inhale 1-2 puffs as directed as needed for WHEEZING (hfa inhaler)"; however, order is incomplete and does not include the frequency of administration.</p>	<p>PART 2</p> <p><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>So incident won't happen again, a check list be posted on the doctor's order tab, be utilized in checking new medication order. It should have:</p> <ul style="list-style-type: none"> <li>- name of resident</li> <li>- Drug name</li> <li>- Drug amt / strength</li> <li>- Drug route</li> <li>- Drug frequency</li> <li>- Dr's order, MAR and pharmacy level should be consistent</li> <li>- Verify with ordering person if there is inconsistency of order</li> <li>- Do not administer the drug until it is verified</li> </ul>	<p>23 APR 20 PM 1:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 10/2022-12/2022 medication administration record (MAR) states, “Albuterol hfa inhaler (Proventil FHA) Inhale 1-2 puff as needed for wheezing w/ use of vortex valved holding chamber device”; however, inhaler prescription label states, “inhale 1-2 puffs as directed every 4 hours as needed for wheezing”. MAR and prescription label order do not match.</p>	<p>PART 1</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>Dr's order obtained with frequency included</i></p>	<p>1/18/23</p> <p>23 JUN 31 1:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – 10/2022-12/2022 medication administration record (MAR) states, "Albuterol hfa inhaler (Proventil FHA) Inhale 1-2 puff as needed for wheezing w/ use of vortex valved holding chamber device"; however, inhaler prescription label states, "inhale 1-2 puffs as directed every 4 hours as needed for wheezing". MAR and prescription label order do not match.</p>	<p>PART 2</p> <p><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>In order that incident will not happen again all new medication order need to be carried out in the same manner - following the check list on the doctor's tab:</p> <ul style="list-style-type: none"> <li>= name of resident</li> <li>= Drug name</li> <li>= Drug amt/strength</li> <li>= Drug route</li> <li>= Drug frequency</li> </ul> <p>- Order, MAR, pharmacy label should be consistent with each other. Check for consistency.</p> <p>- Verify ordering person if there is inconsistency of order.</p> <p>- Do not administer drug until it is verified.</p>	23 APR 20 AM 1:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u>  Resident #1 – Schedule of activities unavailable for review</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>Schedule of activities has been created and placed in residents record.</i></p>	<p><i>4/20/23</i></p> <p>23 APR 20 PM 1:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u>  Resident #1 – Schedule of activities unavailable for review</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Scheduled of activities has been added to my admission check list to ensure it is created &amp; implemented at the time of admission</p>	<p>4/20/23</p> <p style="text-align: right;">23 APR 20 PM 1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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><b><u>FINDINGS</u></b> Resident #2 – Annual tuberculosis clearance (PPD skin test) unavailable for review</p>	<p>PART 1</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>Family has requested CXR due to family's Hx. 10/12/22 - CXR result was questionable 10/14/22 - Quantiferon TB GOLD P was perform and was negative.</p>	<p>1/16/23</p> <p>23 JAN 31 P 3:28</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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> Resident #2 – Annual tuberculosis clearance (PPD skin test) unavailable for review</p>	<p>PART 2</p> <p><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>IGRA - TB test obtained. see attached.</p> <p>I will in service my substitute <sup>where</sup> care givers on TB clearances are stored. If copies are requested by the department they will know where to retrieve the records.</p>	<p>4/20/23</p> <p>73 APR 20 AM 1:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1 – Per MAR, Albuterol administered daily between 10/23/22-10/27/22; however, no documented evidence of medication effectiveness noted in progress notes.</p> <p>Resident #1 – Per MAR, acetaminophen administered daily between 1/9/22-1/12/22, 1/15/22-1/19/22, and 1/24/22; however, no documented evidence medication effectiveness noted in progress notes.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>1/16/23</p> <p>23 JAN 31 P 3:29</p>

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STATE OF CONNECTICUT  
DEPARTMENT OF  
CORRECTIONS

23 APR 20 AM 1:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Primary Caregiver (PCG) #1,#2 and substitute caregivers (SCG) #1,#2 – No documented evidence of successful completion of twelve (12) hours of continuing education courses. The following credits were fulfilled:</p> <ul style="list-style-type: none"> <li>• PCG #1 – nine (9) credits completed</li> <li>• PCG #2 – zero (0) credits completed</li> <li>• SCG #1 – zero (0) credits completed</li> <li>• SCG #2 – eight (8) credits completed</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS</p>	<p>1/16/23</p> <p>23 JAN 31 P 3:29</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)</p> <p>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:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 – No documented evidence caregivers (PCG #1, PCG #2, SCG #1, SCG #2) were trained on how to administer albuterol using valved chamber device by case manager</p>	<p>PART 1</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>Care givers trained by case manager 3/15/23 see attached.</i></p>	<p><i>4/20/23</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)  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:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence caregivers (PCG #1, PCG #2, SCG #1, SCG #2) were trained on how to administer albuterol using valved chamber device by case manager</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will post a reminder note to review all med/treatment orders to case manager with each monthly visit to determine if any training is needed</i></p>	<p>4/20/23</p> <p>23 APR 20 AM 1:19</p>

Licensee's/Administrator's Signature: Amelia Fogata  
Print Name: Amelia Fogata  
Date: 1/30/23

23 JUN 31 P 3:30  
STATE OF FLA  
DORRIS  
STATE LICENSING

Licensee's/Administrator's Signature: A. Fagata

Print Name: Amelia T. Fagata

Date: 4/20/23

23 APR 20 AM 19  
STATE LICENSING