## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care D, LLC	CHAPTER 100.1
Address: 2649 D Hualapa Street, Honolulu, Hawaii 96822	Inspection Date: May 9, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

\$11-100.1-14 Food sanitation. (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.  FINDINGS Bedroom #2 – Lysol sanitizing spray and Clorox cleaning spray stored on bedroom closet floor unsecured  Lysol sanitizing spray and Clorox cleaning spray was removed from bedroom closer and place in secured room.	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-14 Food sanitation. (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.  FINDINGS Bedroom #2 – Lysol sanitizing spray and Clorox cleaning spray stored on bedroom closet floor unsecured	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Lysol sanitizing spray and Clorox cleaning spray was removed from bedroom closer and place in secured	Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-14 Food sanitation. (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.	PART 2 <u>FUTURE PLAN</u>	
4	FINDINGS  Bedroom #2 – Lysol sanitizing spray and Clorox cleaning spray stored on bedroom closet floor unsecured	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
•		To ensure this doesn't happen again all core staff including the house supervisor (SCGs) were reeducated by DON (PCG) on proper storage of toxic chemicals and cleaning agents. Staff showed understanding of the policy and DOH regulations.	
			05/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-14 Food sanitation. (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.  FINDINGS Toxic chemicals/cleaning agents stored on laundry room floor unsecured	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY	
		Staff corrected this deficiency and secured the laundry room.	
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FINDINGS Toxic chemicals/cleaning agents stored on laundry room floor unsecured	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-14 Food sanitation. (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.  FINDINGS Toxic chemicals/cleaning agents stored in kitchen cabinet unsecured	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY	
	er r	Toxic chemicals/cleaning agents stored in the kitchen cabinet were removed and placed in a secured cabinet.	
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	§11-100.1-14 Food sanitation. (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.	PART 2 <u>FUTURE PLAN</u>	
	FINDINGS Toxic chemicals/cleaning agents stored in kitchen cabinet unsecured	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
•	a · · · · · · · · · · · · · · · · · · ·	To ensure this doesn't happen again all core staff including the house supervisor (SCGs) were reeducated by DON (PCG) on proper storage of toxic chemicals and cleaning agents. Staff showed understanding of the policy and DOH regulations.	
			05/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
1	\$11-100.1-15 Medications. (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.  FINDINGS  Resident #1 — Physician's order dated 1/18/24 states, "Amlodipine 2.5mg QAM Hold SBP <110mmHg"; however, medication blister pack label does not reflect the hold parameters included in prescription order.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  To correct this citation SCG placed a green "Directions changed" sticker on the bottle with the order date. Staff will have to open the resident's chart and match the resident's physician's order to the MAR before dispensing. Once the supply is depleted SCG will work with the physician to get the next prescription label to detail the hold order.	05/08/2024

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\$11-100.1-15 Medications. (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.  FINDINGS.  Resident #1 – Physician's order dated 1/18/24 states, "Amlodipine 2.5mg QAM Hold SBP <110mmHg"; however, medication blister pack label does not reflect the hold parameters included in prescription order.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  All core SCGs were re-educated by DON (PCG) on the labeling of medications and how the label must match the order. SCGs were instructed to place a green "directions change sticker" if the physician changes the order and we are still using the same bottle. Additionally, staff to provide a reminder to the physician that all parts of the order must be reflected on the medication label. Staff showed understanding of physician orders and labeling.	05/10/2024

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (e) 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's order dated 8/3/24-10/11/24 states, "Systane or Refresh Advanced – Instill 1 drop in both eyes up to 4 times a day as needed"; however, PRN indication was not provided. Medication order was incomplete.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (e) 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's order dated 8/3/24-10/11/24 states, "Systane or Refresh Advanced – Instill 1 drop in both eyes up to 4 times a day as needed"; however, PRN indication was not provided. Medication order was incomplete.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  All core SCGs were re-educated by DON (PCG) on how a PRN order needs to indicate why we are giving the medication in the order. SCGs were instructed to place a green "directions change sticker" if the physician changes the order and we are still using the same bottle. Additionally, staff to provide a reminder to the physician that all parts of the order must be reflected on the medication label. Staff showed understanding of physician orders and labeling.	05/10/2024

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;  FINDINGS  Fire drill performed on 5/5/23 did not include a duration of time	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  DON reeducated Care Home staff on monthly fire drills and how they must be conducted each month at varying times of day and show the duration of time it took to run the fire drill. To ensure this does not happen again, staff to review the fire drill log each month when they do their monthly summary.  DON/ADON/NM  will conduct monthly audits of fire drill binders to be sure that policy is being followed and fire drills are not being missed.	05/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-23 Physical environment. (h)(3) 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.  All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;  FINDINGS Bedroom #1 — Oxygen tank stored in bedroom closet	PLAN OF CORRECTION  PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Oxygen tank removed from bedroom closet.	
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§11-100.1-23 Physical environment. (h)(3) 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.  All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;  FINDINGS Bedroom #1 – Oxygen tank stored in bedroom closet	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Re-educated all core SCGs on proper storage of 02 tanks by DON (PCG). 02 tanks must be stored in an open area to allow for adequate ventilation and decrease the risk of the tank getting too hot. Additionally, the o2 tank must be stored on a stand to decrease the risk of the tank falling. All SCGs showed an understanding of the policy.	05/10/2024

Licensee's/Administrator's Signature:	JoAnna Vietor
Print Name:	JoAnna Vietor
Date:	05/20/2024