

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tablit Care Home LLC	CHAPTER 100.1
Address: 94-544 Hiahia Loop, Waipahu, Hawaii 96797	Inspection Date: June 7, 2024 Initial Annual Inspection

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).

	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 – Observed “Metoprolol Succinate ER 50mg tab. 1 tab by mouth daily” medication in resident’s medication bin and in Medication Administration Record (MAR). However, no documented evidence of a physician order.</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>Doctor's orders requested and has been received.</p> <p>See Document 1 attached.</p>	06/30/2024

	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 – Observed “Metoprolol Succinate ER 50mg tab. 1 tab by mouth daily” medication in resident’s medication bin and in Medication Administration Record (MAR). However, no documented evidence of a physician order.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>On individuals monthly progress notes, the selection box was added (see below) to act as a double check system. Added to Progress Notes: (next to Medication Changes) If yes, Doctor Orders Received?</p> <p>The updated monthly progress notes will be reviewed by PCG on a monthly basis /at the beginning of the following month to remind us to obtain the doctor's orders for any medication.</p> <p>(See Document 2 Attached) - yellow highlight</p>	<p>06/30/2024</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 – MAR (recorded order date 3/13/24) and pharmacy labeled medication for “Risperdal 1mg/mL oral solution. 3mL by oral route twice daily. However, there was no physician order dated 3/13/24 available for review stating changes from once daily to twice daily. Physician order dated 3/15/24 still reads Risperdal 1mg/mL oral solution. Take 3mL by oral route every day.” No documented evidence that clarification was obtained.</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>Doctor's orders requested and has been received.</p> <p>See Document 3 attached.</p>	<p>06/30/2024</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 – MAR (recorded order date 3/13/24) and pharmacy labeled medication for “Risperdal 1mg/mL oral solution. 3mL by oral route twice daily. However, there was no physician order dated 3/13/24 available for review stating changes from once daily to twice daily. Physician order dated 3/13/24 still reads Risperdal 1mg/mL oral soln. Take 3mL by oral route every day.” No documented evidence that clarification was obtained.</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>On individuals monthly progress notes, the selection box was added (see below) to act as a double check system. Any changes/questions/inconsistencies to be addressed and noted. Added to Progress Notes: (next to Medication Changes) If yes, Doctor Orders Received?</p> <p>The updated monthly progress notes will be reviewed by PCG on a monthly basis /at the beginning of the following month to remind us to obtain the doctor's orders for any medication.</p> <p>(See Document 2 Attached)</p>	<p>06/30/2024</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><u>FINDINGS</u> Resident #1 – No documented evidence of a current TB assessment. Last TB assessment filed dated 2/2/2023.</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>TB Test completed</p> <p>See Document 4 attached</p>	<p>06/30/2024</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><u>FINDINGS</u> Resident #1 – No documented evidence of a current TB assessment. Last TB assessment filed dated 2/2/2023.</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>Yearly calendar of events created. Noted important/upcoming dates for each individual such as Annual Doctor Visits, Next Doctor Appointment and Annual TB testing. Other dates also added such as Fire Drills & Alarm Testing, Fire Extinguisher check, ARCA in-services, Recertifications & Fieldprint.</p> <p>(See Document 5 attached)</p>	<p>06/30/2024</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><u>FINDINGS:</u> Resident #1 – Monthly progress notes since admission on October 2023, do not consistently document response to diet and medications.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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><u>FINP, GS</u> Resident #1 – Monthly progress notes since admission on October 2023, do not consistently document response to diet and medications.</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>A procedure was created and reviewed with all caregivers. This procedure to include ANY notes of incident/changes to patient behavior, any observations and reactions/responses to diet, meds, etc. to be noted. At the end of each month, notes will be compiled and noted on the patients Monthly Progress Notes and attached for reference.</p> <p>(See Document 2 Attached - pink highlight)</p>	07/30/2024

Licensee's/Administrator's Signature: Verngenia Tablit
Print Name: Verngenia Tablit
Date: 09/12/2024