

Rec'd 8/22/24

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Valley Comfort Care Home LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 2417 Wilson Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: July 24, 2024 Annual</b>

**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>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Resident #2 is on a regular, chopped, thin liquids diet. No menu for the special diet.</p> <p>Please submit weekly menus (7 days) for department review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Verified with DOH Dietician Ms. Jackson regarding chopped diet for resident that does not have a diagnosis of dysphagia. Per Ms. Jackson, does not need to omit certain foods as chopped diet is for chewing purposes only and diet choice may consist of all foods. Also advised to monitor closely for signs of coughing, choking, etc. Added an additional column on the special diet menu noting food items to be chopped.</p>	<p>07/28/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Resident #2 is on a regular, chopped, thin liquids diet. No menu for the special diet.</p> <p>Please submit weekly menus (7 days) for department 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>As a plan of correction, weekly menus will incorporate the appropriate columns noting any special diets with correlating appropriate food items. The PCG will verify menus each week and ensure appropriate columns are noted prior to posting menus up for the upcoming week. Current menus will continue to be posted in the kitchen and in a conspicuous place in the dining area for resident and department to review. Should any questions/further clarifications arise about the special diet menu, verifying our DOH dietary notes from class would be done first. However, if unable to find an appropriate answer, then the next step would be contacting Ms. Jackson (DOH dietician) who may further assist.</p>	08/22/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #2 is on a regular, chopped, thin liquids diet. No documented evidence that the special diet was provided as there is no menu.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #2 is on a regular, chopped, thin liquids diet. No documented evidence that the special diet was provided as there is no menu.</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>The PCG will verify that each weekly menu will note all special diets as ordered by the physician or APRN. Each weekly menu will incorporate the appropriate column indicating what the special diet is with correlating food items allowed. An additional sign has also now been posted in the kitchen indicating all diets of each resident for clarity and visibility towards all caregivers (will not disclose HIPAA information as it is posted in a public place). If there are additional questions or clarifications needed, the PCG will first verify previous DOH dietary class notes. If unable to find an appropriate answer, will then contact Ms. Jackson (DOH dietician).</p>	08/22/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No labels for bottles of Vitamin B12, Vitamin D3, Aspirin 81mg, CryoDerm Roll-on, Refresh Lubricant eye drops, Acetaminophen 650mg, and Desonide Cream 0.05%.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Medications were properly labeled/handwritten by PCG accurately noting MD orders.</p>	<p>07/24/2024</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Cephalexin 500mg Capsule BID for 7 days started from 7/19/2024. Medication administration record (MAR) was initialed as given on 7/22/2024 am, 7/23/2024 am, 7/24/2024 am only. The pages were flagged by the Primary Care Giver (PCG) for the Substitute Care Giver (SCG) who administered the medication to initial.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> In the Permanent Resident Register, one (1) admitted resident was not recorded.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Newly admitted resident's information was added to the Resident Register sheet located in the ARCH binder.</p>	07/24/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> In the Permanent Resident Register, one (1) admitted resident was not recorded.</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>The PCG has now created an admission checklist that will be utilized with each new admission. Added within this checklist is the need for the admitting caregiver to record the admission in the "Permanent Resident Register" sheet in the ARCH binder. The PCG will also verify that that the Resident Register is completed by the end of that admission month.</p>	08/22/2024

Licensee's/Administrator's Signature: Reina Mae Medalla

Print Name: Reina Mae Medalla

Date: Aug 6, 2024

Licensee's/Administrator's Signature: Reina Mae Medalla

Print Name: Reina Mae Medalla

Date: Aug 22, 2024