

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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15 JUN 22 P1:40

Facility's Name: Aguinardo's	CHAPTER 100.1
Address: 4406 Likini Street, Honolulu, Hawaii 96818	Inspection Date: May 12, 2015 Annual

	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>FINDINGS Current menus not posted in kitchen and resident dining area.</p>	<p><i>CFO to post menu by the kitchen at all times. To audit weekly to prevent recurrence</i></p>	5/13/15
<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>FINDINGS</p> <div style="background-color: black; width: 100%; height: 20px;"></div>	<p><i>Medication was given according to the label of the bottle which is "H5" but MAR was accidentally written SAM. CFO audit MAR before the start of the month + reconcile with bottles and the order.</i></p> <p><i>I make sure I give the medicine before breakfast according to the label. Always check the bottle on how to give the medicine before giving.</i></p>	<p>5/13/15</p> <p>5/13/15</p>

<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>FINDINGS</p> <p>[REDACTED]</p>	<p>Every occurrence of PRN medication administration CTO will document effectiveness of medication. CTO will audit occurrences of PRN every week for such incident occurs.</p>	<p>5/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p>	<p>Revised policy + procedure in contract service. Exact amount will be indicated in the contract. CTO will develop + revised contract for any charges of payment + audit with the agency.</p>	<p>5/15/15</p>

<p>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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS [REDACTED] No six-month comprehensive reassessment by the RN Case Manager [REDACTED]</p>	<p><i>Six months comprehensive assessment available in the chart. CM document in the chart during visit & copy of the report filed on the next visit. But if it is needed CM to provide a copy</i></p>	<p><i>5/15/15</i></p>
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Licensee/Administrator's Signature: _____
 Print Name: SERAFINA AGUILARDO
 Date: _____

STATEMENT OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION NOTICE

State Licensing Section

Serafina Aguinardo

Aguinaldo's

June 10, 2015

COMMENTS/ADVISEMENTS

As a follow up to your discussion with your Nurse Consultant:

Resident #1 – Case manager monthly notes since November 2014 reflect that the resident “feeds self; continent of bowel and bladder; sleep pattern good; ROM WNL, ambulate with FWW; skin intact; no complaint of pain; thriving and coping well in the home; alert and oriented x 3; limited assist with ADL and transfer.” **Submit a level of care reassessment as an expanded ARCH resident with the plan of correction.**

During visit of CNY Resident was in the bath room during the day but he was not with resident in on first visit during the night with bladder. Sometimes in on first of night. Resident on time to require assist with bathing & toileting due to impaired balance. Re-quire assistance with medication administration due to forgetfulness. ADL's but forgot things at times. Appears depressed at times.

LOC will be admitted later on site the death is on vacation and he is coming back on July 2, 2015.

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STATE OF HAWAII
H-OHCA LICENSE

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<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>FINDINGS Resident #1 – "Mirtazapine 30 mg HS" ordered 4/23/15; the April 2015 medication record reflected the medication was given at 8 a.m.</p> <p>Resident #1 – "Omeprazole 20 mg QD increase to BID prn" ordered on 4/23/15; the medication record reflected the</p>	<p><i>Omeprazole was dispensed based on MD order "Omeprazole 20mg QD increase to BID PRN". The MD</i></p>	<p><i>May 24, 2015</i></p>

	<p>medication is given at 8 a.m. with other medication. Breakfast is served at 7 a.m. The medication is to be given before a meal.</p>	<p><i>order doesn't state that medication be given before breakfast or before meal. medication order was followed. But if MD order did state that it be given before breakfast then the MAR would have reflected the medication be given prior to 7 AM when breakfast served.</i></p>	
<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 – The progress notes did not reflect the resident's need for and response to PRN "bisacodyl suppository" given 10/26/14 and 11/2/14.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p>		

	<p><u>FINDINGS</u> Resident #1 – The charges for services was not specified.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – The care plan did not identify Islands Hospice services, hospice treatments and medications. The care plan did not reflect when hospice services were discontinued.</p>	<p><i>Case management was notified + correction has made to update care plan. Going forward to ensure accuracy, chart audits will be completed by CTO to ensure proper documentation. CTO will also communicate to case manager on weekly visits to audit care plan to ensure accuracy</i></p>	<p><i>May 24, 2015</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident</p>	<p><i>To prevent a similar deficiency a checklist has been created on what needs to be checked on the chart audits, and the 6 month comprehensive reassessment by RN manager has been added as another criteria to check.</i></p>	<p><i>May 24, 2015</i></p>

<p>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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No six-month comprehensive reassessment by the RN Case Manager (due April 2015).</p>		
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Licensee/Administrator's Signature: Seafina Aguinado

Print Name: SEAFINA AGUINALDO

Date: 12/7/15

Office of Health Care Assurance

State Licensing Section

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	<p>medication is given at 8 a.m. with other medication. Breakfast is served at 7 a.m. The medication is to be given before a meal.</p>		
<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 – The progress notes did not reflect the resident's need for and response to PRN “bisacodyl suppository” given 10/26/14 and 11/2/14.</p>		
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Licensee/Administrator's Signature: Serafina Aguinardo

Print Name: SERAFINA AGUINALDO

Date: 1/20/14