

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Analani ARCH, L.L.C.	CHAPTER 100.1
Address: 98-137 Kaluamoi Place, Pearl City, Hawaii 96782	Inspection Date: April 8, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS [REDACTED] No documentation of a two-step TB clearance. Submit a copy of the second TB skin test with the plan of correction.</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL MAKE SURE TO DOUBLE CHECK ALL IMPORTANT DOCUMENTS NECESSARY. SEE ATTACHMENT (A)</p>	04/20/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (d) The primary caregiver or licensee acting as the primary caregiver must be present in the Type I ARCH at all times unless the primary caregiver or licensee acting as the primary caregiver has secured a substitute caregiver to provide temporary coverage for the primary caregiver or licensee acting as the primary caregiver.</p> <p>FINDINGS There was documentation that on 2/25/15, the PCG and all</p>	<p>[REDACTED]</p> <p>IN THE FUTURE, I WILL PAY CLOSER ATTENTION WHEN FILLING OUT IN-SERVICE CERTIFICATES.</p>	04/08/15

	SCGs attended a three (3) hour in-service; however, there was no care giver assigned for the residents.		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS [REDACTED] - No documentation of training to make medications available to residents.</p>	<p>[REDACTED]</p> <p>GOING FORWARD, ANY & ALL TRAINING WILL BE DOCUMENTED PROMPTLY UPON COMPLETION. SEE ATTACHMENT(B)</p>	04/09/15
<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 [REDACTED]</p>	<p>TO AVOID FUTURE MISTAKES, I WILL BE SURE TO WRITE THE CORRECT ORDER AS STATED BY THE M.D. AND DOUBLE CHECK MY WORK. CLARIFICATION OF ORDER OBTAINED FROM M.D. RIGHT AWAY. SEE ATTACHMENT(C).</p>	04/08/15
<input checked="" type="checkbox"/>	<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>FINDINGS [REDACTED]</p>	<p>GOING FORWARD, ALL TRANSCRIPTIONS & RECORDS WILL BE EXAMINED THOROUGHLY TO ASSURE ALL INFORMATION IS CORRESPONDING. NECESSARY CORRECTIONS WERE MADE, IN MAR. PROPER DOSE WAS GIVEN PER BOTTLES INSTRUCTIONS REGARDLESS OF INACCURATE TRANSCRIPTION. SEE ATTACHMENT (D) & (E)</p>	04/08/15

	<p>“ [REDACTED] ”</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Two resident beds did not have pliable plastic pillow protectors on one of two pillows. Decorative pillows on resident beds did not have plastic pillow protectors.</p>	<p>THE DECORATIVE PILLOWS WERE REMOVED & REPLACED WITH STANDARD PILLOWS WITH PLIABLE PLASTIC PILLOW PROTECTORS. THE 2 COTTON PILLOWCASES WERE REMOVED & REPLACED WITH PLIABLE PLASTIC PILLOW PROTECTORS.</p>	<p>04/09/15</p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

[REDACTED SIGNATURE]

[REDACTED NAME]

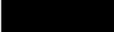
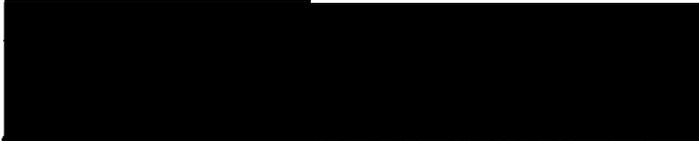
APRIL 20, 2015

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	"Seroquel 25 mg Take ½ tablet at bedtime."		
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Licensee/Administrator's Signature: _____

Print Name: _____

Date: 5-01-15

11-100.1-9 (b)

[REDACTED]

To prevent this from happening again, I made a checklist of necessary documents needed for newly hired substitutes. I will include a copy of the checklist along with all the paperwork that they will need to have completed. All paperwork will be thoroughly checked upon submission. Additionally, a calendar was made to reflect deadlines for each and every important document.

11-100.1-15 (m)

See Attachments (D) and (E).

[REDACTED]

At the beginning of every month, when a new MAR is made, I will do medication reconciliation. That will ensure the medication labels on bottles and MAR reflect the physician's order(s). To avoid recurring mistakes, I will have all my substitutes check the MAR and medication label on the bottle each time medication is administered.

11-100.1-23 (o)(3)(B)

The decorative pillows were removed and replaced with standard pillows with pliable plastic pillowcases. The 2 cotton pillowcases were removed and replaced with pliable plastic pillowcases.

To avoid repeating my mistake, I will make sure to do a thorough check each time bedding and linen are replaced. I will see to it that all bed pillows are lined with pliable plastic pillowcases. All substitutes will be taught to check for the same. We will also be stocked with extra pliable plastic pillowcases in the event of tearing or damage.

For any reason a resident refuses the use of the aforementioned pillowcases, they will have the option to provide their own pillows and pillowcases that best suit them.