

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Imelda G. Arreola (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 87-164 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: April 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Menu listed pork, mungo beans, rice and tofu. Meatball, broccoli, potatoes and rice were served. No documented menu substitutions.</p>	<p>Menu that was served that day not documented the substitutions because PAB can't find @ that time the calendar or the forms where the substitution made & was not showed upon request. In the future I should as PAB get ready all the documents that needed to always be prepared.</p>	<p>5/16/2015</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Resident [redacted] physician order dated, [redacted], read [redacted].” However, no special diet menu.</p>	<p>In this finding, I remember v.o. [redacted] told me it's only the hospital diet and I did not follow the diet ordered fr. the hospital. The [redacted] was discontinued & regular diet ordered per n/d</p>	<p>5/10/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Resident [redacted] unsecured at resident bedside.</p>	<p>In this finding, the [redacted] was not locked up & in the future I should store in the lock cabinet for security & properly labeled.</p>	<p>5/10/2015</p>
<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> <ol style="list-style-type: none"> 1) Resident [redacted] medication record reflected the following medications administered beginning [redacted]; however, no physician order obtained until [redacted]. 2) Resident [redacted] physician order dated [redacted] read, [redacted].” However, both medications were not discontinued on the [redacted] medication record. 	<p>1. In this finding, PLS did not recognize or overlook that medication on the discharge list did not match on the previous order before hospitalization. Sorry, but not here in the future PLS will read carefully & question n/d if all meds fr. have should be continued as previously ordered. Am sorry.</p> <p>2) In this finding, PLS did not write the date d/c order. In the future, I should 2 review properly the n/d AR & orders discontinued.</p>	<p>5/10/2015</p>

	<p>3) Resident [redacted] physician order dated [redacted] read, [redacted]. However, [redacted] medication records read, [redacted] tch [redacted]."</p>	<p>In this finding, the CAPP made a transcribed order & they have them on MAR & PAB did not review properly. In the future, PAB will review MAR properly.</p>	<p>5/10/15 case management</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident [redacted] re-admitted on [redacted] no admission assessment completed upon re-admission.</p>	<p>In this finding, PAB fail to do readm. assessment. In the future, PAB will put in the mind not to forget paper / form to fill out before admitting a patient & have whether readm or new admission.</p>	<p>5/10/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident [redacted] no re-admission date listed on permanent general register.</p>	<p>In this finding, PAB did not review the register. In the future, PAB will carefully review the general register of patients & maintained to record all admission & discharges of residents.</p>	<p>5/10/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p>	<p>In this finding, PAB parked close to the walkway. In the future PAB, all cars should be parked away from the walkway for safety for the residents in case of fire</p>	<p>5/10/15</p>
<p>or emergency.</p>			

	<p>FINDINGS Walkway to safe area of refuge, blocked by a parked car.</p>		
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS Substitute care giver (SCG) [redacted] no care giver training provided by the case manager.</p>	<p>In this finding, [redacted] scg no caregiver training. In the future, it was done scg [redacted] was trained in RN-CMA for CMAA</p>	<p>5/10/15</p>

Licensee/Administrator's Signature: Janelda Anredn

Print Name: Janelda Anredn

Date: 5-11-15

Office of Health Care Assurance

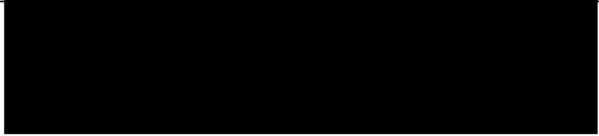


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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS [REDACTED]</p>	<p><i>See attached notes</i></p>	<p><i>7/6/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS [REDACTED]</p>	<p><i>See attached notes,</i></p>	<p><i>7/6/15</i></p>
<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><i>See attached notes</i></p>	<p><i>7/6/15</i></p>

			
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p>	<p><i>See attached notes</i></p>	<p><i>7/6/15</i></p>

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Licensee/Administrator's Signature: *Janelda Anreola*
 Print Name: Janelda Anreola
 Date: 7-6-15

UNACCEPTABLE PLAN OF CORRECTION (UPOC) NOTICE

State Licensing Section

Imelda Arreola

Imelda G. Arreola (ARCH/Expanded ARCH)

June 24, 2015

Corrected/Completed on: July 6, 2015

CORRECTIONS:

1) In the future, the documented menu substitutions will be prepared and present at all times in the facility near the main menu posted on the refrigerator. The documented menu substitution will contain interchangeable items to satisfy each food category depending on the need and supply of that day. Examples of interchangeable items could be rice to mash potatoes, bananas to apples, and cereal to oatmeal. In the event that an item is low on supply or a resident prefers something else, there are substitutions to satisfy the need.

We will fix this deficiency by always having the substitution menu prepared and on hand. Substitution items will already be listed. We have corrected this deficiency by preparing the menu and having it near the main menu posted on the refrigerator. Whenever a substitution menu item is used, we will state on the Menu Substitution Record the specifics of date, menu number, meal, menu item, and substitution.

Example Lunch:

Main Menu: Pork, mungo beans, rice, and tofu.

Substitution 1: Meatball, garbanzos or white beans, potatoes, broccoli, and rice

2) To prevent this deficiency from recurring, I will ensure that the diet ordered from the hospital and physician will be implemented into my care. Upon discharge, the diet will remain the same depending on doctor's orders. If the patient has specific dieting needs, a special diet menu will be prepared accordingly. To ensure that the special diet menu is up to par, we will consult with a nutrition specialist for approval.

3) [REDACTED]
[REDACTED] The medications are organized, labeled, and stored in a separate locked container, within a locked cabinet. The secured cabinet will remain locked at all times, only to be opened and supervised when giving medication. The key to the cabinet is safely put in an unobtainable area only known to the PCG and SCG.

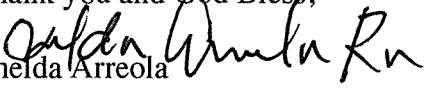
4) To avoid a similar deficiency from happening, PCG will review the admission/re-admission checklist. The checklist will be reviewed on the day of admission to prevent any missteps from occurring. This ensures that all steps are followed, all documents are filled out, and that a completed admission assessment is done by the PCG. By following the checklist, PCG will not forget to do an admission assessment.

5) To correct this deficiency, PCG will immediately document admissions and discharges of patients upon occurrence. This will prevent any confusion, miscommunication, and discrepancies that may happen. The admissions record will be carefully maintained and monitored at all times.

6) To prevent this deficiency from happening in the future, all cars will be parked away from the place of refuge and walkway. Staff will be notified to park their cars by the fence near the street. This will prevent any blockage

from the walkway so that residents and staff can safely enter and exit the area. Staff will also be reminded to keep the walkway clear and clean of any safety hazards and hindrances.

Thank you and God Bless,


Imelda Arreola