

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
 STATE OF HAWAII
 DCH-ORCA LICENSING

Facility's Name: Hipol, Margarita (ARCH)	CHAPTER 100.1
Address: 3583 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: February 4, 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><u>FINDINGS</u> Current lunch menu read, "baked salmon." However, barbeque chicken sandwich and chips were served." No documented menu substitutions.</p>	<p>Substitution menu record form has been posted next to the resident's menu in the dining area. In the future, I will make sure to record substitution when planned menu is not served.</p>	<p>02.04.15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menu posted in resident dining area for resident review.</p>	<p>Residents menu has been posted in the dining area. I will make sure to check at times, so no one will take the menu out of the bulletin board.</p>	<p>02.04.15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 30°F. Thermometer read 68°F at room temperature.</p>	<p>New refrigerator thermometer has been placed and working properly. Weekly checks will take place to make sure thermometer is in good working condition.</p>	<p>02.05.15</p>
<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><u>FINDINGS</u> </p>	<p>In the future, I will make sure all medications will remain in their proper prescription labelled box.</p>	<p>02.04.15</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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u></p> 	<p> To prevent this from happening again, I will make sure to record correctly, clearly and to add new orders in MAR. All medications should have their proper orders and doses by the physician before I administer any medications to the resident.</p>	<p>02.20.15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p>	<p>  In the future, I will update emergency sheet whenever new or discontinued medication is ordered.</p>	<p>02.05.15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS ██████████ the medication listed on the resident emergency sheet was not current.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident ████████ two (2) step tuberculosis (TB) skin test was completed after admission.</p>	<p>In the future, two (2) step tuberculosis (TB) must be completed before admission day, otherwise a resident will not be accepted in my facility. This will be added to my admission check list to have all documents completed and ready to admit a new resident in.</p>	02.04.15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS ██████████ no monthly weight for January 2015.</p>	<p>To prevent this from happening again, I will make sure to record all residents monthly weight at the same time. If a resident missed the weigh in, I will make a note to do it the next day and record ASAP.</p>	02.04.15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> No documented smoke detector checks for January 2015.</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> Resident pillows were not covered with pliable plastic pillow protectors.</p>	<p>Plastic pillow protectors has been placed to all residents pillows and followed by a linen case. I will check at times to make sure residents are not taking them off.</p>	02.06.15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> No call bells at all resident bedsides.</p>	<p>New call bells are placed to each resident's bedside. I will check at times to make sure that all call bells are properly working and not missing.</p>	02.04.15

Licensee/Administrator's Signature: Margarita G. Hipol
Print Name: MARGARITA G. HIPOL
Date: FEB. 23, 2015

Plan of Correction 11-100.1-15 (e)

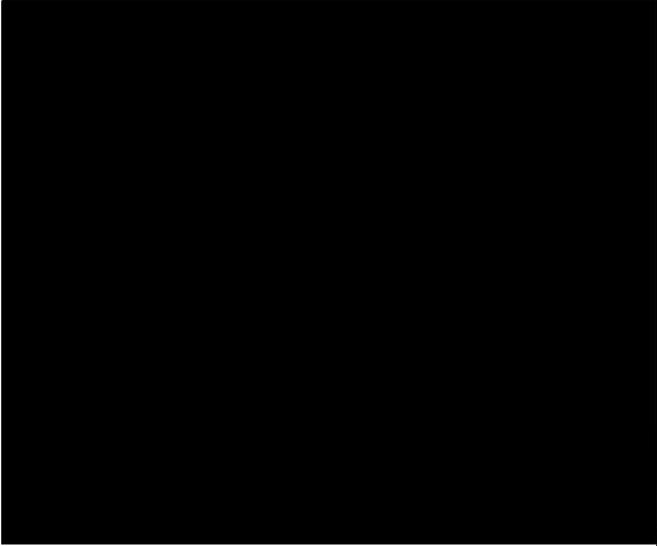
1. [REDACTED]
[REDACTED]. To prevent this from happening again, I will make sure to follow physician order and to transcribe correctly.

2. [REDACTED]
[REDACTED] In the future, I will make sure to look at my document and have physician order(s) and signature before leaving the office. If not, I will not administer medication without proper order.

3. [REDACTED]
[REDACTED] In the future, I will make sure to look at my document and have physician order(s) and signature before leaving the office. If not, I will not administer medication without proper order.

4. [REDACTED]
[REDACTED] In the future, I will make sure all medication(s) as ordered by physician are transcribed on to the MAR, until physician order medication(s) to be discontinued.

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STATE OF IOWA
NURSING LICENSING

Rules (Criteria)	Plan of Correction	Completion Date
<p><u>FINDINGS</u></p> 	<p>Please see attached Plan of Correction.</p>	<p>2/20/15</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(3) 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p>		

Licensee/Administrator's Signature: Margarita Gutierrez Hipol

Print Name: MARGARITA GUTIERREZ HIPOL

Date: MARCH 30, 2015