

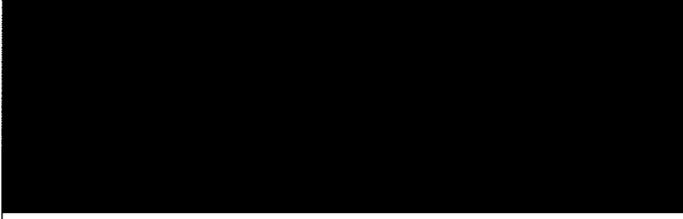
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

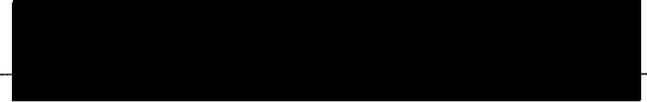
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| Facility's Name: Poncethia R. Rambo's | CHAPTER 100.1 |
| Address: 1621 Nohoana Place, Hilo, Hawaii 96720 | Inspection Date: November 2, 2015 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS No documented menu substitutions.</p> | <p>FUTURE PLAN: TO MAKE A FOOD SUBSTITUTION AVAILABLE FOR THE RESIDENT IF THEY REFUSED THE FOOD SERVED W/SIMILAR NUTRITIVE VALUE AND IT WILL BE WRITTEN OR DOCUMENTED IN A SEPARATE SHEET FOR THE WHOLE MONTH.</p> | NOV. 10, 2015 |
| <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: 100px;"></div> | <p>FUTURE PLAN: i.) WILL ALWAYS DOUBLE CHECK THE DOCTORS ORDERS TO MAKE SURE IF ITS CORRECT PRIOR TO GIVING THE MEDICATION TO THE RESIDENT AND DOCUMENT IT FOR ANY CHANGES.</p> <div style="background-color: black; width: 100%; height: 100px;"></div> | NOV. 10, 2015 |

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| | - it; however, no physician order for supplement administration. | FUTURE PLAN: WILL ASK DOCTOR TO WRITE THE ORDER FOR THE SUPPLEMENT, CHECK-IT, WHENEVER MY RESIDENT NEEDED TO HAVE ONE IN THE FUTURE & DOCUMENT IT. | NOV. 10, 2015 |
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS</p>  | <p>FUTURE PLAN: WILL ALWAYS DOUBLE CHECK THE MEDICATION ORDERS MADE BY THE PHYSICIAN, FOLLOW AND DOCUMENT IT AS ORDERED ACCORDINGLY.</p> | NOV. 10, 2015 |
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS</p>  |  <p>FUTURE PLAN: IN THE FUTURE, WILL CHECK MEDS CONTAINER AND DISCARD DISCONTINUED MEDICATIONS.</p> | NOV. 2, 2015 |
| ☒ | <p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> |  | NOV. 10, 2015 |

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| | <p>FINDINGS Resident [REDACTED] no schedule of activities.</p> | <p>FUTURE PLAN: WILL MAKE SURE A SCHEDULE OF ACTIVITIES WILL BE FILLED OUT UPON</p> | <p>NOV. 10, 2015</p> |
| <p><input checked="" type="checkbox"/></p> | <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 [REDACTED]</p> | <p>[REDACTED]</p> <p>FUTURE PLAN: WILL MAKE SURE TO FILL OUT THE PROGRESS NOTES ON A MONTHLY BASIS OR AS NEEDED IF THERE'S ANY CHANGES FOR THE RESIDENT'S CARE AND DISCUSS IT WITH THE DOCTOR, CASE MANAGER AND MY SUPER. AS WELL FOR ANY CHANGES.</p> | <p>NOV. 10, 2015</p> |
| <p><input checked="" type="checkbox"/></p> | <p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p>FINDINGS [REDACTED]</p> | <p>[REDACTED]</p> <p>FUTURE PLAN: IN THE FUTURE, I'LL MAKE SURE TO FOLLOW THE ADMISSION REQUIREMENTS TO GET A 1ST & 2ND STEP PPD FOR THE NEW RESIDENT ADMIT. AND GO WITH THE NEW SUBSTITUTE CAREGIVERS.</p> | <p>NOV. 12, 2015</p> |

Licensee/Administrator's Signature:



Print Name: PONCETHIA R. RAMBO

Date: NOV. 12, 2015

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documented menu substitutions.</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><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1) Resident #1, admission physician orders dated February 17, 2015 read, "Vitamin B12 1000 mcg PO daily." However, February 2015 medication record read, "Vitamin B-12 1,000 mcg tab Cyanocobalamin take 2 tab by mouth daily for B-12 deficiency." 2) Resident #1, personal expense record listed "thick - it" and primary caregiver states she tried using thick | | |

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| | – it; however, no physician order for supplement administration. | | |
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1, physician order dated March 4, 2015 and renewed on April 22, 2015, July 29, 2015 and October 21, 2015 read, "Tylenol 325 mg tab. Gen. Acetaminophen take 2 tab by mouth every 4hrs as needed for pain/fever > 101.0." However, the medication was not listed as available on March – July 2015 monthly medication records.</p> | <p>FUTURE PLAN: WILL ALWAYS DOUBLE CHECK THE MOST RECENT PHYSICIANS ORDERS + MATCH IT WITH THE CURRENT MEDICATION ADMINISTRATION RECORD (MAR) AT THE BEGINNING OF EVERY MONTH.</p> | DEC. 15, 2015 |
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1, medication bin contained the following discontinued medications:</p> <ul style="list-style-type: none"> • "Sennakot S 8.6 – 50 mg" • "Amlodipine 5 mg" | <p>CORRECTIVE ACTION: DISCARD OLD MEDS. IN THE MEDICATION BIN IF ITS Dcd. IMMEDIATELY FOLLOWING THE INSPECTION, I REMOVED THE Dcd. MEDS. + DISCARD IT IN THE COFFEE GROUNDS.</p> <p>FUTURE PLAN: IN THE FUTURE, WILL CHECK MEDS. CONTAINER AND DISCARD DISCONTINUED MEDICATIONS.</p> | DEC. 15, 2015 |
| ☒ | <p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> | | |

Licensee/Administrator's Signature: Doncethia A. Rambo, PCG

Print Name: DONCETHIA RAMBO

Date: DECEMBER 15, 2015