

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R&M Duran, L.L.C.	CHAPTER 100.1
Address: 94-628 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: April 16, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS </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</p>		

	<p>when any incident occurs;</p> <p>FINDINGS</p> <p>[REDACTED]</p>		
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS</p> <p>[REDACTED]</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1, progress note dated April 4, 2015 read, "coughing still persist though food <u>soft and minced & liquid thickened.</u>" However, no physician order for use of thickening agent.</p>	<p>I OBTAINED PHYSICIAN'S ORDER FOR THICKENING AGENT OF RESIDENT #1 ON 4/20/15.</p> <p>TO PREVENT THIS PROBLEM TO RECURR IN THE FUTURE, I AM GOING TO MAKE A NOTES AS SOON AS APPT IS DONE WITH ANY PROVIDER TO GET PHYSICIAN'S ORDER, BASE ON ANY PROVIDER RECOMMENDATION.</p>	4/20/15
<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</p>	<p>I WROTE MY OBSERVATION ON THE RESPONSE OF MED, SIDE-EFFECT, RESIDENT STATUS ON 4/16/15 ON THE MAR NOTES.</p> <p>TO PREVENT THIS PROBLEM TO RECURR, I WILL WRITE DOWN WHAT EVER OBSERVATION I NOTICE FROM RESIDENT EVERYTIME I GIVE MED ESPECIALLY PRN MED, SIDE EFFECT MED EFFECTIVENESS & RESIDENT CONDITION. OBSERVATION NOTES SHOULD ALSO WRITTEN DOWN ON CALENDAR TO REMIND ME EVERYTIME I SEE MY CALENDAR.</p>	4/16/15

	<p>when any incident occurs;</p> <p>FINDINGS Resident #1, no documented response to antibiotic, "Levofloxacin 500 mg 1 tab QD," prescribed by physician on January 7, 2015.</p>		
<p><input checked="" type="checkbox"/></p>	<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>FINDINGS Resident #1, care plan: "Diabetes Type 2," did not address daily to BID FBS blood sugar monitoring ordered by physician.</p>	<p>THE CASE MANAGER, RN & ME (PCG) DEVELOP A CARE PLAN THAT INCLUDES BLOOD SUGAR MONITORING DAILY TO BID TO RESIDENT #1 ON 5/8/15.</p> <p>TO PREVENT THIS PROBLEM FROM RECURRING, I WILL PROVIDE TO THE CM ALL DRG. ORDER, TREATMENT PLAN TO MAKE, DEVELOP A CARE PLAN FOR RESIDENT #1. I WILL ALSO REQUEST CM TO REVIEW WITH ME (PCG) & DISCUSS CARE PLAN EVERY VISIT.</p> <p>(DISCOVERED WITH CM DURING VISIT THAT CARE PLAN WAS IN PLACE BUT WAS A NEW FORM & WAS REFLECTED ON ANOTHER CARE PLANNING CONSIDERATION.)</p>	<p>5/8/15</p>

Licensee/Administrator's Signature: Maria L. Duran

Print Name: MARENILA L. DURAN, CNA

Date: 5/8/15