

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosario, Trinidad (ARCH)	CHAPTER 100.1
Address: 372 Pakauwili Drive, Wahiawa, Hawaii 96786	Inspection Date: March 17, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Current menu not posted in dining area for residents and department review.</p>	<p>Menu is posted in the residents dining area. In the future, menu will always be posted at the residents dining area for residents and the department to review.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p>	<p>In the future, I will use the admission checklist before admitting a patient, that the level of care should be obtained prior to a resident admission and shall be made available for review.</p>	<p>45 MAR -8 11:34</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident [REDACTED] level of care obtained after admission. [REDACTED]</p>	In the future, I will use the admission checklist before admitting a patient.	
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer available for checking cold food temperatures.</p>	<p>Metal stem thermometer has been purchased.</p> <p>In the future, metal stem thermometer will be available for checking hot and cold food temperature.</p>	3/25/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 Lantus Solo insulin injection stored unsecured on refrigerator door.</p>	<p>Lock box with key has been purchased</p> <p>In the future, insulin injection should be placed in the lock box with key and to be not stored in the refrigerator.</p>	3/25/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>	In the future, I will make sure that all medications, vitamins and mineral that are ordered by physician should match in the medication record, including the name, the time and the frequency of the medications.	

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	In the future, I will make it sure to call the physician to verify the medication and ask for telephone order, the name the time, the dosage of the medication.	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><u>FINDINGS</u></p> <p>[REDACTED]</p>	<p>In the future, I will make sure to write in the medication record, all vitamins, mineral, and formulas that when taken by residents shall be recorded on the residents medication records. The name, the time and the dosage of medication.</p> <p>In the future, I will make sure, that, all medications should be written in the medication record the number of pills administered, The time, the dosage and the name of medication.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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>FINDINGS Resident [redacted] current medications not listed on resident emergency information sheet.</p>	<p><i>In the future, I will complete all individual record for each resident especially emergency information for the department or any legal agency to review or just in case of emergency it is easier for the ambulance to get information.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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 [redacted] no two (2) step tuberculosis (TB) skin test prior to admission. [redacted]</p>	<p><i>In the future, I will make sure to use the checklist before admitting a new patient.</i></p> <p><i>step 2 skin test done, see enclosed copy.</i></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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident [redacted] no rate for services listed on signed, care home general operational policy.</p>	<p><i>In the future, I will complete all written documents, policies regarding the rights and responsibilities of resident's during the stay in the care home, prior to or at the time of admission, and during stay of service and related charges.</i></p> <p><i>Corrected during inspection.</i></p>	

Licensee/Administrator's Signature: Trinidad U. Rosario

Print Name: Trinidad U. Rosario

Date: 4/29/15

Office of Health Care Assurance

State Licensing Section

RECEIVED

'15 JUN 22 P1:41

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
NON-ORCA LICENSING

Facility's Name: Rosario, Trinidad (ARCH)	CHAPTER 100.1
Address: 372 Pakauwili Drive, Wahiawa, Hawaii 96786	Inspection Date: March 17, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menu not posted in dining area for residents and department review.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident [REDACTED] level of care obtained after admission, on [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer available for checking cold food temperatures.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 Lantus Solo insulin injection stored unsecured on refrigerator door.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>In the future, I will review before I leave the physicians office to make it sure that the prescribe medicine match to the same, name, dosage and time.</p>	<p>6/18/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	In the future, for the next doctor visit that, the present prescribe medication during telephone order ^{will} match the same.	6/18/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><u>FINDINGS</u></p> <p>[REDACTED]</p>	<p>In the future, I will review and double check the physicians order and write in the medication record as soon as I get home from the doctors office, and, write the current medication in the medication record and place in the clipboard and it will be ready to administer and initial as soon as it is given</p>	6/18/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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>FINDINGS Resident [redacted] current medications not listed on resident emergency information sheet.</p>	<p><i>I will ensure that the emergency information of residents is current. I will review and updated every year and revise at the time the physicians changes order.</i></p>	<p>6/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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 [redacted] no two (2) step tuberculosis (TB) skin test prior to admission. [redacted]</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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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>I will document immediately after receiving the new medication, in the medication sheet and I will write myself a note to remind me to document the response to the medication</p>	<p>6/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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 and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident [REDACTED] no incident report [REDACTED]</p>	<p>In the future I will document in the event in my monthly progress notes and make incident report immediately, following the incident, so as not to forget.</p>	<p>6/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Resident [REDACTED] blue ink used on [REDACTED] medication records.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident [redacted] no rate for services listed on signed, care home general operational policy.</p>	<p><i>For the</i></p>	

Licensee/Administrator's Signature: Trinidad U. Rosario

Print Name: Trinidad U. Rosario

Date: 6/18/15