

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valdez Care Home	CHAPTER 100.1
Address: 94-1031 Lumiauau Street, Waipahu, Hawaii 96797	Inspection Date: October 5, 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 </p>	<p>Pureed diet menu available - In the future, we will make sure that special diet menu will be available</p>	10-22-15
<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</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<p>department to review.</p> <p>FINDINGS No menu posted in kitchen.</p>	<p>Copy of menu posted in kitchen. - In the future, we will be careful & confirm to have a copy of the menu posted in the kitchen.</p>	<p>10-22-15</p>
<p><input checked="" type="checkbox"/> §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>[REDACTED]</p> <p>- In the future, all drugs that require storage in refrigerator will be properly separated & kept in a locked container.</p> <p>[REDACTED]</p> <p>- In the future, we will be very careful in segregating residents medications in separate containers.</p>	<p>10-5-15</p>
<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>in the future, proper procedure to dispose of discontinued medications will be followed.</p>	<p>10-5-15</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</p>		

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	<p>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>FINDINGS ██████████ Resident Emergency Information sheet, medication list was not current.</p>	<p>Resident emergency information sheet medication list updated. - In the future, we will be careful & diligent in updating changes to appropriate documents.</p>	<p>10-5-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS ██████████</p>	<p>██████████</p> <p>- In the future we will document that ██████████ was provided as ordered. - In the future, we will include in our records: entries describing treatments & services rendered.</p>	<p>10-5-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS</p>	<p>- Substitute caregiver completed 12 hours of continuing education. ^{gr have} - In the future, we will that have & supporting documents of successful completion of continuing education courses (12 hrs) per year</p>	<p>10-22-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	Substitute caregiver (SCG) [REDACTED] no continuing education hours completed for 2015 annual inspection year.		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>IN THE FUTURE WILL BE VERY CAREFUL to MAKE SURE THAT [REDACTED] ORDERED WILL ALSO CHECKED.</p> <p>[REDACTED]</p> <p>WE WILL BE VERY CAREFUL IN CHANGING NEW ORDER AT SERVICE PLAN IN THE FUTURE.</p> <p>[REDACTED]</p>	<p>10-6-15</p>

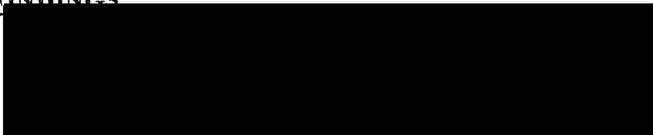
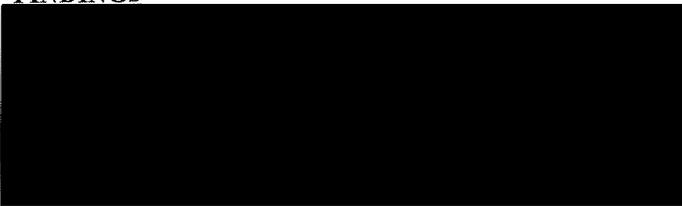
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

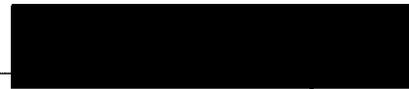
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Licensee/Administrator's Signature: _____



Print Name: _____

Minda Valdez

Date: _____

Dec. 17, 2015

Minda Valdez ARCH

94-1031 Lumiauau St.

Waipahu, HI 96797

Deficiency follow up #2

1. To prevent deficiency from recurring

- Audits will be performed upon receipt of medication and every other month thereafter on
 - February/April/June/August/October/December
- Medications expiring within 60 days will be tagged with bright pink sticker and expiration date will be handwritten in large print to identify near expiration
 - Tagged medications with pink sticker to be checked daily for expiration until disposed.
- Will notate expiration date in master calendar for reminder
- Post MD visit and/or Telephone call checklist created to ensure appropriate documents and actions completed following each office visit and/or telephone
 - Verify new orders
 - Update Mar
 - Update Resident Emergency Information Sheet
 - Dispose discontinued medication
 - Progress Note entry
 - Notify CM (as applicable)
 - Verify changes made []

2. To prevent a similar deficiency from recurring, Post MD visit and/or Telephone call checklist created to ensure resident emergency information sheet and medication list updated following each office visit.

- Verify new orders
- Update Mar
- Update Resident Emergency Information Sheet
- Dispose discontinued medication
- Progress Note entry
- Notify CM (as applicable)
 - Verify changes made []

3. To prevent similar deficiency from recurring, will conduct quarterly audits for PCG and SCG continuing education units with supporting documents



- Audits to be completed in January/April/July/October
 - Will notify, remind, and stress importance of completing 12 CEU's per year with supporting documents.
- Mandating for PCG and SCG to complete 12 CEU's and turn in supporting documents by September 1.

4. a. Deficiency corrected by PCG contacting CM RN via telephone call. CM RN updated MAR.

- PCG verified changes on MAR upon receipt of document.

b. Will prevent similar deficiency from recurring by following up and verifying changes completed to supporting documents via:

- Post MD visit and/or Telephone call checklist completed in entirety
 - Verify new orders
 - Update Mar
 - Update Resident Emergency Information Sheet
 - Dispose discontinued medication
 - Progress Note entry
 - Notify CM (as applicable)
 - Verify changes made []

