

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fe Pena (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1621 Kaumoli Street, Pearl City, Hawaii 96782	Inspection Date: July 17, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1: <ul style="list-style-type: none"> Physician order [redacted] diet. Primary care giver (PCG) stated that is a regular diet. </p>	<p><i>I'll make sure that again there should be a physician's order for this special diet</i></p> <p><i>In the future I'll use a post it marker writing it down in the marker when the renewal of special diet. Also make sure its signed by the Doctor</i></p>	<i>4/6/16</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p>FINDINGS Resident #1 physician restraint order expired [REDACTED]</p>	<p>I'll put an order signed ^{by} the physician regarding [REDACTED] while in bed and use of the restraints for safety on a weekly basis. In the future I make sure to get an order from the doctor and also talk it over w/ the guardian once the physician sign the order for the safety of the resident.</p>	<p>11-20-15</p>
		<p>I can be calling this tel. order for doctor to update [REDACTED] restraint and when time comes for [REDACTED] appt. for check up I'll let the doctor sign all the tel. orders that I made so in that way I am updated w/ the restrain order & also explain to the family that I had a Doctors order for the restraint</p>	<p>4-6-16</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> No tuberculosis clearance [REDACTED]. Previous records show resident is negative [REDACTED]. However, attestation form used this past year. Submit evidence of current TB skin test. 		<p>I'll make a calendar to update each and everyone's P.E. immunization periodic exams and have to check on my calendar weekly.</p> <p>I corrected this error by making a calendar for all my clients and their respective needs just like P.E that comes w/ T.B. clearance & the doctor's that they are due</p>	<p>4-6-16</p> <p>May 20, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 Resident #1:</p> <ul style="list-style-type: none"> Administered PRN [redacted] since [redacted] no documentation of response to PRN. 	<p><i>I'll make sure to review my progress notes consist of observation response to medication, treatment diet, care plan, changes in condition</i></p> <hr/> <p><i>I'll use a post it markers in order to remember what time the PRN meds was given and documentation of response to PRN and post it in [redacted] chart so you will remember what time you gave & the response to the medication</i></p>	<p style="text-align: center;">11-20-15</p> <hr/> <p style="text-align: center;">4/6/16</p>

Licensee/Administrator's Signature: *Fe Pena*

Print Name: Fe Pena

Date: 11-20-15

Licensee/Administrator's Signature: *FPena*

Print Name: Fe T. Pena

Date: April 4, 2016

Licensee/Administrator's Signature: *FPena*

Print Name: FE Pena

Date: May 20, 2016