

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marquez, Luz (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-908 Kumua Street, Waipahu, Hawaii 96797	Inspection Date: May 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute care giver #1, #2, #3 No documentation of training to make medications available to residents.</p>	<p>SUBSTITUTE CARE GIVER #1, #2, #3 WILL BE TRAINED BY ME AS THE PRIMARY CARE GIVER WHO PROVIDES CARE TO ALL THE RESIDENTS IN THE HOME UPON ADMISSION.</p> <p>THE TRAINING OF THE SUBSTITUTE CARE GIVER #1, #2, #3 WAS DONE 5/7/15 AT OUR HOME AND WAS DOCUMENTED (94-908 Kumua Street Waipahu)</p> <p>IN THE FUTURE I WILL MAKE SURE THAT ALL GIVERS WHO PROVIDES CARE TO MY RESIDENTS SHALL BE TRAINED SUBSTITUE BY ME THE PRIMARY CARE GIVER UPON ADMISSION OF RESIDENT</p> <p>OBSERVATIONS ON THE MEDICATION AND DOCUMENTED AND THE RESPONSE SHALL BE DOCUMENTED OR A MONTHLY BASIS OF progress notes</p>	5/7/15

	Rules (Criteria)	Plan of Correction	Completion Date
<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,</p>		
	<p>behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1</p> <p>with no corresponding progress note to reflect response to medication.</p> <p>Resident #1</p> <p>with no corresponding progress note to reflect response to medication.</p>	<p>RESIDENT #1</p> <p>STATS</p> <p>documented the response to medication</p> <p>IN THE FUTURE I WILL DOCUMENT THE RESPONSE OF THE OR RESIDENT #1</p> <p>PROGRESS NOTES WERE NOT DOCUMENTED IN THE FUTURE I WILL MAKE SURE TO DOCUMENT ALL RESPONSES OF THE</p> <p>RESIDENT #1</p> <p>PROGRESS NOTES WERE NOT DOCUMENTED IN THE FUTURE I WILL MAKE SURE TO DOCUMENT ALL RESPONSES OF THE</p>	<p>RESIDENT #1</p> <p>STATS</p> <p>documented the response to medication</p> <p>IN THE FUTURE I WILL DOCUMENT THE RESPONSE OF THE OR RESIDENT #1</p> <p>PROGRESS NOTES WERE NOT DOCUMENTED IN THE FUTURE I WILL MAKE SURE TO DOCUMENT ALL RESPONSES OF THE</p> <p>RESIDENT #1</p> <p>PROGRESS NOTES WERE NOT DOCUMENTED IN THE FUTURE I WILL MAKE SURE TO DOCUMENT ALL RESPONSES OF THE</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #1 Emergency information document lists discontinued</p>	<p>RESIDENT #1 FAILED TO DOCUMENT DISCONTINUED BY MD ON EMERGENCY INFORMATION CORRECTED AND DOCUMENTED ON THE EMERGENCY INFORMATION SHEET IN THE FUTURE ALL MEDICATION DC BY MD MUST BE DOCUMENTED RIGHT AWAY ON EMERGENCY INFORMATION TO AVOID CONTINUATION</p> <p>WHENEVER THERE IS A CHANGE IN MEDICATION OR IF MD DISCONTINUES IT HAS TO BE UPDATED ON EMERGENCY INFORMATION IN THE FUTURE I WILL MAKE SURE TO UPDATE DISCONTINUED MEDICATION ON EMERGENCY INFORMATION</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p>	<p>I UNDERSTAND THAT I HAVE TO CHECK CURRENT IMMUNIZATION FOR PNEUMOCOCCAL ON ALL RESIDENTS BEFORE ADMITTING TO THE HOME IN THE FUTURE ALL RESIDENTS ESP. RESIDENT NO. HAS TO HAVE A RECORD OF PNEUMOCOCCAL AND INFLUENZA AS RECOMMENDED BY ACIP OTHERWISE DON'T ADMIT</p>	

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	<p>ON 8/31/09 RESIDENT #11 HAD PNEUMONIA OR PNEUMOCOCCI IMMUNIZATION DONE BY DR. ACCORDING TO DR.</p>	<p>8/13/14</p>
	<p>ON LOOK FOR CONSULTATION. THIS IS GOOD FOR ONCE IN A LIFETIME RECORD OF IMMUNIZATION IN THE FUTURE RECORD OF IMMUNIZATION WILL BE AVAILABLE AT RESIDENT'S FOLDER AT ALL TIMES</p>	<p>AS D WAS OLD FOLDER RECORDED</p>
	<p>COPIES OF IMMUNIZATION PNEUMONIA OR PNEUMOCOCCI DONE BY WAS KEPT ON OLD FOLDER OF RESIDENT #11</p>	

Licensee/Administrator's Signature: Luz A. Marquez
Print Name: Luz A. MARQUEZ
Date: 5/22/15

Licensee/Administrator's Signature: Luz A. Marquez
Print Name: Luz A. MARQUEZ
Date: 9/10/15

Licensee's/Administrator's Signature: Luz A. Marquez
Print Name: Luz A. MARQUEZ
Date: 5/13/16