

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

15 JUL 14 10:49
STATE OF HAWAII
HOSPITALS DIVISION

Facility's Name: Apuya, Roger (ARCH)	CHAPTER 100.1
Address: 2517 Hoenui Street, Honolulu, Hawaii 96819	Inspection Date: July 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver, two (2) continuing education hours only. Submit documentation for four (4) additional continuing education hours with your plan of correction.</p>	<p>In the future, I have to make sure to put it in my calendar. I have to consult my calendar every month and make sure I have enough CME hours until the month of inspection.</p> <p>H.B. Please see attached copies of certificate of training.</p>	12/4/15

	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 #2 No documentation of training by primary care giver to make medications available to residents and properly record such action. Submit documentation of training by primary care giver that indicates that substitute care giver #2 is able to make medications available to residents and properly record such action.</p>	<p>① I created documentation of training to make medications available to residents and document properly.</p> <p>② In the future, if I take new SCG, I would train them to make them available to residents and document properly.</p> <p>NB. Please see attached copy of SCG training.</p>	<p>7/7/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 Physician ordered Order not transcribed in MAR.</p>	<p><i>Pls. see attached copy</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 Medication reevaluation not done.</p>	<p><i>Pls. see attached copy</i></p>	

PLAN OF CORRECTION

1. For 11-100. 1-15 (e)- Regarding the being ordered by my resident's physician, I transcribed it in my resident's medication administration record (MAR) right after our annual inspection was done.

In the future, any medications and supplements, such as vitamins, minerals and formulas that are being ordered for my residents, I shall see to it that it will be transcribed in my resident's medication administration record (MAR) right after every doctor's visit in order for me not to forget.

2. For 11-100. 1-15 (g)- Regarding re-evaluation of medication, due dates are being written in my calendar close to my working area and in my appointment book. A reminder noted in my appointment book has to be written also a week before in order not to forget the said appointment. I always check my calendar and appointment book at the beginning of the week and make sure that things that are needed to be done that week are noted.

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§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.

FINDINGS
Resident #1 April 2015 MAR blank.

② On MAR, I used to fill out /initial @ the end of the month but from now on, I will make MAR available to be initialed everyday. Anytime medications given to resident, MAR has to be initialed right away for proper documentation.

7/7/15

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§11-100.1-17 Records and reports. (b)(7)
During residence, records shall include:

Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;

FINDINGS
Resident #1 No monthly weights March 2015 to June 2015.

From now on, every resident in our care has to be weighed every month and record it for proper documentation. In the future, when a doctor / APRN request such, it has to be made available for the department to check.

4/1/16

③ An in circumference was ordered for Resident #1 to monitor weight.

7/7/15

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§11-100.1-17 Records and reports. (b)(8)
During residence, records shall include:

Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;

FINDINGS
Resident #1 No progress notes for corresponding eye doctor visits

④ Any consult with professionals, it needs to be recorded in the progress notes also. In the future, whenever I bring my residents to any appointments, I will bring ^{both} physicians Record and progress notes and document it right away for proper documentation and make available on Resident's chart right away

7/7/15

Additional Notes for # 3 deficiency

- > As to the doctor's order regarding arm circumference measurement, it was just verbally told so I can not provide any notes regarding taking arm circumference this time.
- > To avoid such situation to occur again, anything that is being ordered, either via telephone conversation, it has to be written on Physician's order pad by next office visit to the doctor, I will be bringing the order pad let the physician sign it.
- > Upon receiving such order, a record of such measurement has to be made available in another sheet of paper.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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 #1 No progress note for admission</p> <p>Resident #1 No incident report for circumstances of admission</p>	<p>① In the future, anything that has been done for my residents, or any procedure. It has to be noted / documented in the progress note.</p> <p>② I promise that any unusual incident like admission, an incident report has to be filled out and file it on resident's chart and make it available for the department to see during inspection</p>	<p>12/4/15</p>
		<p>My future plan regarding any incident that will occur in our home is to make sure that it is written on the incident report. I have to make sure that any admission to the hospital, notes shall be made available in our resident's folder for proper documentation. In the future when ever there is a situation like this, paper work from hospital upon discharge will be placed in folder right away to avoid misplaced papers or notes.</p>	<p>4/1/16</p>

Licensee/Administrator's Signature: Roger Agye

Print Name: ROGER APUYA

Date: 12/6/15

Licensee's/Administrator's Signature: Roger Agye

Print Name: ROGER APUYA

Date: 10/1/16

Licensee's/Administrator's Signature: Ry Gy

Print Name: ROGER APUYA

Date: 4/25/16