Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serapion, Shirley (ARCH/Expanded ARCH)	**CHAPTER 100.1**
Address: **94-258 Kahuahele Street, Waipahu, Hawaii 96797**	**Inspection Date: January 8, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§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** [redacted] **Clarify order with physician.**	attached documents	03/20/2016
☒	§11-100.1-17 Records and reports. (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.		

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS Resident #1 Emergency data sheet not updated with correct medication and doses.	attached documents	03/30/2016
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 possessions sheet not updated [redacted].	attached documents	03/30/2016
☒	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. **FINDINGS** Resident #1 no evidence of pneumococcal immunization or refusal by resident.	attached documents	03/30/2016
☒	§11-100.1-88 Case management qualifications and services. (c)(3) 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:		

	Rules (Criteria)	Plan of Correction	Completion Date
	Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 care plans not dated as reviewed [redacted] by case manager.	attached documents	03/20/2016
☒	§11-100.1-88 Case management qualifications and services. (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; **FINDINGS** Resident #1 case manager evaluation of care givers last done [redacted], should be yearly.	Resident II-1 RN CM notified regarding Annual Skills Check evaluation. Completed. In the future, I will work together with my RN CM to make sure [redacted] is updating the Annual Skills Check evaluation, and also refer to my calendar and checklist to prevent from recurring.	2/18/2016
☒	§11-100.1-88 Case management qualifications and services. (c)(10) 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: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 comprehensive reassessments done annually should be done every six (6) months.	RN CM notified regarding resident II-1 Comprehensive reassessment. Completed. In the future, I will work together with my RN CM to make sure she is updating the six months comprehensive assessment, and I will refer my calendar and checklist of the mending me to prevent this from recurring again.	2/18/2016

Licensee's/Administrator's Signature: Shirley Serapion

Print Name: SHIRLEY SERAPION

Date: 02/19/2016

Licensee's/Administrator's Signature: Shirley Serapion

Print Name: SHIRLEY SERAPION

Date: 03/20/2016

Serapion Care Home
Plan of Correction 2016

Section 11-100.1-15 Medications. (m)

Plan: Completion Date 1/21/2016-Resident #1 medication order was clarified with Resident #1's Doctor. Letter was made for Resident #1's Doctor to clarify medication in question. Caregiver #1 brought medication clarification letter to Resident #1's Doctor's office. Resident #1's Doctor reviewed, signed, and dated medication clarification. MAR for Resident #1 was updated to reflect the changes made.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the current MAR for each resident against the signed orders from the resident's Doctor and the medication on hand. If any discrepancies are found, medication orders in question will be clarified with prescribing MD via FAX.

A letter faxed to MD will include the following for MD to review and sign:

- Medication name, dose, route, time(s) of administration, diagnosis for medication

If no signed orders received by prescribing MD in 24 hours, a phone call will be made to prescribing MD to follow up on the fax, review orders, sign, date and fax back. If no signed orders received 24 hours after first phone call made, medication clarification letter will be hand-delivered to MD's office for MD to sign.

Shirley Serapion 03/20/2016

Section 11-100.1-17 Records and reports. (e)

Plan: Completion Date 1/8/2016-Resident #1 emergency data sheet was reviewed and updated by caregiver #1.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the emergency data sheets for each resident, and will update and correct emergency data sheets for any changes and insure that emergency data sheets are current.

Shirley Serapion
03/20/2016

Section 11-100.1-19 Resident accounts. (d)

Plan: Completion Date 1/8/2016-Resident #1 Possessions sheet updated for current year [redacted] by caregiver #1.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the possessions sheets for each resident, and will update and correct possessions sheets for any changes and ensure that information is current.

Shirley Serapion 03/20/2016

Section 11-100.1-84 Admission requirements. (b)(4)

Plan: Completion Date-1/15/2016 – Caregiver #1 received verbal consent from Resident #1POA for Resident #1 to receive pneumococcal immunization. Caregiver #1 scheduled immunization for resident #1. Immunization completed and immunization record for Resident #1 updated.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the all charts for each resident, and will check if any immunizations/shots are due for that particular month. For the resident(s) who is/are due for immunizations/shots that month, caregiver #1 will ask the resident's POA/designated family member for verbal consent for resident to receive immunization/shot, and will schedule immunization/shot to be administered. Once immunization/shot is administered, caregiver #1 will update the vaccine administration record to reflect the date the said immunization/shot.

Shirley Serapion
03/20/2016

Section 11-100.1-88 Case management qualifications and services. (c)(3)

Plan: Completion Date 2/18/2016-Resident #1 RNCM and caregiver #1 reviewed and updated resident's #1 care plan.

Caregiver #1 will meet with RNCM during the second week of each month to collaborate and review care plans for each resident for accuracy and to insure that information is current each month.

Shirley Serapion 03/20/2016