

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 16, 2015 Annual

	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><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 40px;"></div>	<p><i>Attached document</i></p> <p><i>-F/2/16 @ 10:11 AM - DMV</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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 licensee or primary care giver for the department's review:</p>	<p><i>Done PCG assessment admission - In the future, I will refer my checklist admission, make sure I never made it tight away to prevent from receiving. Also I will let my substitute to check for me.</i></p>	<p><i>1/16/2015</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b> Resident #1:</p> <ul style="list-style-type: none"> <li>No primary care giver (PCG) assessment for admission.</li> </ul>		
<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, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 20px;"></div>	<p>Attached plan of correction</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p>	<p>Already cut. On the future, Big sign in front my refrigerator to remind me to check every 28th each month make sure no snow over from hedges and as well as my calendar, To prevent from recurring.</p>	<p>1/17/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b> Obstruction to area of refuge. Path from back of ARCH and right side of ARCH to front narrows to twenty-two (22) inches, due to overgrown hedge.</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><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1: Had four (4) hours of continuing education. <b>Submit eight (8) additional hours with plan of correction (POC).</b></p>	<p><i>Attached plan of correction</i></p>	

Licensee/Administrator's Signature: Shirley Serapion

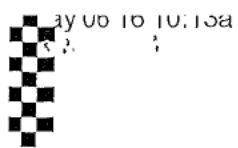
Print Name: SHIRLEY SERAPION

Date: 5/2/2014

Licensee's/Administrator's Signature: Shirley Serapion

Print Name: SHIRLEY SERAPION

Date: 7/29/2014



### Serapion ARCH 2015 Plan of Corrections

#### 11-100.1-15 Medications. (e)

All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.

Findings:



**Plan of Correction:** Deficiency was corrected and submitted to DOH in 2015.

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 the first phone call made, medication clarification letter will be hand-delivered to MD's office for MD to sign.

*Shirley Angerson 5/6/2016*

11-100. 1-17 Records and Reports. (b) (3)

During residence, records shall include: Progress notes shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatment, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including date, time and any and all action taken. Documentation shall be completed immediately when any incident occurs.

Findings: 

Plan of correction: Deficiency was corrected and submitted to DOH in 2015.

Within the first 7 days of each month, Caregiver #1 will complete documentation of each resident that will include the following: observations of the resident's response to medication, treatment, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including date, time and any and all action taken. In addition, in the event of an adverse incident, PRN documentation will be completed within 24 hours of adverse incident to will also to include the aforementioned criteria.

*Shirley Draper 5/6/2016*



11-100.1-23 **Physical Environment.** (g) (3) (B) Fire Prevention Protection

Type 1 ARCH shall be in compliance with, but not limited to, the following provisions:

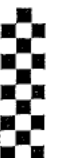
There shall be a clear and unobstructed access to a safe area of refuge.

**Findings:** Obstruction to area of refuge. Path from back of ARCH and right side of ARCH to front narrows to twenty-two (22) inches, due to overgrown hedge.

**Plan of Correction:** Deficiency was corrected and submitted to DOH in 2015, and perimeter of ARCH cleared for safe passage for resident access.

By the 28<sup>th</sup> of each month, the edges of surrounding the perimeter of the ARCH home will be trimmed to allow at least a 36-inch width passage. The perimeter walkway of the ARCH will be checked on the 28<sup>th</sup> of each month to ensure that perimeter walkway is free from obstruction and will allow safe passage for resident access.

*Shirley Raper 5/6/2016*



11-100.1-83 Personnel and Staffing Requirements. (5)

In addition to the requirements in subchapter 2 and 3:

Primary and substitute caregivers 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.

**Findings:** Substitute caregiver (SCG)#1 Had 4 hours of continuing education.

**Plan of Correction:** Remaining 8 hours of continuing education credits were completed and handed in to DOH in 2015.

One month prior to scheduled annual inspection of ARCH, caregiver #1 will review SCG's and caregiver #1's own documentation CEC's to ensure that each caregiver and substitute caregiver have completed the 12 CEC's required for the year and to complete a log of credits that have been completed for each caregiver and substitute caregiver. If Caregiver #1 or any SCG's has remaining credits to complete, the individual will be reminded to complete the remaining credits and will be given 14 days to complete. After 14 days, Caregiver #1 and Substitute Caregiver #1 will receive the documentation of remaining credits completed and both initial log that 12 credits are completed for each caregiver and substitute caregiver.

*Shirley Ferguson 5/6/2016*

