

Office of Health Care Assurance

State Licensing Section

16 FEB -8 P3:28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE

Facility's Name: Costales, Ruby (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 3374-A Maunaloa Avenue Honolulu, Hawaii 96816	Inspection Date: September 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> Resident #1 Progress notes do not reflect MD office visits</p>	<p>1) see behind for corrections.</p> <p>2) Have a "REMINDER" banner (sheet) in front of section PROGRESS NOTES in <u>BOLD</u> letters &amp; <u>BRIGHT</u> paper.</p>	1/20/2016
<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><b>FINDINGS</b></p>	<p>1) Reviewed Emergency info sheet &amp; updated with current MAR on hand.</p> <p>2) Have a highlighted reminder sheet in <u>BOLD</u> to update info sheet on a monthly basis or @ each medo change with Drs visit.</p>	1/20/2016

CORRECTIONS - PROGRESS NOTES

1) 7/15/2015 visit charted in progress notes - see copy

Late entry visit with Dr. Nakasone  
Family present with us.

By JMS, CTO.

Late entry 8/13/2015 - visit with Dr. Nakasone

Resident

satisfied with results.

By JMS, CTO

Late entry 8/21/2015 - visit with Dr. Nakasone

Resident

doing okay, by Catal, CTO!

Late entry 8/31<sup>st</sup> 2015

visit with

Resident has no complaints  
visit went well.

By JMS, CTO.

Dr. Thomas Mercede.

Late entry 9/1/2015

visit with Dr. Ashlee Nekoba -

Resident

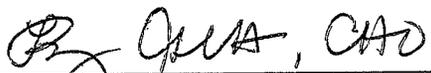
in good spirits.

By JMS, CTO.

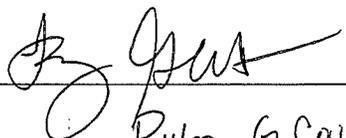
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Permanent general register not complete, per licensee register pages older than 10/14/12 were destroyed.</p>	<p>- Unable to fix registers that were destroyed.</p> <p>- Have a big highlighted banner in register section. "DO NOT DESTROY" in front of register.</p>	<p>1/23/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (c)  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b>FINDINGS</b></p> <p style="text-align: center;">No progress notes reflecting primary care giver reporting to physician.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p style="text-align: right;">Also obtained</p> <p>Physician's order to report to MD with weight change after taking monthly weights.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>Have a highlighted reminder sign to take monthly weights  report any changes to MD. Document all changes &amp; physician's orders in residents chart.</p>	<p>8/30/2016.</p> <p>8/30/2016.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's		
	physician or APRN.  <u>FINDINGS</u>	1) - verified with MD/PCP regarding LOC form (new form filled out) for ARCH status. If unsure, call dept. to verify. 2) Before admission verify w/dischARGE planner	1/23/2016.
<input checked="" type="checkbox"/>	§11-100.1-84 <u>Admission requirements.</u> (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.  <u>FINDINGS</u> Resident #1 No pneumococcal immunization as recommended by ACIP.	1) do self assessment of resident! DO NOT ADMIT if LOC <u>do not</u> match.  1) Called MD office. No pneumovax given recently. Schedule appointment for pneumovax. 2) Review annual physical when resident is scheduled with MD. Ask MD when should be vaccinated.	1/23/2016.

Licensee's/Administrator's Signature:   
Print Name: Ruby G. Costales, CAO  
Date: 1/23/2016.

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Licensee's/Administrator's Signature:   
Print Name: Ruby G. Costales  
Date: 8/30/2014.

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