

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Edita Castro (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 201 Kuhilani Street, Hilo, Hawaii 96720	Inspection Date: March 21, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	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 (SCG) #1, SCG #2, SCG #3 and SCG #4, no care giver training provided by the primary care giver.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>After my inspection on 3/21/17, I called my partners in the afternoon to come to my house in order to be trained how to administer medications to residents and for personal care skills. also to delegate specialized care like Tube Feeding and how to use suction machine for Res. #2</i></p>	<p style="text-align: center;"><i>3/21/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(4)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p style="text-align: center;"> <i>In the future, me as Primary Caregiver, I will make delegations to all new substitutes or caregivers or will trained them to test for their Personal Care Skills and will always have a record that this training had been done.</i> </p>	<p style="text-align: center;"> <i>3/28/17</i> </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 order dated November 30, 2016 read the following:</p> <ul style="list-style-type: none"> • “Digoxin Tablet 125 mcg Give 1 tablet by mouth one time a day – <u>Hold if heart rate <60 bpm</u>” • “Metoprolol Succinate ER Tablet Extended Release 24 hour 25 mg Give 1 tablet by mouth one time a day – <u>Hold if heart rate <60 bpm</u>” <p>However, no blood pressure documented.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (e)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>I took the blood pressure but I didn't write it to a piece of paper. In the future, in order not to forget, I will make a space below my initial on the Medication Record to write the Blood Pressure so I won't forget to take the blood pressure before I can give the medicine unless to give or to hold it when BP < 60 bpm as ordered by the physician.</i> </p>	<p style="text-align: center;">4/19/07</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1, "Ensure – take 1 can PO qd" not initialed as administered February 1, 2017 – February 28, 2017. Resident #1, all medications not initialed as administered March 14, 2017 – present (March 21, 2017).</p>	<p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15 (m)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>in the future in order not to do the same deficiency as soon as I administer the resident's medications, I will initial right away every day and in order to not to miss, I will put my Medication Record in a folder and close to the medicine cabinet so I won't forget writing my initial immediately.</i> </p>	<p style="text-align: right;"> <i>3/28/17</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2, admitted on March 16, 2017 and Resident #3, admitted on March 20, 2017, no admission height and weight.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>While the Licensing Nurse Consultant doing my inspection to my records, since I got all the heights and weights available for Resident #2 and Resident #3, I recorded it immediately right in front of the Nurse Consultant & to my Care Home Folder of the Heights and Weights Record.</i></p>	<p style="text-align: right;"><i>3/21/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (a)(7)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>Upon the admission, I took the height and weight but I forget to record in the Height & Weight Record of the Care Home Book so in the future I will document it right away and will go over to the Care Home Book to check whether I recorded it or not so it won't happen again.</i> </p>	<p style="text-align: center;">4/19/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2 and Resident #3, were not listed on the permanent general register.</p>	<p>PART I <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Right in front of my Licensing Home Consultant, I'd registered or recorded immediately Resident #2 name and Resident #3 to the General Register Record of the Care Home Folder while she was doing her inspection.</i></p>	<p><i>3/21/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (h)(1)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> <i>in the future upon having new admission of resident, I will register their name right away to the General Register Record of Care Home Book so I won't forget. Also I will need to go over my Register Record of Care Home Book as well as check the Admission Checklist so it won't happen again.</i> </p>	<p style="text-align: center;">4/19/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1, physician order dated December 7, 2016 and March 3, 2017 read, "Ensure – take 1 can PO qd." However, care plan entitled "Nutrition – interventions" did not list ensure supplement.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Right after the Licensing Hurce Consultant left for my Annual Inspection, I called the Case Manager about the deficiency in the Plan of Care Record that the Case Manager had assessed for Resident #1. She said to come by following day to correct at the Nutrition - interventions as Resident #1 required or needs.</i></p>	<p style="text-align: center;"><i>3/21/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(2)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>in the future, I will make sure to review the Plan of Care of each resident's who are upanded assessed by the Case Manager in order to meet the specific needs for inter- ventions & services to include all nutritional needs in order not have the same deficiency from recurring.</i></p>	3/28/17

Licensee's/Administrator's Signature: Edita Castro

Print Name: Edita Castro

Date: March 28, 2017

Licensee's/Administrator's Signature: Edita Castro

Print Name: Edita Castro

Date: 4/19/17
