

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: J.B.M. ARCH                              | CHAPTER 100.1                        |
| Address:<br>94-1282 Hiapiole Place, Waipahu, Hawaii 96797 | Inspection Date: May 22, 2015 Annual |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 – No physician order for “prednisone and azithromycin” reflected on the May 2015 medication record.</p> <p>Resident #1 – “Potassium chloride 20 meq Take 2 tabs by mouth once as needed” was ordered 5/19/15; however the medication label and medication record reflected “Take one tab.”</p> <p>Resident #1 – “Dextromethorphan-guaifenesin DM Take 1 teaspoon by mouth every 4-6 hours as needed” was ordered 5/19/15; however, the label reflected “every 4 hours as needed.”</p> | <p>1. Called Drs. office at the time of inspection, Dr. already ordered medication to pharmacy, but Dr. accidentally put Discontinue to his note. and <del>forgot</del> to fix it.</p> <p>2. In the near future, I have to make it sure that I will read the order and Dr's note before I'll leave Doctors office.</p> <p>1. Verified Dr and Pharmacist at the time of inspection. MD mistakenly wrote 2 instead of 1 but fix it right away.</p> <p>2. Will make sure that Dr's order and medication label are the same.</p> <p>1. Verified Dr and Pharmacist at the time of inspection. Dr fix it to every 4-6 hrs.</p> <p>2. In the future, I have to make it sure that I have to check that the Dr's order and the medication label are the same.</p> | May 22, 2015    |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/>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><b>FINDINGS</b><br/>Resident #1 – “Calcitonin nasal spray apply one spray into nose one time a day alternating daily” was ordered; however, the May 2015 medication record did not identify when the spray was applied to the right or left nostril.</p>                                                      | <p>1. Corrected at the time of inspection wrote R after medication was given.</p> <p>2. In the future I will make it sure that I have to write R or L everytime medication is given?</p>                                                                                                      | <p>May 22, 2015</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(6)<br/>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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b>FINDINGS</b><br/>Resident #1 – No diet order upon readmission 1/20/15.</p>                                                                                                                               | <p>1. Mistakenly added the diet order to Resident #1. took her old chart, took it out and add to her current chart.</p> <p>2. In the future I will make it sure that I will use admission checklist everytime I have admission or re-admission?</p>                                           | <p>May 22, 2015</p> |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 – No progress notes of events on 1/14/15 when</p> | <p>1. Progress note was mistakenly wrote in the incident report paper. Re-wrote and transfer in the progress note at the time of inspection.</p> <p>2. In the future, I will make it sure that I will write progress notes everytime resident have any changes in the progress note form.</p> | <p>May 22, 2015</p> |

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|                                     | the resident was taken to the emergency room and admitted to the hospital.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                            |                     |
| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1)<br/>In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b>FINDINGS</b><br/>Resident #1 – No documentation of care giver training by the RN Case Manager for behavior intervention and modified consistency liquids.</p> | <p>1. RN, Case manager gave training to <sup>us</sup> care givers today.</p> <p>②. RN Case manager will provide training to <sup>us</sup> care givers for behavior intervention and modified consistency liquids</p>       | <p>May 22, 2015</p> |
|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>When the case manager completes the care plan, I will read the care plan, if theres intervention listed, I will ask the case manager to provide training. eg. behavior interventions, modified consistency liquids.</p> | <p>1-6-17</p>       |

Licensee/Administrator's Signature: *J. Mendoza*  
 Print Name: Janette B. Mendoza  
 Date: August 20, 2015

Licensee/Administrator's Signature: J B Mendoza  
Print Name: Janette B. Mendoza  
Date: 1-6-17