

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Poncethia R. Rambo's	CHAPTER 100.1
Address: 1621 Nohoana Place, Hilo, Hawaii 96720	Inspection Date: November 21, 2016 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>FINDINGS Substitute care giver (SCG) #1 and SCG #2, no documented training provided by the primary care giver to make prescribed medications available to residents.</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 REVIEWED THE SUBSTITUTE TRAINING SHEET AND TRAINED THEM.</p>	<p style="text-align: center;">11-21-16</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, WHENEVER I HAVE A NEW SUBSTITUTE I WILL REVIEW THE SUBSTITUTE CAREGIVER TRAINING SHEET AND TRAIN THEM.</i> </p>	11-21-16

	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 January 27, 2016 read, "Norvasc Amlodipine 2.5 mg tab take 1 tab by mouth once daily <u>Hold if BP is <90/60 call MD if BP >180/100.</u>" January 2016 medication record reflected medication was administered January 29-31, 2016; however, <u>no blood pressure (BP) documented.</u></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;">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 style="text-align: center;"> <i>IN THE FUTURE, I WILL EXPLAIN + TRAIN MY SUBSTITUTE CAREGIVER TO ADMINISTER BP MEDS ONLY IF HE/SHE TOOK THE BP FIRST AND FOLLOW MD'S BP PARAMETERS PRIOR TO ADMINISTERING THE MEDS AND PUT HER INITIAL AFTER GIVING IT.</i> </p>	11-21-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, November 21, 2016, all "8am" medications were not initialed as administered.</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>PCG INITIALED ALL 8 AM MEDS ON RESIDENT #1 AND CORRECTED ON THE DATE OF THE VISIT.</p>	<p>11-21-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (f)	<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 INITIAL THE MEDICATION ADMINISTRATION RECORD (MAR) UPON ADMINISTERING MEDS AND WILL TELL MY SUBS TO DO THE SAME AS WELL.</i> </p>	11-21-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1, no schedule of activities.</p> <p>This is a repeat deficiency from 2015 annual inspection.</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;">MADE A SCHEDULE OF ACTIVITIES FOR RESIDENT #1.</p>	<p style="text-align: center;">12-5-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-16 (h)	<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;">In THE FUTURE, I WILL FILL UP THE FORM FOR THE PLAN OF CARE AND ACTIVITIES SCHEDULE FOR EACH RESIDENT UPON ADMISSION AND WILL BE REVIEWED AND UPDATED AS NEEDED.</p>	12-5-16

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1, monthly medication records reflected resident receiving PRN "Dulcolax Suppository (Bisacodyl) 10 mg . . . every 3 days <u>as needed</u> for constipation;" however, response to PRN medication and resident's refusal to take prescribed medications were not documented in the monthly progress notes.</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;">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 # §11-100.1-17 (b)(3)	<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 DOCUMENT ANY REFUSAL OF MEDS AND ANY RESPONSE TO MEDICATIONS IN THE PROGRESS NOTES OF RES. #1 WITH REGARD TO HER PRN MEDS. AND WILL DO THE SAME FOR THE FUTURE RESIDENTS.</i> </p>	11-22-14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><u>FINDINGS</u> Resident #1, no current inventory of resident's possessions. (Last updated September 4, 2010)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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;">UPDATED AND FILLED OUT THE RESIDENTS CLOTHING AND RESIDENTS VALUABLES ON RESIDENT #1.</p>	11-22-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-19 (d)	<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 UPDATE ANY CHANGES ON THE RESIDENTS PERSONAL POSSESSIONS AND MUST BE UPDATED YEARLY THEREAFTER.</i> </p>	11-22-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1, expanded ARCH general operational policy reflected a <u>range</u> for monthly rate for services provided.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>RESIDENT #1 RANGE FOR MONTHLY RATE UPDATED AND SIGNED BY THE RESIDENTS POA (FAMILY) AND ME, PCG (LICENSEE).</p>	<p>12-5-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-21 (a)(1)(C)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> IN THE FUTURE, I WILL DO AND UPDATE THE RATE PER MONTH IF THERE'S ANY CHANGES SIGNED BY BOTH PARTIES. PDA (FAMILY) + PCG (LICENSEE) AND MUST BE PUT IN THE RESIDENTS FILE FOR RECORDS. </p>	12-5-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, care plan: "Elimination due to urinary incontinence and bowel incontinence" goal statement read, "Will have BM every 1-2 days." However, Dulcolax suppository was not listed as an intervention.</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;">RESIDENT #1 UNDER ELIMINATION CASE MANAGER UPDATED THE CARE PLAN 12-9-16, DURING HER MONTHLY VISIT.</p>	<p style="text-align: center;">12-9-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(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, I will review the care plan and work with the case manager discuss and update any necessary changes on each residents care and must be noted & updated in their individual care plan.</i> </p>	12-9-16

Licensee's/Administrator's Signature: Concepcion R. Rambo, PCC

Print Name: CONCEPCION R. RAMBO, PCC

Date: 12-22-16