

MIL. THOMAS Narung

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raguindin Malama Kauhale	CHAPTER 100.1
Address: 94-088 Awamoku Street, Waipahu, Hawaii 96797	Inspection Date: September 19, 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.

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16 OCT 12 AM 12:26
STATE OF HAWAII
DEPARTMENT OF HEALTH
LICENSING DIVISION

	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 medication administration record reads, "Biscodyl 10 mg PR QD PRN." No current physician orders found for medication. Clarify order with physician.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>7 Resident #1 accompanied to his physician asked an ordered Bisacodyl 10mg QD PRN. attached a copy physician ordered</i></p>	<p><i>10/3/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p>Resident #1 medication administration record reads, "Biscodyl 10 mg PR QD PRN." No current physician orders found for medication. Clarify order with physician.</p>	<p align="center"><u>FUTURE PLAN</u></p> <p 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 I will asked my Case Manager RN or substitute to double check my work every time there's a change of medications</i></p>	<p align="right"><i>10/11/16</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 medication administration record reads, "Glycopyrolate 1mg QD." No current physician orders found for medication. Clarify order with physician.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>7 glycopyrolate 1mg QD ordered found in the resident #1 chart. ordered 8/16/16</p> <p>7 attached a physician ordered copy</p>	<p>9/27/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p>Resident #1 medication administration record reads, "Glycopyrolate 1mg QD." No current physician orders found for medication. Clarify order with physician.</p>	<p align="center"><u>FUTURE PLAN</u></p> <p align="center">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 asked my case manager or substitute to double check my work every time there's a change of medications.</p>	<p align="right">10/11/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Substitute Care Giver #1 has only eight (8) hour of continuing education hours, twelve (12) hours are required Submit additional four (4) hours with your plan of correction.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>2. Substitute Care Giver #1 continuing education 4 hour completed.</p> <p>7. attached a copy 4 hour inservice</p>	<p>9/29/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-83 (5)</p> <p>Substitute Care Giver #1 has only eight (8) hour of continuing education hours, twelve (12) hours are required Submit additional four (4) hours with your plan of correction.</p>	<p style="text-align: center;"><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>1. In the future I must have a calendar where I have to listed all insurances and expiration date myself and substitute 2 months a head of the due date to remind me that 12 hours continuing education is completed before the due date.</i></p>	<p><i>9/29/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Substitute Care Giver #2 has only three (3) hour of continuing education hours, twelve (12) hours are required Submit additional nine (9) hours with your plan of correction.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Substitute Care Giver # 2 Continuing education / instructor 9 hours completed</p> <p>> copy of the instructor</p>	<p>9/29/14</p> <p>9/30/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-83 (5)</p> <p>Substitute Care Giver #2 has only three (3) hour of continuing education hours, twelve (12) hours are required Submit additional nine (9) hours with your plan of correction.</p>	<p style="text-align: center;"><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>7 In the future I must have a calmdor where I have to listed all insurances and expiration date myself and substitute 2 months ahead of the due date. to remind me that 12 hours continuing education is completed before the due date.</i></p>	<p><i>9/29/16</i></p>

Licensee's/Administrator's Signature: Belma A Raguindin
Print Name: Belma A Raguindin
Date: 10/18/16

Licensee's/Administrator's Signature: Belma A Raguindin
Print Name: Belma A Raguindin
Date: 10/11/16