

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & J Adult Residential Care Home	CHAPTER 100.1
Address: 74-797 Uluaoa Street, Kailua-Kona, Hawaii 96740	Inspection Date: February 19, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS No documented menu substitutions. Lunch menu read "loin, lima beans, white beans, papaya." However, beef stew was served.</p>	<p>a) I read Ch. 11-100.1-13 (Nutrition). b) I learned the importance of documenting menu substitution; to assure that the substituted menu meets the nutritional needs of the resident based on the national dietary guidelines approved by the state. I corrected this deficiency by writing on the back of the menu the menu substitution. c) I wrote a reminder note on the bottom of all the menus (1, 2, 3, & 4) saying "MENU substitution must all be documented," so that I will not repeat this mistake again.</p>	2/19/16
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals,</p>	<p>a) I read Ch. 11-100.1-15 (Medications)</p>	

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	<p>and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, physician orders dated December 28, 2015 and January 13, 2016 read, "Amlodipine 5 mg + Atorvastatin 40 mg one pill a day <u>Hold if systolic less than 100 and call Kimura.</u>" However, no blood pressure checks prior to medication administration.</p>	<p>b) Please see the attached sheet of papers for explanation.</p>	<p>2/26/16</p>
		<p>b) When I admitted resident #1 on Jan 4, 2016 there was no doctor's written order (parameter) for the blood pressure medicine (see physician/APRN record dated 12/28/15). However on Jan 13, 2016 he wrote the parameter adding it to the old one making it look like it was written before the admission. Both BP parameter and BP checks are both ordered on 1/13/16, so no records of BP checks from 1/5/16 to 1/31/16 BP check was taken during the admission and the next one was 2/1/16.</p> <p>c) In regards to doctors' orders, I will comply, follow all orders to better serve and provide the need of the resident. I will make my records clearer and more accurate to avoid confusion, and easier to understand.</p>	

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	<p>a) There was no blood pressure checks prior to medication administration because the doctor's order says check BP once a month and prn.</p> <p>b) I know, the doctor's order is not very clear, so I asked Dr. Kimura to re-write the order when I took resident #1 to her regular check-up. Now the new order is written as:</p>	3/29/16
	<p>amlodipine 5mg / atorvastatin 40mg 1 tablet a day. Check BP once a month and prn. Hold if SBP < 100, notify/call Dr. Kimura.</p> <p>c) From now and on, I will ask the physicians to write orders in such a way that ^{every} individual concerned should be able to understand the order.</p>	3/29/16

<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p>FINDINGS Resident #1, admitted on January 4, 2016, two (2) step tuberculosis (TB) skin test completed as followed:</p> <ul style="list-style-type: none"> • 1st step administered 12/28/15. Negative reading on 12/30/15. • 2nd step administered 12/30/15. Negative reading on 01/02/16. 	<p>a) I read Ch. 11-100.1-84 (Admission requirements) b) I learned a new information regarding two step t.b. skin test. c) T.B. skintest was administered to resident #1 on 2/22/16 and was read on 2/24/16, the reading is 0 and the result is negative. d) Form ARCH NIA #2 T.B. Clearance, I wrote a reminder note saying "In a two step t.b. skin test, the second step should be done at least 5 days after the first step but not more than a year. This is my way of avoiding this same mistake for future admissions."</p>	<p>2/24/16</p>
<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</p>	<p>a) I read Ch. 11-100.1-88 (Case management qualifications and services) b) I contacted the case manager (CM) and discuss with her about the care plan of resident #1. I told her what need to be included in the care plan.</p>	

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<p>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></p> <ol style="list-style-type: none"> 1) Resident #1, physician order dated December 28, 2015 read, "1/2 rails to prevent falls." However, physician order not listed as an intervention on the care plan entitled, "High risk for falls r/t dementia, agitation, [REDACTED] osteoporosis, and history of multiple falls." 2) Resident #1, physician order dated December 28, 2015 read, "Amlodipine 5 mg + Atorvastatin 40 mg one pill a day <u>Hold if systolic less than 100 and call Kimura.</u>" However, physician order was not listed on the care plan entitled, "Hypertension due to history and diagnosis and combination medication for high cholesterol." 	<p>c) She submitted a new care plan that reflects the physician's orders as part of interventions to reach the goal to better serve and meet the need of resident #1.</p> <p>d) For future ICF residents, as a PCG, I will sit with the CM and discuss the care plan, make sure that physician's orders are not ignored but rather be included as part of the resident's care plan, to assure that the goal is achieved and the resident's needs are well met.</p>	<p>2/24/16</p>

Licensee's/Administrator's Signature: Evangelina D. Reyes

Print Name: Evangelina D. Reyes

Date: March 2, 2016

Licensee's/Administrator's Signature: Evangelina D. Reyes

Print Name: Evangelina D. Reyes

Date: 03-30-2016

Licensee's/Administrator's Signature: Evangelina D. Reyes

Print Name: Evangelina D. Reyes

Date: 03-30-2016