Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Elisa Cabal (ARCH/Expanded ARCH)**	**CHAPTER 100.1**
Address: **228 Hookano Street, Hilo, Hawaii 96720**	**Inspection Date:** **October 12, 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
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** No menu posted in resident dining area for resident review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I made a copy of the menues & I posted in the care home for the residents to see.	10/25/12

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-13 (d)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will check the kitchen and care home menu when I'm preparing the meals.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, September 2016 medication record reflected the following medications discontinued on September 15, 2016: • "Clindamycin HCL 300 mg 1 cap 3x a day for 10 days" • "Mupirocin 2% apply to wound 3x a day" However, no physician order to discontinue the medications.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (e)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will bring the physicians order form with me to all Doctors visit for them to sign any new or discontinued medications.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, September and October 2016 medication record read, "Mesalt apply to wound every day." However, no physician order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** No. I will obtain Doctor's order when I go for the next visit on Friday 10/28/16	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (e)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will bring my Physicians order form + let the Doctors office to verify + sign at the ~~fi~~ line of office visit.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, physician order dated August 30, 2016 read, "Vitamin D2 50,000 Intl. units (1.25 mg) oral capsule, 1 po every other week." However, the medication was initialed as administered daily on the September and October 2016 medication records.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I went back to August in Medication record and I figure out the right day when the day to give the medecine.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (e)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will ask my substitutes to double check the Medication administration records before the next month begin. I will use the calendar to remind me to give every other Saturday.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1, the following medication orders, noted in the progress notes and on the September 2016 medication record as administered; however, no telephone order documented on the physician order sheet: • "Clindamycin HCL 300 mg 1 cap 3x a day for 10 days" • "Mupirocin 2% apply to wound 3x a day" • "Analgesic balm for pain in the knees and legs 2x a day."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (h)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future any telephone order I will right it in the Physicians order sheet + when next visit I will bring it for the Doctor to sign + date.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1, all 8 am medications not initialed as administered on October 12, 2016.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** As soon as I ~~noti~~ noticed I initial it off in the Medication Administration ~~face~~ record.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (m)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will ~~#~~ take out the current month Medication Administration record + put it in diff board with the medications + initial when I give the medecines.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1, September 2016 monthly progress notes did not document the effectiveness of the antibiotic treatments as well as the effectiveness of the mesalt dressing changes.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (b)(3)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future if I see any changes in conditions of the residents, like redness, fever or foul ~~e~~ odor, I will documented in the progress notes right away.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities: Each resident shall: Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs; **FINDINGS** Video surveillance cameras used in the resident dining and living area. However, no policy and procedures for use or resident consent forms signed.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I made a consent form + review it to the residents + families to obtain their approval.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-21 (a)(2)(E)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** If I have a ~~new~~ new admission I will let the family sign the consent form on the day of admission.	10/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No fire drills conducted in June and September 2016.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-86 (a)(3)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will train my substitutes to do fire drill if I am not available and train them to fill out the forms.	10/25/16

Licensee's/Administrator's Signature: Elisa Cabal

Print Name: ELISA CABAL

Date: 10/25/16