Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hernani T. Valenzuela Aguilar ARCH/EC-ARCH	CHAPTER 100.1
Address: 98-864 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: March 23, 2016 Annual

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 — Telephone order on 11/27/15 for "CVS Enema insert 1 bottle rectally once of 1 dose" recorded on the November 2015 medication record; however, was not initialed as given. There was no documentation regarding the reason it was withheld. Resident #1 — No physician order for "CVS Enema insert 1 bottle rectally once of 1 dose" recorded on the December 2015-March 2016 medication records.	In the forture, when meh is ordered, for physician or APRN. I will make sure to document or initial the reason it was willed as charges occur. Review physicians order or update mark. To prevent the deficiency from recurry, I will wake to note for remarkers:	(o/20/16
§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded	·	

Rules (Criteria)	Plan of Correction	Completion Date
on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS		
Resident #1 – "MOM" ordered "prn" was given on 2/5/16; however, the time was not recorded. Resident #1 – "Bisacodyl 10 mg suppository" ordered "as	I will make sure all medicalin (Routine & PRN mela) are to be	
needed" was given on 11/27/15, 12/18/15 & 12/22/15; however, the time was not recorded.	recorded the date time + the given on it occur. Note written in MAR for rewinder.	6/22/16
§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:	I will made sure recident 1	
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;	response or observation on nelication gives as ordered by physician are to be downedled with the data & time it orcured,	6/20/15
FINDINGS Resident #1 – Progress notes did not reflect the need for and response to "prn" "MOM" or "bisacodyl suppositories" taken by the resident in December 2015, January 2016 and February 2016.		
§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:	I much sul, all volume, Syplements ordered by physician for one recorded & included in The	Ra of 1
Entries describing treatments and services rendered;	out recorded I included in The	6/22/16
FINDINGS	mar	

Rules (Criteria)	Plan of Correction	Completion Date
Resident #1 – No documentation that "Ensure 1 can per day" ordered 2/24/16 has been provided daily.		
§11-100.1-17 Records and reports. (f)(3) General rules regarding records: An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law; FINDINGS Resident #1 – No resident record prior to 6/16/15. The primary care giver (PCG) stated the prior case manager "took the record." Resident admitted on 8/21/14. §11-100.1-17 Records and reports. (f)(4)	At prescribed by State Law, I make sure all resident's record are stoned a retouned in ARCH for sofe helping for periods of time as stipulated.	6/22/16
All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 – No resident record prior to 6/16/15. The PCG stated the prior case manager "took the record." Resident admitted on 8/21/14.		
§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons.		

Rules (Criteria)	Plan of Correction	Completion Date
There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Resident #1 — Correction tape used in the February 2016 progress notes and October 2015, December 2015 and March 2016 medication records.	I make sure to refrain the use of correction type. To prevent it is removed it from my office significant.	6/22/16
§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS Access to the front exit from Bedrooms #1 and #2, occupied by wheelchair dependent residents in the private bedrooms, was obstructed by the resident dining table and a lounge chair. In order for the residents to pass, the dining table had to be moved to the side.	In the fiture, I make have to demove cluther or obstructions of safe & few access to each and all provage ways, - I have removed bulk cleans to prevent assidents.	6/22/16
§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:		

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Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH 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; FINDINGS Resident #1 – No nutrition care plan. The resident needs are: • Modified consistency liquids (nectar thick) ordered 2/24/16 • Total assistance with meals (fed by care givers) • Arm circumference in lieu of monthly weights due to the inability to stand to be weighed since February 2016 • Order for Yankauers Suctioning due to drooling	The primary care given that with the RN Case manager, documed deficiency & POC. In the fulure, we as a team, will address problems, riview or rydate ence plan as changes occur. Add'l aders from physician/ APRN assals as spankaners Sactioning already included Training & deligation priviled. uplated 3 parlies by RN. CM	
Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate	·	

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in collaboration with the primary care giver and physician or APRN. The case manager shall:		
Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;		<u> </u>
FINDINGS Resident #1 – "Safety" care plan (updated 3/5/16) intervention noted: "FWW for ambulation" however, the resident is wheelchair dependent.	updated by Ral Case manger 4/12/16	

Licensee's/Administrator's Signature: _	Hour Till 1
Print Name: _	HERNAN I AGUNTAN
Date	6/22/11