

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hilario ARCH	CHAPTER 100.1
Address: 91-1137 Ahona Street, Ewa Beach, Hawaii 96706	Inspection Date: March 24, 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.**

STATE OF HAWAII  
DHH-OHCA LICENSING

16 NOV 16 09:55

RECEIVED

	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><b><u>FINDINGS</u></b> Substitute care giver (SCG) #2 – No documentation that the primary care giver (PCG) trained SCG to make prescribed medication available to residents.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b>          TRAINED SCG # 2 HOW TO PRESCRIBE MEDS FOR RESIDENTS USING THE C/P'S RIGHT DRUG, RIGHT DOSE, RIGHT ROUTE, RIGHT TIME, RIGHT PATIENT, AND INITIAL THE MEDS RECORD. TRAINING DOCUMENTED IN THE PRIMARY CAREGIVER &amp; SUBSTITUTE CAREGIVER TRAINING FORM.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b>          NEW SUBSTITUTE CAREGIVERS WILL BE TRAIN BY ME JUST LIKE HOW I TRAINED SCG #2 BEFORE THEY CAN MAKE PRESCRIBED MEDICATIONS AVAILABLE TO RESIDENTS. TRAINING WILL BE DOCUMENTED IN THE PRIMARY CAREGIVER AND SUBSTITUTE CAREGIVER TRAINING FORM.</p>	<p>3/25/16</p> <p>16 SEP 14 PM 2:53</p> <p>Handwritten initials</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (i)            Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u>            Resident #1 - No annual diet order.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> WENT TO MD OFFICE AND OBTAINED A CLEAN COPY OF RESIDENT #1 ANNUAL PE DATED 6/17/15. PE INCLUDED DIET ORDER. I HAD A BAD COPY OF RESIDENT #1 PE DURING MY INSPECTION 3/21/16. YEAR WAS MISSING IN THE PE</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>            I WILL READ AND CHECK MD ORDER CAREFULLY. MAKE SURE DATES AND ORDERS ARE COMPLETE.</p>	<p>3/31/16</p> <p>16 SEP 14 P12:53</p> <p>REC'D</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b> Resident #1 – Medication orders were not reevaluated and signed by the physician every four months. Last update dated 9/18/14.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> WENT TO MD OFFICE 3/31/16. MD CHECKED AND UPDATED RESIDENT #1 MEDICATION PROFILE. MD CHECKED AND UPDATED MEDICATIONS AGAIN 7/12/16 DURING RESIDENT #1 ANNUAL PE.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> I WILL BRING RESIDENT #1 TO THE DOCTOR'S OFFICE EVERY 4 MONTHS, AND TAKE WITH US THE RESIDENT FOLDER. I WILL ASK MD TO CHECK AND UPDATE RESIDENT #1 MEDICATION PROFILE.</p>	<p>3/31/16</p> <p>16 SEP 14 P12:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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 on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1 – Medication record (provided by Ohana Case Management) reflected: "Diltiazem 24 hr ER 80 mg 1 cap by mouth daily, call MD if pulse &gt; 90 or &lt; 60;" however, the medication label reflected "180 mg caps." (No current physician orders.)</p> <p>Resident #1 – Medication record (provided by Ohana Case Management) reflected: "Diltiazem 24 hr ER 80 mg 1 cap by mouth daily, call MD if pulse &gt; 90 or &lt; 60;" however, heart rate is documented once a week.</p> <p>Resident #1 – "Omeprazole 20 mg" label reflected: "Take this medication before a meal;" however, the medication record noted the medication is taken at 8 a.m. Breakfast is served at 6 a.m.</p> <p>Resident #1 – The medication record does not reflect the time of day that the "Vitamin D" is taken once a week.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? OHANA CARE MANAGEMENT AGENCY MADE NEW MEDS PROFILE AND MEDS RECORD THAT REFLECTS DILTIAZEM 24 HR ER 180 MG 1 CAP PO DAILY, CALL MD IF PULSE &gt; 90 OR &lt; 60; OMEPRAZOLE 20 MG PO DAILY AT 7:30 AM VIT D 1 CAP ONCE A WEEK ON MONDAYS AT 8:00 AM. MD REVIEWED MED PROFILE FOR ACCURACY AND SIGNED. PULSE TAKEN DAILY AND RECORD IN MEDS RECORD. MEDS GIVEN ARE INITIALED BY ME &amp; SUBSTITUTES</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> MEDICATION RECORDS AND PROFILES SENT TO ME MONTHLY BY OHANA CARE MANAGEMENT AGENCY MONTHLY SHOULD MATCH THE MEDS BOTTLES FOR CORRECT NAME, CORRECT DOSAGE AND CORRECT FREQUENCY. I WILL MAKE SURE ALL BOTTLES WILL MATCH THE MEDS PROFILE AND MED RECORD. MD WILL SIGN MED PROFILE EVERY MD VISIT.</p>	<p>3/31/16</p>

	Rules (Criteria)
<input checked="" type="checkbox"/>	<p>§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 on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b></p> <p>Resident #1 – Medication record (provided by Ohana Case Management) reflected: "Diltiazem 24 hr ER 80 mg 1 cap by mouth daily, call MD if pulse &gt; 90 or &lt; 60;" however, the medication label reflected "180 mg caps." (No current physician orders.)</p> <p>Resident #1 – Medication record (provided by Ohana Case Management) reflected: "Diltiazem 24 hr ER 80 mg 1 cap by mouth daily, call MD if pulse &gt; 90 or &lt; 60;" however, heart rate is documented once a week.</p> <p>Resident #1 – "Omeprazole 20 mg" label reflected: "Take this medication before a meal;" however, the medication record noted the medication is taken at 8 a.m. Breakfast is served at 6 a.m.</p> <p>Resident #1 – The medication record does not reflect the time of day that the "Vitamin D" is taken once a week.</p>

**FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

I WILL MAKE SURE MD MEDS ORDERED AND CASE MANAGEMENT MEDICATION PROFILE MATCHED. MEDICATION BOTTLE LABELS MATCH THE MEDICATION PROFILE INCLUDING THE TIME OF THE DAY MEDS ARE TAKEN BY RESIDENT. I WILL FOLLOW THE PARAMETER TO HOLD THE MEDS FOR THE RESIDENT SAFETY.

PHOENIX  
 16 SEP 14 P12:53  
 K...

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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 on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1 – Medication record (provided by Ohana Case Management) reflected: “Diltiazem 24 hr ER 80 mg 1 cap by mouth daily, call MD if pulse &gt; 90 or &lt; 60;” however, the medication label reflected “180 mg caps.” (No current physician orders.)</p> <p>Resident #1 – Medication record (provided by Ohana Case Management) reflected: “Diltiazem 24 hr ER 80 mg 1 cap by mouth daily, call MD if pulse &gt; 90 or &lt; 60;” however, heart rate is documented once a week.</p> <p>Resident #1 – “Omeprazole 20 mg” label reflected: “Take this medication before a meal;” however, the medication record noted the medication is taken at 8 a.m. Breakfast is served at 6 a.m.</p> <p>Resident #1 – The medication record does not reflect the time of day that the “Vitamin D” is taken once a week.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>① WHEN RECEIVED MAR FROM OHANA CASE MANAGEMENT AGENCY, CHECK MD ORDER FOR CORRECTNESS.</p> <p>② REGARDING PARAMETER TO HAVE NURS CHECK PULSE DAILY &amp; RECORD.</p> <p>③ TO PREVENT SIMILAR DEFICIENCY REGARDING LABEL INSTRUCTIONS, I WILL READ ALL LABELS ON THE BOTTLES AS SOON AS I RECEIVED THE BOTTLES AND <del>ERRORS ARE</del> AND ALSO READ THE INSTRUCTIONS SHEET.</p> <p>④ TO PREVENT SIMILAR DEFICIENCY REGARDING TIME MEDS IC GIVEN CHECK MAR FROM OHANA CASE MANAGEMENT FOR COMPLETENESS. I WILL HAVE MY SUBSTITUTE CAREGIVER DOUBLE CHECK FOR ACCURACY.</p>	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">16 NOV 16 19:55</p> <p style="text-align: center;">11/16/16</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII DHE-08CA LICENSE # 11111</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual physical examination. Document on file did not have the complete date.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>3/31/16 OBTAINED A LEGIBLE COPY OF RESIDENT #1 ANNUAL PE DATED 6/17/15 FROM THE DOCTOR'S OFFICE. I CHECKED THE COPY AND IT IS COMPLETE.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>I WILL CHECK AND READ CAREFULLY ALL PAPERWORK SEND TO ME BY THE DOCTOR'S OFFICE. MAKE SURE IT IS COMPLETE. IF DOCUMENT IS NOT COMPLETE, I WILL CALL THE OFFICE TO SEND ME A COMPLETE AND USABLE COPY.</p>	<p>3/31/16</p> <p>16 SEP 14 P12:53</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><b>FINDINGS</b> Bedroom #6 – Large floor fan and chair obstructed the exit.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>PERMANENTLY REMOVED LARGE FLOOR FAN AND CHAIR LOCATED BY THE DOOR- ROOM ENTRANCE AND EXIT TO REMAIN CLEAR AT ALL TIMES.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I WILL PUT A SIGN "DO NOT BLOCK DOOR" TO REMIND MYSELF AND MY SUBSTITUTE TO KEEP ENTRANCE CLEAR AT ALL TIMES.</p>	<p>3/24/16</p> <p>16 SEP 14 PM 12:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1 - No self-preservation certification.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> 3/31/16 OBTAINED A CLEAR COPY OF RESIDENT #1 PE DATED 6/17/15 FROM THE DOCTOR'S OFFICE. PE INCLUDE SELF PRESERVATION CERTIFICATION</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> SELF PRESERVATION CERTIFICATION WHICH IS INCLUDED IN THE PE FORMS MUST BE MARK X IN THE PROPER BOX. FORMS MUST BE LEGIBLE AND COMPLETE. IF NOT, THEN GO BACK TO MD OFFICE AND OBTAIN A CLEAR COPY.</p>	<p>3/31/16</p> <p>'16 SEP 14 PM 2:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b>FINDINGS</b> Bedroom #4 had a strong urine odor.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>ODOR COMING FROM THE URINAL. OBTAINED A SECOND URINAL FOR THE RESIDENT WHILE SANITIZING FIRST URINAL. MOPPED THE FLOOR USING PINE SOL MIXED WITH WARM WATER.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>SANITIZE URINAL DAILY AND HAVE AT LEAST TWO EXTRA URINALS FOR THE RESIDENT TO USE WHILE OTHER URINALS ARE SANITIZED. MOP FLOOR DAILY TO GET RID OF SPILL URINE.</p>	<p>3/25/16</p> <p>16 SEP 14 12:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (1)(1)            An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><b>FINDINGS</b>            Resident dining table had 27 3/8 inch clearance between floor and lower edge.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>LEGS OF THE DINING TABLE SECURELY MOUNTED ON TOP OF 2" X 4" WOOD TO HAVE A CLEARANCE OF 29 7/8".</p> <p>WILL BUY A DINING TABLE WITH CLEARANCE OF 29"</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I WILL MAKE SURE THE EXISTING TABLE NOW WILL MAINTAIN A MINIMUM OF 29" CLEARANCE.</p> <p>ON THE NEW TABLE I'M PLANNING TO BUY, I WILL MEASURE THE CLEARANCE TO MAKE SURE IT HAS 29" BEFORE I BUY.</p>	<p>4/15/16</p> <p>16 SEP 14 P12:53</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b>FINDINGS</b> SCG #2 - No documentation of training by the RN Case Manager in providing daily personal and specialized care, and use of the Hoyer lift.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> 4/25/16 4/25/16 RN FROM OHAWA CARE MANAGEMENT CAME TO TRAIN SCG #2 ON THE PROPER PROCEDURE USING THE HOYER LIFT. TRAINING WAS DOCUMENTED.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> NEW SCG'S WILL BE TRAINED ON THE PROPER PROCEDURE USING THE HOYER LIFT BY THE RN CASE MANAGER BEFORE THEY CAN TRANSFER RESIDENTS FROM BED TO WHEELCHAIR AND VICE VERSA. TRAINING WILL BE DOCUMENTED AND KEPT ON RESIDENTS' FOLDER.</p>	<p>4/25/16</p> <p>16 SEP 14 12:54</p> <p>RECEIVED</p>

	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><b>FINDINGS</b>            Resident #1 – The care plan updated on 1/1/2016:</p> <ul style="list-style-type: none"> <li>• Did not identify the name of persons required to perform services</li> <li>• Did not include use of the wheelchair for mobility</li> <li>• Did not include use of the Hoyer lift for transfers</li> </ul>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> 4/25/16 CARA CASE MANAGEMENT UPDATED SERVICE PLAN AND INCLUDED THE NAMES OF FOLLOWING PERSONS TO DO REQUIRED SERVICES FOR RESIDENT #1, PCG (REFERINDO HILARIO) SCG #1 (AUDIA HILARIO) SCG #2 (POWER DARCIA). ALSO INCLUDED RN DELEGATION TO USE WC FOR MOBILITY &amp; HOYER LIFT FOR TRANSFER</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>            REVIEW CARE PLAN BY RN CASE MANAGER AND MYSELF (PCG) DURING RN CASE MANAGER MONTHLY VISIT, OR AS NEEDED WHEN A CHANGE OCCUR ON THE RESIDENT CARE PLAN MUST ALWAYS REFLECT THE NEEDS OF THE RESIDENT.</p>	<p>4/25/16</p> <p>16 SEP 14 P12:54</p>

Licensee's/Administrator's Signature: Delmi A. Hilario  
Print Name: DELMIA A. HILARIO  
Date: 8/8/16

Licensee's/Administrator's Signature: Delmi Hilario  
Print Name: DELMIA HILARIO  
Date: 9/12/16

Licensee's/Administrator's Signature: Delmi A. Hilario  
Print Name: DELMIA A. HILARIO  
Date: 10/19/16

Licensee's/Administrator's Signature: Delmi C. Alfaro

Print Name: CERFINO A. HILARIO

Date: 11/11/16