

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| Facility's Name: MIVA ARCH Inc.                            | CHAPTER 100.1                             |
| Address:<br>87-158 Kaukamana Street, Waianae, Hawaii 96792 | Inspection Date: February 22, 2016 Annual |

|                                     | Rules (Criteria)  | Plan of Correction         | Completion Date       |
|-------------------------------------|---|----------------------------|-----------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b><br/>Licensee – No documentation of current physical examination. <b>Submit copy with the plan of correction (POC).</b></p> | <p><i>See attached</i></p> | <p><i>5/26/16</i></p> |

11-100.1-9(a): The licensee had no documentation of current physical examination. I submitted a copy with the plan of correction (POC). See Attachment 1.

*Amelie Aneska*

|                                     |   |   |                |
|-------------------------------------|---|---|----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b><br/>Licensee - No documentation of current physical examination. Submit copy with the plan of correction (POC).</p> | <p>11-100.1-9 To prevent this deficiency as a licensee I must provide a copy of my PE every year. I will remind myself as follows</p> <ol style="list-style-type: none"> <li>1. put stick (post) on the calendar or my planner to make copy of my PE &amp; put on file on ARCH folder.</li> <li>2. remind myself on my cell phone about checklist of requirements.</li> </ol> | <p>9-10-16</p> |
|-------------------------------------|---|---|----------------|

|                                     |  |                     |                |
|-------------------------------------|--|---------------------|----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b><br/>Licensee - No documentation of current tuberculosis clearance. Submit copy with the POC.</p> | <p>See attached</p> | <p>5/26/16</p> |
|-------------------------------------|--|---------------------|----------------|

11-100.1-9(b): The licensee had no documentation of current tuberculosis clearance. I submitted a copy with the plan of correction (POC). See Attachment 2.

*Isilda Arvela*

11-100.1-9 To prevent this deficiency I must provide a copy of the TB. I will remind myself every year a current TB & PE needed to put on file. I will use post stick on my calendar or on my cell phone to remind me that all copies must be on file.



§11-100.1-14 Food sanitation. (f)

Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.

**FINDINGS**

Lysol disinfectant spray unsecured in the resident bathroom.

*See attached*

*5/26/14*

11-100.1-14(f): The Lysol disinfectant spray was unsecured in the resident bathroom. To resolve this, a lock with a key combination will be attached to the cabinet containing the Lysol disinfectant spray. Staff members/Caregivers are the only ones with the ability to access this lock. They will have to sign an agreement to not relay this lock combination to anyone unrelated to staff. This product will not be used for any ulterior motives. In the agreement, they will need to state and sign that they are responsible for the safety of the Residents and will securely lock the product when finished. Only staff members are able to use this product to clean. Once they are finished using the product, they are required to properly put away, close, contain, and secure the product in the locked bathroom cabinets. This will ensure the safety of the Residents. To avoid forgetfulness, staff will be reminded daily to make sure that hazardous products are put away and securely locked at all times when not in use. The locks will be checked throughout the day on a daily basis. A sign will be attached to the locked cabinets as a friendly reminder to lock cabinets after use. Caregivers need to also check the strength of the cabinet handles and hinges, ensuring that it's securely lock.

*Jocelyn Arueh*



§11-100.1-15 Medications. (b)

Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.

**FINDINGS**

Seven (7) large syringes containing antibiotics to be given intravenously (IV) push (via PICC line) were unsecured in the refrigerator since the resident's admission on 2/8/16.

*See attached*

*5/26/16*

11-100.1-15(b): Seven (7) large syringes containing antibiotics to be given intravenously (IV) push (via PICC line) was unsecured in the refrigerator since the resident's admission on 2/8/16. To resolve this, the Caregiver will keep the syringes containing antibiotics as well as other refrigerated medications in a separate secured lock box in the refrigerator. The lock box will be properly labeled, separate from food and other items. It will be stored discreetly in an area where it is not easily accessible for Residents. Caregivers/staff members are the only ones able to unlock the secured box and are responsible to securely lock and store the medication back into the fridge after use. Caregivers will have to sign an agreement stating that they are responsible for the Resident's safety. The secured box will be checked periodically throughout the day on a daily basis, ensuring that it's still in its designated place. They would also need to observe and supervise who is accessing the fridge and for what purpose. Staff needs to check that the box isn't easily breakable or obtainable by Residents. A sign will be placed on the refrigerator as a reminder to keep the medicine lock box sealed and stored in the refrigerator. A daily log of who accessed the lock box such as date, time, medicine, dosage, Caregiver name, signature, and patient name will be placed on the refrigerator for accountability purposes.

*Imelda Arce*



§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 – “Cefepime 2 gm IV Q 12 hr PICC line” ordered 2/8/16 was not administered by the Licensee as ordered by the physician. For example:

2/8/16 dose administered at 8 p.m.

2/9/16 dose administered at 7 a.m. – interval of 11 hours

2/9/16 dose administered at 7 p.m.

2/10/16 dose administered at 4 a.m. – interval of 9 hours

2/10/16 dose administered at 4 p.m.

2/11/16 dose administered at 7 a.m. – interval of 15 hours

2/11/16 dose administered at 7 p.m.

2/12/16 dose administered at 4:30 a.m. – interval of 9 ½ hours

2/12/16 dose administered at 4:30 p.m.

2/13/16 dose administered at 9 a.m. (progress note) – interval of 16 ½ hours

2/14/16 dose administered at 4 p.m.

2/15/16 dose administered at 9 a.m. – interval of 17 hours

2/15/16 dose administered at 8:30 p.m.

2/16/16 dose administered at 5:30 a.m. (progress note) – interval of 9 hours

2/17/16 dose administered at 5 p.m. (progress note)

2/18/16 dose administered at 9 a.m. (progress note) – interval of 16 hours

2/18/16 dose administered at 7 p.m. – interval of 10 hours

2/19/16 dose administered at 7 a.m.

2/19/16 dose administered at 5 p.m. (progress note) – interval of 10 hours

2/20/16 dose administered at 5 p.m.

2/21/16 dose administered at 8:30 a.m. (progress note) – interval of 15 ½ hours

2/21/16 dose administered at 8:30 p.m. (progress note)

2/22/16 dose administered at 5:30 a.m. – interval of 9 ½ hours

*See attached*

*5/26/16*

*See attached*

*5/26/16*

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11-100.1-15(e): Resident #1 – “Cefepime 2 gm IV Q 12 hr PICC line” ordered 2/8/16 was not administered by the Licensee as ordered by the physician. To resolve this, medications and supplements will be made available as ordered by physician or APRN. Medicine will be given according to the physician’s orders. For medicines given at specific intervals such as 12 hours, a personal timer or alarm will be set to remind the RN Licensee to give the medicine at a specific time. The alarm or timer can be set on a smartphone or a clock in the workplace. A reminder note will also be used, placed in an area that is seen often throughout the day (kitchen desk, refrigerator door, medicine cabinet) prompting the RN Licensee to give the medication at the specified time. A journal is needed to keep track of what time the Resident received the medication. The RN Licensee can only administer the medicine during the specified interval times. Reminder notes, setting a timer, and consistently checking the journal logs ensures that the RN Licensee will administer the medication at the correct times. Through this POC, the Resident will take their medication as ordered by the physician. If the RN Licensee is not available, the home health agency IV infusion service or RN case manager will be contacted to assist with IV infusion.

*Isabella Amala*

| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/>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><u>FINDINGS</u></b><br/>Resident #1 – Inconsistencies with documentation for the IV push antibiotics on the medication administration record and the progress notes were as follows:</p>   | <p><i>see attached</i></p> | <p><i>5/26/16</i></p> |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
|-------------------------------------|---|----------------------------|-----------------------|----------------|---------|--------|--------|---------|-----------|--------|---------|--------|-----------|---------|--------|--------|---------|--------|--------|---------|--------|--------|---------|--------|--------|---------|--------|--------|---------|--------|-----------|---------|--------|-----------|----------------------------|-----------------------|--|
|                                     | <table border="1"> <thead> <tr> <th>Date</th> <th>Medication Record</th> <th>Progress Notes</th> </tr> </thead> <tbody> <tr> <td>2/13/16</td> <td>7 a.m.</td> <td>9 a.m.</td> </tr> <tr> <td>2/14/16</td> <td>4:30 a.m.</td> <td>4 a.m.</td> </tr> <tr> <td>2/16/16</td> <td>7 a.m.</td> <td>5:30 a.m.</td> </tr> <tr> <td>2/16/16</td> <td>7 p.m.</td> <td>5 p.m.</td> </tr> <tr> <td>2/17/16</td> <td>7 a.m.</td> <td>5 a.m.</td> </tr> <tr> <td>2/17/16</td> <td>7 p.m.</td> <td>5 p.m.</td> </tr> <tr> <td>2/18/16</td> <td>7 a.m.</td> <td>9 a.m.</td> </tr> <tr> <td>2/19/16</td> <td>7 p.m.</td> <td>5 p.m.</td> </tr> <tr> <td>2/21/16</td> <td>9 a.m.</td> <td>8:30 a.m.</td> </tr> <tr> <td>2/21/16</td> <td>8 p.m.</td> <td>8:30 p.m.</td> </tr> </tbody> </table> | Date                       | Medication Record     | Progress Notes | 2/13/16 | 7 a.m. | 9 a.m. | 2/14/16 | 4:30 a.m. | 4 a.m. | 2/16/16 | 7 a.m. | 5:30 a.m. | 2/16/16 | 7 p.m. | 5 p.m. | 2/17/16 | 7 a.m. | 5 a.m. | 2/17/16 | 7 p.m. | 5 p.m. | 2/18/16 | 7 a.m. | 9 a.m. | 2/19/16 | 7 p.m. | 5 p.m. | 2/21/16 | 9 a.m. | 8:30 a.m. | 2/21/16 | 8 p.m. | 8:30 p.m. | <p><i>see attached</i></p> | <p><i>5/26/16</i></p> |  |
| Date                                | Medication Record   | Progress Notes             |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/13/16                             | 7 a.m.  | 9 a.m.                     |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/14/16                             | 4:30 a.m.   | 4 a.m.                     |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/16/16                             | 7 a.m.  | 5:30 a.m.                  |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/16/16                             | 7 p.m.  | 5 p.m.                     |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/17/16                             | 7 a.m.  | 5 a.m.                     |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/17/16                             | 7 p.m.  | 5 p.m.                     |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/18/16                             | 7 a.m.  | 9 a.m.                     |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/19/16                             | 7 p.m.  | 5 p.m.                     |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/21/16                             | 9 a.m.  | 8:30 a.m.                  |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |
| 2/21/16                             | 8 p.m.  | 8:30 p.m.                  |                       |                |         |        |        |         |           |        |         |        |           |         |        |        |         |        |        |         |        |        |         |        |        |         |        |        |         |        |           |         |        |           |                            |                       |  |

11-100.1-15(m): Resident #1 – Inconsistencies with documentation for the IV push antibiotics on the medication administration record and the progress notes. From now on, when a medication is administered, recorded, and documented, it will only state the date and time it was administered with the details of the Resident's progress. There are two forms of documentation Medication Record and Progress Note. The Medication Record and the Progress Note will be done at the same time to ensure consistency between the two documents. The Caregiver will need to make certain that they have the correct time logged down. The Caregiver will also need to cross check that the times are entered correctly for both documents. Caregivers, as much as possible on a daily basis will check the entries to make sure they are accurate and consistent.

*Sheldy Arcech*



§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 – “Docusate sodium 100 mg cap Take 1 cap by mouth 2 times a day as needed for constipation” ordered 2/8/16; progress notes did not indicate why the medication was taken twice every day.

Resident #1 – Progress notes did not indicate the need for and response to “Tylenol” given on 2/11/16 at 9 a.m.

*See attached*

*5/26/16*

11-100.1-17(b)(3): Resident #1 – “Docusate sodium 100mg cap Take 1 cap by mouth 2 times a day as needed for constipation” ordered. 2/8/16 progress note did not indicate why the medication was taken twice every day. Progress notes did not indicate the need for and response to “Tylenol” given on 2/11/16 at 9 a.m. From now on, when administering medications, the Caregiver needs to state why the medication was given. If a medication was given similar to 2/8/16, the entry will state the specifics of the situation. It will address the questions of who, what, where, when, why, and how. What Resident, who administered it, what medication was use, when and where it was used, why it was used, and how, by mouth, injection, or suppository? For example, a Resident may be experiencing constipation; the medication was administered for that purpose. “2/8/16 Resident #1 was given Docusate sodium 100mg by Caregiver #1 at 10am in the living room to alleviate constipation. It was given orally with water and the Resident accepted the medication with no problems. Resident stopped having constipation around such and such time before the second dose was administered, etc.” This would be done every time medication is administered. The same applies to Tylenol. The next time medication is given; it will need to state the need for it and the Resident’s response to the medication. A reminder will be placed on top of the journal and in the kitchen to remind Caregivers the importance of detail. Reminder Example: When administering medications, please record who, what, where, when, why, and how. What Resident, who administered it, what medication was use, when and where it was used, why it was used, and how, by mouth, injection, or suppository? Situation: A Resident may be experiencing constipation; the medication was administered for that purpose. Example Entry: “2/8/16 Resident #1 was given Docusate sodium 100mg by Caregiver #1 at 10am in the living room to alleviate constipation. It was given orally with water and the Resident accepted the medication with no problems. Resident stopped having constipation around such and such time before the second dose was administered, etc.”

*Isabel Anula*





§11-100.1-20 Resident health care standards. (a)  
 The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.

**FINDINGS**

Resident #1 – “Cefepime 2 gm IV Q 12 hr PICC line” ordered 2/8/16 was not administered by the Licensee as ordered by the physician. For example:

- 2/8/16 dose administered at 8 p.m.
- 2/9/16 dose administered at 7 a.m. – interval of 11 hours
- 2/9/16 dose administered at 7 p.m.
- 2/10/16 dose administered at 4 a.m. – interval of 9 hours
- 2/10/16 dose administered at 4 p.m.
- 2/11/16 dose administered at 7 a.m. – interval of 15 hours
- 2/11/16 dose administered at 7 p.m.
- 2/12/16 dose administered at 4:30 a.m. – interval of 9 ½ hours
- 2/12/16 dose administered at 4:30 p.m.
- 2/13/16 dose administered at 9 a.m. (progress note) – interval of 16 ½ hours
- 2/14/16 dose administered at 4 p.m.
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- 2/20/16 dose administered at 5 p.m.
- 2/21/16 dose administered at 8:30 a.m. (progress note) – interval of 15 ½ hours
- 2/21/16 dose administered at 8:30 p.m. (progress note)
- 2/22/16 dose administered at 5:30 a.m. – interval of 9 ½ hours

*see attached*

*5/26/16*

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11-100.1-20(a): Resident #1 – “Cefepime 2 gm IV Q 12 hr PICC line” ordered 2/8/16 was not administered by the Licensee as ordered by the physician. To resolve this, the primary and substitute caregiver will provide health care within the realm of the primary/ substitute caregiver’s capabilities for the Resident as prescribed by the physician or APRN. Medicine will be given according to the physician’s orders. For medicines given at specific intervals such as 12 hours, a personal timer or alarm will be set to remind the RN Licensee to give the medicine at a specific time. The alarm or timer can be set on a smartphone or a clock in the workplace. A reminder note will also be used, placed in an area that is seen often throughout the day (kitchen desk, refrigerator door, medicine cabinet) prompting the RN Licensee to give the medication at the specified time. A journal is needed to keep track of what time the Resident received the medication. The RN Licensee can only administer the medicine during the specified interval times. Reminder notes, setting a timer, and consistently checking the journal logs ensures that the RN Licensee will administer the medication at the correct times. Through this POC, the Resident will take their medication as ordered by the physician. If the RN Licensee is not available, the home health agency IV infusion service or RN case manager will be contacted to assist with IV infusion.

*Janelda Anesh*

|                                     |   |                            |                       |
|-------------------------------------|---|----------------------------|-----------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A)<br/> 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><u>FINDINGS</u></b><br/> Strong urine odor in Bedroom #3. Resident with PICC line resides in the bedroom.</p> | <p><i>See attached</i></p> | <p><i>5/26/16</i></p> |
|-------------------------------------|---|----------------------------|-----------------------|

11-100.1-23(h)(1)(A): Strong urine odor Bedroom #3. Resident with PICC line resides in the bedroom. From now on, if the Caregiver notices any strong urine odor or anything alarming, the problem will be taken care immediately. In terms of housekeeping, the Caregiver should at all times be aware of their surroundings. Items not safely put away, spills, hazardous objects, etc. For this situation, strong odors such as urine will be cleaned up as soon as possible. Bathrooms at all times will be checked for any spills and lingering urine on toilet seats or floors. Bathrooms will be checked throughout the day and maintained on a daily basis. If a smell is detected elsewhere such as in the bedroom, on the floor, on a seat, it will be cleaned, sanitized, and trash is disposed. Any area dealing with urine or fecal matter will be sanitized and the mess is properly disposed of. Rooms are to be maintained with no alarming smells. Proper equipment will be used to sanitize and dispose. Specifically, sanitation wipes, gloves, sanitation spray, and a garbage plastic bag will be used for similar instances. Soiled sheets are washed immediately in hot water with the correct soap and dried while new sheets are in place. Cleaning cabinets will be locked before and after use of these sanitation products. Trash is to be removed and placed in the dumpster outside immediately to get rid of the odor. Caregivers will be reminded and trained to be aware of their surroundings, use their senses, and to constantly clean. Maintenance and cleanliness is needed to prevent another housekeeping ordeal. A sign will be placed near the bathrooms, hallway, living, and kitchen to remind Caregivers to keep an eye out for things and to clean up constantly.

*Janet Anselmi*

|                                     |   |                            |                       |  |
|-------------------------------------|---|----------------------------|-----------------------|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B)<br/> All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><b>FINDINGS</b></p> | <p><i>see attached</i></p> | <p><i>5/26/14</i></p> |  |
|                                     | <p>Exit to/from the left of the facility, with the ramp, had four (4) locking devices.</p>  |                            |                       |  |

11-100.1-23(i)(3)(B): Exit to/from the left of the facility, with the ramp, had four (4) locking devices. To resolve this, two locks will be removed to comply with construction and building rules of two locking mechanisms. Since only two locking mechanisms are allowed, two out of the four locks will have to be removed. To ensure that this will not happen again, any construction or alteration needs to be checked if it is compliant with the state.

*Ingrid Arub*

|                                     |  |                            |                       |
|-------------------------------------|--|----------------------------|-----------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1)<br/>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><u>FINDINGS</u></b><br/>Resident #1 – No documentation of primary care giver (PCG) and substitute care giver (SCG) training for wet-to-dry normal saline dressings ordered “TID” to left foot wound.</p> <p>Resident #1 – No documentation of PCG and SCG training for PICC line care and monitoring.</p> <p>Resident #1 – No documentation of training for administration of oral medication for SCG #1.</p> | <p><i>see attached</i></p> | <p><i>5/26/16</i></p> |
|-------------------------------------|--|----------------------------|-----------------------|

11-100.1-83(1): Resident #1 – No documentation of primary care giver (PCG) and substitute care giver (SCG) training for wet-to-dry normal saline dressings ordered “TID” to left food wound. There was no documentation of PCG and SCG training for PICC line care and monitoring. There was no documentation of training for administration of oral medication for SCG #1. In the future, the Licensee will remind the RN Case Manager to provide documentation of PCG and SCG training regarding the Resident’s care plan. The RN Case Manager did not provide the Licensee these documents at the time of inspection but they were documented. To prevent this from happening again, the Licensee will remember to collect all documents of training. Specifically, for this situation the documents of the Licensee will remember to collect documents from the RN Case Manager who administered the training. See Attachment 3.

*David O'Quinn*



§11-100.1-83 Personnel and staffing requirements. (1)  
 In addition to the requirements in subchapter 2 and 3:

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;

**FINDINGS**

Resident #1 – No documentation of primary care giver (PCG) and substitute care giver (SCG) training for wet-to-dry normal saline dressings ordered "TID" to left foot wound.

Resident #1 – No documentation of PCG and SCG training for PICC line care and monitoring.

Resident #1 – No documentation of training for administration of oral medication for SCG #1.

As the licensee, prior to or on the day of admission I will work with the care manager per POLYSCG training to address the specialized needs of the resident.

9/26/14

- Training for
- (1) wet to dry dressing
  - (2) PICC line care & monitoring
  - (3) oral medication training for self training #1 was completed.

The training was documented.

To prevent a similar deficiency I will ensure proper documentation of training is completed prior or on the day of admission.  
 PICC line removed in July 2014

|                                     |   |                            |                       |  |
|-------------------------------------|---|----------------------------|-----------------------|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u><br/>(c)(2)<br/>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 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</p>  | <p><i>See attached</i></p> | <p><i>5/26/14</i></p> |  |
|                                     | <p>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><b><u>FINDINGS</u></b><br/>Resident #1 – Care plan did not include IV push antibiotics via PICC line and precautions for PICC line care.</p> <p>Resident #1 – Care plan did not include plan for PICC line dressing changes.</p> <p>Resident #1 – Care plan did not identify names of persons required to perform interventions:</p> <ol style="list-style-type: none"> <li>1. Wet-to-dry dressings (PCG)</li> <li>2. IV push antibiotics via PICC line (Licensee)</li> <li>3. PICC line dressing changes (Care Resources Hawaii)</li> </ol> | <p><i>See attached</i></p> | <p><i>5/26/14</i></p> |  |

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11-100.1-88(c)(2): Resident #1 – Care plan did not include IV push antibiotics via PICC line and precautions for PICC line care. Care plan did not include plan for PICC line dressing changes. Care plan did not identify names of persons required to perform interventions: Wet-to-dry dressings (PCG), IV push antibiotics via PICC line (Licensee), and PICC line dressing changes (Care Resources Hawaii). To resolve this, case Management services are provided for each Expanded ARCH resident to plan, locate, coordinate, and monitor comprehensive services in order to meet Resident needs. These needs are based on comprehensive assessment. The Case Manager RN shall train and monitor PCG and SCG in providing daily personal and special care to each resident as needed to implement his or her care plan. In the future, the Licensee will remind the RN Case Manager to identify and include all services specific to the care plan. The Licensee will remember to ask the RN Case Manager for a copy of the care plan for documentation. See Attachment 3 that RN Case Manager developed the nursing plan, which includes the mentioned findings stated above. See Attachment 3.

*Janet W. Amla*





§11-100.1-88 Case management qualifications and services.

(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:

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 - Care plan did not include IV push antibiotics via PICC line and precautions for PICC line care.

Resident #1 - Care plan did not include plan for PICC line dressing changes.

Resident #1 - Care plan did not identify names of persons required to perform interventions:

1. Wet-to-dry dressings (PCG)
2. IV push antibiotics via PICC line (Licensee)
3. PICC line dressing changes (Care Resources Hawaii)

As the licensee, I will 10/26/16 work as the case manager to ensure the care plan reflects the needs and services for the resident.

The care plan will identify who is responsible for the specialized care  
ie: PICC line care, <sup>AA</sup> PICC line dressing A's and PICC line medication.

and wet to dry dressing  
PICC line removed in July 2016

Licensee's/Administrator's Signature: Tomelda Arreola A

Print Name: Tomelda ARREOLA

Date: 5-26-14

Licensee's/Administrator's Signature: Tomelda Arreola A

Print Name: Tomelda ARREOLA

Date: 9-12-14

Licensee's/Administrator's Signature: Tomelda Arreola

Print Name: Tomelda Arreola

Date: 10-26-14