

RECEIVED

Office of Health Care Assurance

'16 JUN 13 P1:17

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DHS-ORC LICENSING

Facility's Name: Padron, Martina (ARCH)	CHAPTER 100.1
Address: 67-361 Farrington Highway, Waialua, Hawaii 96791	Inspection Date: March 2, 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) 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>FINDINGS Substitute care giver (SCG) #1 – No annual physical examination. Submit copy with the plan of correction (POC).</p>	<p>SCG #1 did his PE + TB clearance - Submitted to the dept.</p> <p>In the future will schedule annual medical requirements before previous exams done expires @ least 2 weeks.</p>	3/8/16
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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>FINDINGS SCG #2 – No documentation of positive tuberculin skin test.</p>	<p>SCG #2 did her PE/TB submitted to dept. copy of pos. skin test card.</p> <p>In the future all new + regular subs. will obtain all required med. documents before starting a contact w/ clients.</p>	3/15/16

	Rules (Criteria)	Plan of Correction	Completion Date
	Submit copy with the POC.		
<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>FINDINGS SCG #1, SCG #2 & SCG #3 – No documentation of training to make medications available to residents. Submit copy for each with the POC.</p>	<p>Subs 1-2-3 were oriented/trained by PCG about giving meds, recording + emergency procedures - documents of training 3/15/16 sent to dept.</p> <p>- In the future new + regular subs. will be trained / update regularly routine services provided at the home at least every year.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – No physician order for “cortisone 1%” applied to rash on left hip as noted in the April 2015 and July 2015 progress notes.</p> <p>Resident #1 – No physician order for “Benadryl cream” applied to rash on left hip as noted in the May 2015 and June 2015 progress notes.</p> <p>Resident #1 – “Levothyroxine 50 mcg tab i daily” ordered 1/11/16; the label reflected “Take on an empty stomach.” “Do not take antacids, calcium or iron within 4 hours of taking this drug.” The medication record reflected</p>	<p>obtained Drs. orders for OTC meds. for Res. # 1</p> <p>In the future will obtain a DRs. standing order for OTC meds + update quarterly orders.</p> <p>Levothyroxine med administration was changed since 3/2/16 - given before breakfast (empty stomach)</p> <p>In the future will make sure to follow instructions before administering any meds. + will recheck w/ pharmacist for advice if necessary.</p>	<p>3/16/16</p> <p>3/16/16</p> <p>3/2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>"levothyroxine," "oyster calcium with vitamin D" and "ranitidine" are taken at 7 a.m.</p>		
<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>FINDINGS Resident #1 – "Levothyroxine 50 mcg tab i daily" ordered 1/11/16 was not recorded on the February 2016 and March 2016 medication records. Primary care giver (PCG) stated medication was given.</p> <p>Resident #1 – "Simvastatin 40 mg tab i daily" recorded on the June 2015 medication was not initialed as given for the entire month. PCG stated the medication was given.</p> <p>Resident #1 – "Clindamycin HCl 300 mg oral capsule Take 1 capsule by oral route 3 times per day for 10 days" ordered 8/27/15; the August 2015 and September 2015 medication records reflected 31 doses taken by the resident.</p>	<p><i>Meds for Res. #1 were given as ordered by MD - corrected record - signed</i> <i>In the future PCG/Sub.</i> <i>will carefully double check meds record + to make sure meds/treatments are recorded properly as to time - date + D/c time - + signed.</i></p>	<p><i>3/2/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p>	<p><i>In the future all unusual incidents - to client - will have a written report within 24 hrs. in the DOH folder -</i> <i>Occurrence of incident is always recorded on the Progress Notes</i></p>	
	<p>FINDINGS Resident #1 – No incident report for an emergency room visit on 8/27/15 for swelling to the right lower leg. Resident diagnosed with cellulitis and placed on oral antibiotics.</p>	<p><i>CM - Family/guardian are always notified -</i></p>	<p><i>3/15/16</i></p>

Licensee's/Administrator's Signature: Martina F. Padron

Print Name: MARTINA F. Padron

Date: 3/21/16

Licensee's/Administrator's Signature: Martina F. Padron

Print Name: MARTINA F. Padron

Date: 06-09-16