

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Medy's ARCH I, Inc.	CHAPTER 100.1
Address: 1447 Ala Leleu Street, Honolulu, Hawaii 96818	Inspection Date: October 19, 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
<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 Substitute care givers #1, #2, #3, and #4 No documentation of training by primary care giver to make medications available and document such action.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Substitute care givers #1, #2, #3 and #4 were provided training to make prescribed medications available to residents in the home by me, the primary care giver on 10/24/16.</i></p>	<p style="text-align: right;"><i>10/24/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(4)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. In the future SCY shall be trained by me, the PCY to make prescribed medications available to residents on a 1:1 basis. 2. The SCY shall be allowed to make prescribed medications available to residents in the home only after completion of the training and the PCY has determined that the SCY has acquired the skill and competence to administer medications to residents in the home safely. 3. PCY, the writer shall keep a copy of the educational material on file. 4. PCY shall document date time training was provided. SCY signature shall be obtained. 5. PCY shall keep a record of the training in the "Inservice Training Record" file. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 No progress notes corresponding to incident reports on 4/2/16, and 4/8/16.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>late entries corresponding to incidents on 4/2/16 and 4/8/16 entered in progress notes by SCU #2 on 10/26/16.</i></p>	<p><i>10/26/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (b)(3)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. In the future SGT's shall be instructed/reminded to document incidents in the progress report promptly as they occur or happen. 2. In the future incident reports are written only after the incident is entered/documented in the progress notes. 3. PCY shall review and check the charts at the end of the day to ensure that incidents that happened during the day are documented/entered in the progress notes. 4. PCY, the writer shall review that progress note shall coincide with the incident report. 5. In the future when writing the "Monthly Nursing Summary" happenings that occurred during ^{the} period shall be review reviewed and checked that they have been entered/documented in the progress notes. 	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 No documentation that care giver reported five-pound weight loss that occurred between 4/16 and 5/16 to physician.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Addendum to past entry on 4/26/16 entered on 10/21/16 that PCP was notified of wt. loss as documented in the PCP's "After Visit Summary dated 4/26/16.</i></p>	<p><i>10/21/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-20 (c)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <ol style="list-style-type: none"> 1. In the future wt. loss of 3lbs. and above in a month shall be reported to PCP or APRN promptly and ^{when} noted, and documented in the progress report. 2. Wt. loss reported to PCP or APRN shall be documented in the progress report promptly when reported. 3. Wt. gain/loss shall be monitored, reviewed monthly and follow up done ^{entered} in the Monthly Nursing Summary. 	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety</u>. (a)(2) 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:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS Bedrooms #1 and #5 where ARCH expanded residents reside, doors do not self-close.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Self closing door hinges on newly installed doors in bedrooms #1 & 5 were adjusted / loosened on 10/22/16.</i></p>	<p><i>10/22/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-86 (a)(2)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <ol style="list-style-type: none"> 1. In the future SCY's & PCY shall be instructed/remembered to check that all bedroom doors are self closing daily when doing cleaning the bedrooms, by opening & closing the door. 2. All staff shall be reminded to check that bedroom doors are self closing during "Fire Drills" 3. SCY shall be instructed to notify PCY when bedroom doors are not self closing promptly. 4. In the future bedroom doors that are not self closing shall be fixed promptly. 	

Licensee's/Administrator's Signature: Mediatrix De Lara

Print Name: MEDIATRIX DE LARA

Date: 1/19/17