

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mildred's	CHAPTER 100.1
Address: 94-1273 Peke Place, Waipahu, Hawaii 96797	Inspection Date: March 28, 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 physical examination prior to contact with residents. Submit copy with the plan of correction (POC).</p>	<p>I have a checklist for new employees that list all the requirements, I will check (P.E) that documents are completed before they can start work</p> <p>* copy of PE submitted previously *</p>	<p>nh 9/27/16</p>
<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>I have a checklist for new employees that list all the requirements. (2 step TB clearance) I will check that the documents must be complete before</p>	<p>nh 9/27/16</p>
	<p>FINDINGS SCG #1 – No two-step tuberculosis clearance. Submit copy of one (1) additional tuberculin skin test with the POC.</p>	<p>They can start work. Copy submitted previously.</p>	



§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

Refrigerated "children's pain reliever" and "Lantus solostar pens" were not in a locked container in the refrigerator.

Padlock for medication cabinet was not engaged.

Obtained a container that can be padlocked before putting in the refrigerator. Instructed caregivers & household members that refrigerated medication must be locked in a container ^{everytime I open the refrigerator, it should be locked} I would check that everytime I pass by the cabinet. I will make a sign that the cabinet must lock at all times.

mh
9/22/16



§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 – "Lisinopril 30 mg 1 tab po QD Hold SBP < 110" ordered 2/2/16; on 2/5/16 the BP = 108/61. The medication was given.

Resident #1 – "Labetalol HCl 200 mg tab po BID Hold for SBP < 110 or HR < 50" ordered 2/2/16; on 2/5/16 the BP = 108/61. The medication was given.

Resident #1 – "Furosemide 40 mg po QD" and "potassium Cl 20 meq po BID" ordered 2/2/16; dosage changed on 2/5/16 to "every other day." The February 2016 medication record

reflected the medications were given on 2/6/16 then on 2/10/16. The 2/8/16 doses were not given.

Resident #1 – "Eucerin" and "polyethylene glycol" were ordered on 2/5/16; however, the February 2016 medication record reflected the medications were initialed as given 2/1/16 to 2/4/16.

Resident #1 – "Compazine 25 mg suppository" ordered 2/2/16; however, medication discontinued without a physician order.

will review, look & signed carefully when to hold medication & parameters, & when to give, also will get the attention as verified & MD to discontinue existing medications before new medication is ordered, that will avoid confusion & overlapping of ordered medications, & at the same time avoid confusion & occurrence of similar deficiency.

7/6/14



§11-100.1-15 Medications. (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.

FINDINGS

Resident #1 – "Hydrocodone-acetaminophen 7.5-325 mg Give i-ii tabs po every 6 hours as needed for pain" ordered 2/5/16; the medication record did not indicate the number of tablets taken by the resident.

In the future, i will write and signed document how many tablets given, so that can keep track how many tabs given in a day, also if client request for another tab, despite too early at least can give the other dose accordingly (if took only one in the first place, thus prevent for another occurrence of deficiency)

7/6/14



§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;

In the future, when results of blood sugar & this is parameter when to call MD or hold. I have to come to notify the doctor right away, and if there is no order & when MD aware, need to document in the progress note that MD was notified, no order given & followed that. This will avoid such occurrence of similar deficiency

7/16/16

FINDINGS

Resident #1 – No documentation that the physician was made aware of elevated blood glucose readings.



§11-100.1-17 Records and reports. (b)(4)
During residence, records shall include:

Entries describing treatments and services rendered;

FINDINGS

Resident #1 – No documentation that 1500 ml/day fluid restriction is followed.

Resident #1 – Blood glucose readings were not recorded accurately.

On the day after the inspection, I document the fluid restriction. The case manager trained the substitute caregiver regarding fluid restriction. To prevent similar deficiency we will begin documenting the fluid restriction when ordered.

9/27/16

Date	Time	Record	Meter
3/24/16	5:32 p.m.	324	383
3/23/16	5:36 p.m.	381	416
3/20/16	5:26 p.m.	361	395
3/14/16	5:31 p.m.	381	411
3/13/16	5:39 p.m.	296	496
3/11/16	5:26 p.m.	284	384
3/11/16	6:36 a.m.	225	325
3/8/16	5:20 p.m.	326	400

Regarding the blood sugar, I trained the caregiver to record the testing right away in the MAR and double check the meter & the record have the same value. I will check at the end of the day the gluco meter reading & the medication record for accuracy.

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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>I will come to have a checklist guidelines for proper use of O₂ storage. Will ask the vendors to provide O₂ tank holder, or</p>	<p>7/6/16</p>
	<p>FINDINGS Resident #1 – Emergency oxygen tank:</p> <ul style="list-style-type: none"> • Stored in Resident #1's bedroom closet • Did not have a stand for protection from falling over 	<p>let O₂ be on the floor to prevent from falling down. Will not store any O₂ in the closet in the future, thus this will prove as not to have similar deficiencies.</p>	<p>7/6/16</p>
<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>FINDINGS Resident #1 – No case manager training for 1500 ml/day fluid restriction. Resident #1 – No case manager training for oxygen concentrator use.</p>	<p>I will work with the case manager when we have a new ^{to treatment} ordered so that she can provide training to the caregivers and I will ^{have her} document the training. Case manager training was completed on fluid restriction & O₂.</p>	<p>mh 9/27/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCGs #2 & #3 – Documentation of eleven (11) hours of continuing education. Submit copy of one (1) additional hour for each with the POC.</p>	<p>I will keep track in services by creating a tracking chart that identifies the name of in services ^{mh} that I will check the in service certificates for duplicate topics. I will not count the duplicate in services. Every month I will review the in service tracking chart so we can plan how many numbers of in services is needed.</p>	<p>mh 9/27/16</p>

Copy of 1 hour submitted previously

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident #1 – No documentation of pneumococcal and influenza vaccination. Submit copy of physician verification that the resident declined both vaccines with the POC.</p>	<p>At the time of admission, I ^{will} use the admission checklist, I will check the pneumococcal & influenza vaccination dates. If the resident refuses, I will call the physician to discuss the refusal & have the physician document the refusal.</p>	<p>mh 9/22/16</p>
<input checked="" type="checkbox"/>	<p>§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:</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 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</p>	<p>read the care plan before the case manager leaves I will work with the case manager so that she can update the care plan to include the fluid restriction and/or services ordered by the physician. Care plan updated, includes fluid restriction.</p>	<p>mh 9/22/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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><u>FINDINGS</u> Resident #1 – Fluid restriction of 1500 ml/day was not reflected in the care plan.</p>		
<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><u>FINDINGS</u> Resident #1 – The "Diabetes/hyperglycemia" care plan was not updated to reflect the change to "Lantus 20 units QD" on 2/29/16.</p>	<p><i>Will work together with my case manager, review or call his/her attention if there is any changes or update in ^{the} care plan.</i></p>	<p><i>5/4/2016</i></p>

Licensee's/Administrator's Signature: Mildred Bumanglag

Print Name: MILDRED BUMANGLAG

Date: 5/4/2016

Licensee's/Administrator's Signature: Mildred Bumanglag

Print Name: MILDRED BUMANGLAG

Date: 7/6/16

Licensee's/Administrator's Signature: M. Bumanglag

Print Name: MILDRED A. BUMANGLAG

Date: 8/24/2016

Licensee's/Administrator's Signature: Mildred Bumanglag

Print Name: MILDRED BUMANGLAG

Date: 9/22^{mb}/16