

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |                                       |
|--|---------------------------------------|
| Facility's Name: Nelia A. Blanco (ARCH/Expanded ARCH)      | CHAPTER 100.1                         |
| Address:<br>95-5573 Lokelani Street, Naalehu, Hawaii 96772 | Inspection Date: March 8, 2016 Annual |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(1)<br/>The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;</p> <p><b>FINDINGS</b><br/>No written emergency procedures.</p>  | <p>Next time I will make sure that written Emergency procedure shall be made available by the PCG attached to care Home Folder for the departments review.</p> <p>Upon cited attached the written emergency procedure made which include provisions for the following like arranging immediate transfer for any resident injured dies, or any emergency situations.</p> | 3-10-2016       |
| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (a)<br/>The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family</p> | <p>In the future I will maintain to do my menu substitution always, made available by the licensee or primary caregiver for the departments review.</p>   | 3-8-2016        |

|  | Rules (Criteria)   | Plan of Correction  | Completion Date   |
|--|--|---|-------------------|
|  | <p>members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u><br/>No documented menu substitutions.</p> | <p>Menu substitution was done immediately after cited.</p>  | <p>3-8-2016</p>   |
|  |  | <p>In the future, I will have the menu substitution form posted in the kitchen where I can always see and document as needed the menus/food item that were substituted.</p> | <p>05-16-2016</p> |

|   | Rules (Criteria)  | Plan of Correction   | Completion Date  |
|---|---|--|------------------|
| ☒ | <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>FINDINGS</b><br/>Resident #1, physician orders dated, June 17, 2015, August 19, 2015 and October 30, 2015, read, "Tineacide Cream BID to mycotic toe nails." However, the medication order was not transcribed on to the June 2015 – March 2016 monthly medication records.</p>  | <p>In the future, I will transcribe all medications/treatments on the Medication Administration Record on the day that it is ordered by the physician. I will review my residents MAR every day and sign my name immediately after administering the medication. And for accuracy I will match the medication bottle label against the (MAR) Medication Administration Record.</p> | <p>5/31/2016</p> |
|   |   | <p>Tineacide cream was applied to resident #1 toe nails BID but PCB, missed to transcribed on the monthly medication record form from June 2015 to March 2016. Upon cited Tineacide cream BID applied to mycotic toenails was recorded on the monthly medication record form.</p>  | <p>3-9-2016</p>  |
| ☒ | <p>§11-100.1-17 <u>Records and reports.</u> (a)(3)<br/>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> | <p>Next time I will make sure to complete page 1 and 2 of the Resident Emergency Information form. If there are changes - update the medication orders diet and diagnosis's every after Doctor's visit.</p>  |                  |
|   | <p><b>FINDINGS</b><br/>Resident #1, resident emergency information sheet was incomplete and did not list current medications, diagnosis, and date of immunizations.</p>   | <p>Completed page 1 and 2 of the Resident Emergency Information with current medications, immunizations, diet and diagnosis's; Attached to resident's folder.</p>  | <p>3-15-2016</p> |

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|-------------------------------------|--|---|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1) Resident #1, monthly medication record reflects resident received, "Tylenol 650 mg 1 tab po q 4 hrs PRN for pain or fever → 101." However, no response to PRN medication found in monthly progress notes for the months of March – June 2015, August 2015, October 2015, December 2015 and February 2016.</li> <li>2) Resident #1, monthly medication record reflects resident received, "Ativan 1 mg 1 tab q HS PRN." However, no response to PRN medication documented in August and September 2015 monthly progress notes.</li> </ol> | <p>Next time I will make sure to record in the progress notes monthly or more often any observation of the response of medication, treatments, diet and any changes in condition illness or injury. Document immediately when any incident happen including date and time <sup>and</sup> any all action taken.</p> <p>→ After cited PRN medication Tylenol 650 mg 1 tab. p.o q 4 hrs. for pain or fever → 101 given to Resident #1 will be recorded from now whatever response found to PRN medication in the monthly progress notes.</p> <p>→ From now PRN medication Ativan 1mg 1 tab q HS PRN given to Resident #1 will be recorded or documented whatever response found to the PRN medication in the monthly progress notes.</p> | <p>3-15-2016</p>  |
|                                     |  | <p>In the future I will set a timer for 30 to 60 minutes to reassess the patients response to medication that was given and I document it in the progress notes.</p>  | <p>05-16-2016</p> |

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| ☒ | §11-100.1-80 <u>Licensing</u> . (d)<br>Policies and procedures shall be developed by the licensee to meet the provisions of this chapter. | Obtained Expanded ARCH general operational Policy for Adult Residential Care Home at the time of | 3-8-2016        |
|   | <b>FINDINGS</b><br>No expanded ARCH general operational policy. Current addendum to ARCH policy references "Extended" ARCH.               | my annual inspection. Completed and attached to Care Home folder.                                | 3-10-2016       |

Licensee's/Administrator's Signature: Julia A. Blanco

Print Name: Nelia A. Blanco

Date: 05-02-2016

Licensee's/Administrator's Signature: Julia A. Blanco

Print Name: Nelia A. Blanco

Date: 05-17-2016

Licensee's/Administrator's Signature: Julia A. Blanco

Print Name: Nelia A. Blanco

Date: 05-31-2016