

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual's	CHAPTER 100.1
Address: 1521 Ala Iolani Place, Honolulu, Hawaii 96819	Inspection Date: September 1, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

"POC NOT RECEIVED AS OF <DATE>"

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 physician order dated 7/26/16 reads, "Continue Triamcinolone cream BID to body." Medication not listed on August and September medication administration records.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, I corrected the deficiency by listing Triamcinolone Cream BID on the months of August and September Medication Records already.</i></p>	<p><i>Sept. 01, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (m)	<p style="text-align: center;"><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> <p>To ensure that it will not happen again, PCG will ask Substitute Care Giver to double check the medications each month, so there will be no medication left out.</p>	Sept. 01, 2016

	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 progress notes do not address diet or treatments.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, I corrected the deficiency by writing in resident #1 progress notes addressing her diet or treatments already.</i></p>	<p><i>9/01/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (b)(3)	<p style="text-align: center;"><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> <p>To ensure that it will never happen again, PCG will use checklist in all client's progress notes that it will address their diets or treatments everytime, and if there's changes or any occuring incidents, it will be documented right away.</p>	9/01/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 emergency data sheet incorrect, medication doses not updated when changed by physician.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, I corrected the emergency data sheet right away; putting the right doses of each medication, so it's easier for the receiving facility followed by a written transfer summary.</i></p>	<p><i>Sept. 01, 2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (e)	<p style="text-align: center;"><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> <p><i>In order that it will not happen again, PCG will make sure that Substitute Care Giver will double check every month each resident's Emergency data sheets if they're really up to date.</i></p>	<i>9/01/2016</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 list of possessions not updated yearly last update 2012.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, I corrected Resident's #1 List of Possessions by updating her records yearly beginning 2013 to 2016.</i></p>	<p><i>9/01/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-19 (d)	<p style="text-align: center;"><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> <p>To ensure that it doesn't happen again, PCG will ask Substitute CG to double check every residents possessions, write down their monthly money including disbursements and will continue to do it in an ongoing basis including a current inventory for each resident and also let each one sign everytime.</p>	9/01/16

Licensee's/Administrator's Signature: Trina P. Pascual

Print Name: TRINA P. PASCUAL

Date: September 15, 2014