

Office of Health Care Assurance .

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raza Adult Residential Care Home – Expanded Care	CHAPTER 100.1
Address: 61 Kehaulani Street, Hilo, Hawaii 96720	Inspection Date: June 20, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) 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 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> No documented menu substitutions.</p>	<p>- menu substitution log was initiated.</p> <p>- PCG started a log, placed in the kitchen &amp; trained substitute to document.</p>	6/20/16

§11-100.1-15 Medications. (e)  
All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a

- Order to crush medication was 6/27/16  
ordered & documented on the

physician or APRN.

Medication Administration Record.

**FINDINGS**

Resident #1, per PCG, all tablets are crushed prior to administration. However, no physician order to crush medications.

- Prior to crushing medication.  
I will discuss w MD to  
obtain order to "crush  
medication"

§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;

**FINDINGS**

Resident #1, May 2016 progress notes, no response to antibiotic medications prescribed on May 4, 2016 and completed on May 11, 2016.

- PCG will put sticky note in  
the MAR as a reminder to  
document in the progress notes.



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

Entries describing treatments and services rendered;

**FINDINGS**

Resident #1, physician order dated, May 12, 2016 read,  
"Regular, dysphagia pureed, nectar thick liquid." However,  
no order for thickening agent.

- No thickening agent order on admission but order obtained on 6/27/16, documented in MAR.
- Before readmitting / admitting resident, check diet order, if order is thickened liquid, obtain "thick it" order.

6/27/16

☒	§11-100.1-87 <u>Personal care services.</u> (e)		
	<p>The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><b>FINDINGS</b> Resident #1, no training provided by the case manager for the following:</p> <ul style="list-style-type: none"> <li>• Special diet: Dysphagia pureed, nectar thick liquid</li> <li>• Administration of medications: Rectal</li> </ul>	<p>An inservice was provided to all caregivers.</p> <p>- PCG will notify case manager of new orders requiring staff training. Coordinate w/ CM &amp; staff to give &amp; receive training within 48 hours upon admission.</p>	<p>DATE 6/27/16</p>
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)</p> <p>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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b> Resident #1, no face-to-face contact with case manager since May 4, 2016.</p>	<p>- case manager was seen resident.</p> <p>- PCG will mark calendar for schedule of case manager visit call case manager a day or two ahead to remind her.</p>	<p>6/30/16</p>

Licensee's/Administrator's Signature: Ruth Raza, RN

Print Name: RUTH RAZA

Date: 7/1/16

Licensee's/Administrator's Signature: Ruth Raza, RN

Print Name: RUTH RAZA

Date: 7/28/16