

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Riingen ARCH/Expanded ARCH	CHAPTER 100.1
Address: 17-559 Ipuaiwaha Street, Keaau Hawaii 96749	Inspection Date: October 4, 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>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, telephone order dated September <u>15</u>, 2016 read:</p> <ul style="list-style-type: none"> • “Ferrous Sulfate 325 mg tab 1 tablet by mouth daily with meal for IRON for Blood Count” • “Vitamin C 250 mg Tablet 1 tablet by mouth once Daily to help IRON absorption” • “Docusate Sodium 100 mg softgel 1 softgel Daily to help prevent constipation” <p>However, September 2016 medication record reflected all medications administered beginning September <u>17</u>, 2016. No documentation that physician was made aware of delay/inability to obtain medication.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>10-05-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p>Prescriptions were picked up after the medications were called in to the pharmacy, 2 days later. physician was alerted that resident missed two days of medications, but this info was not documented.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>in the future, I will remind the physician and the nurse to call in the prescription to the appropriate pharmacy before I leave the office. If the prescription is not available at the pharmacy, when I attempt to pick it up, I will alert the physician that the medication was not administered as a result of prescription not called in, and document appropriately. I will pick up the medications when called in and administer as ordered. As noted in this case, these meds are over the counter, in the future I will pick up the meds over the counter, using the physicians orders. I will apply a copy of the order to the container for reference, using the 5 rights of medications.</p>	<p>10-05-16</p>

	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, September 2016 monthly progress notes did not document effectiveness or response to the following medications ordered on September 15, 2016:</p> <ul style="list-style-type: none"> • "Ferrous Sulfate 325 mg tab 1 tablet by mouth daily with meal for IRON for Blood Count" • "Vitamin C 250 mg Tablet 1 tablet by mouth once Daily to help IRON absorption" • "Docusate Sodium 100 mg softgel 1 softgel Daily to help prevent constipation" 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">10-05-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	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> <p> <i>In the future, after administering new meds to the resident, I will monitor and document the effectiveness or response to the medications, as noted in the delegation for administering medications. All caregivers will review and sign acknowledgement of review/delegation of medications.</i> </p>	<p style="text-align: right;">10-05-16</p>

	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, monthly weight record reflected a weight gain of six (6) pounds between October 2015 and November 2015. However, no documentation that physician was made aware of the weight change.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>10-05-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	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> <p> <i>To avoid this issue in the future, upon hire of all caregivers and myself and again on admission of all residents, responsibilities will be reviewed to include respon reportable information and changes to report (and document) to the physician and/or the RN/Case Manager.</i> </p>	<p style="text-align: right;"> <i>10-05-16</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Care home doors left open, two (2) cats roaming throughout the care home, entering and exiting the home, including the kitchen area freely. Primary care giver (PCG) indicated the cats belonged to their neighbor.</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>All caregivers and family members will be alerted on hire and admission of new residents, regarding keeping all doors closed, to defer animals from entering the home, as part of orientation.</i></p>	<p style="text-align: right;"><i>10/17/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (h)(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> <p> <i>To avoid this issue in the future, the doors to the outside are being kept completely closed at all times to defer the cats from entering the home. I will also alert the neighbors regarding their cats roaming into my home and would appreciate some restraint on the animals to their own property.</i> </p>	<p style="text-align: right;">10/17/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Substitute care giver (SCG) #1, completed five (5) of the required twelve (12) hours of annual continuing education. <i>Please complete seven (7) hours of continuing education to be counted towards your 2016 annual inspection year.</i> SCG #2, completed ten (10) of the required twelve (12) hours of annual continuing education. <i>Please complete seven (7) hours of continuing education to be counted towards your 2016 annual inspection year.</i></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>All in-services will be reviewed for appropriateness to the care in the Care Home level of care, Arch, EARTH or RACE/Adult Foster Home and will also be reviewed for appropriate credit hours - assigned and documented on the certificates.</i> <i>Substitute Care giver (SCG) #1 completed (7) hours of continuing education on Oct. 05, 2016.</i> <i>SCG #2, completed (3) hours of continuing education on Oct. 05, 2016.</i></p>	<p style="text-align: right;">10-05-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-83 (5)</p> <p>For 11-100-1-83 (5) Continuing Education:</p> <p>To avoid this issue in the future, all in-services will be related to Care Home level of care, ARCH, E-ARCH or RAACP/Adult Foster Home.</p> <p>All in-services will be reviewed for appropriateness to the care in the Care Home level of care, ARCH, E-ARCH or RAACP/Adult Foster Home and will also be reviewed for appropriate credit hours assigned and documented on the Certificates.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon hiring of Caregivers, a list of expectations will be reviewed, to include, type & # of continuing education in-services required per year. Every month I will review my records for appropriateness and # of in-services, completed and thus # left required for the year. I will keep the Caregivers alerted every month.</p>	<p>11-02-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) 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>FINDINGS No eye drop administration training for SCG #1 - 5.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Delegation for eye drop administration completed by Case Manager on 10/17/16 for all caregivers PCB at SCG #1-5.</i></p>	<p style="text-align: center;"><i>10/17/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-87 (e)	<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> <p> <i>To avoid this issue in the future, I will review the medications with the RN/Case Manager, to ensure all routes of administration are addressed and delegated appropriately.</i> </p> <p> <i>Training Completed Date: 10-17-16</i> </p>	<p style="text-align: center;">10-17-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 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, admitted February 25, 2014, as expanded level of care, no care plan.</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>Yes, deficiency corrected. The RN completed et submitted the care plan, after reviewing the chapter 11-100-1-88 Ce)(2) Date - 10/17/16 - by the case manager. I alerted the case manager/RN regarding the requirement for the care plan, and told her it was not up to date. I also referred the case manager to the chapter 11-100-1-88 Ce)(2), for clarification.</p> <p>On Admission, responsibilities and expectations of the RN/case manager will be reviewed between myself and the RN/case manager. The care plan will be completed, reviewed and placed in the chart as required. The care plan will be on my checklist for admission and for 6 months' reviewed. To avoid any misunderstandings regarding the requirements for the care plan, I will refer the RN/CM to Chapter 11-100, Chapter 11-101, Chapter 11-100+1</p>	<p style="text-align: right;">11-02-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(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> <p> <i>On Admission, responsibilities and expectations of the RA/Case Manager will be reviewed between myself and the RA/Case Manager. The Care plan will be completed, reviewed and in the chart as required. The Care plan will be on my checklist for admission and for 6 months review.</i> </p> <p> <i>Date Care Plan Completed; 10-17-16</i> </p>	<p style="text-align: center;">10-17-16</p>

Licensee's/Administrator's Signature Benita Ringen

Print Name: BENITA RINGEN

Date: 10-18-16

Licensee's/Administrator's Signature Benita Ringen

Print Name: BENITA RINGEN

Date: 11-02-16