

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
H.C.A. LICENSING

Facility's Name: Rodriguez Care Home	CHAPTER 100.1
Address: 1647 Paaaina Place, Pearl City, Hawaii 96782	Inspection Date: March 30, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS Substitute care giver (SCG) #1 – No annual physical examination. Submit a copy with the plan of correction (POC).</p>	<p>SCG #1 In the future annual physical examination of any P.C.G & SCG be available and up to date during inspection or anytime. A copy of his annual physical examination is enclosed.</p>	4/28/16
		<p>For all new care givers I will use a checklist for requirements including teaching them how to give medications. I will use the care giver training form to document the training.</p>	9-9-16

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p>	<p>I completed the training for the SCG in giving medication. I will fax a copy of the training & the documentation of the SCG to prevent a similar def. I will train all SCG & put all the documentation in my file.</p>		
	<p>FINDINGS SCG #1 and SCG #2 – No documentation of training to make prescribed medication available to residents. Submit a copy for each with the POC.</p>	<p>In the future documentation of training to make prescribed medication available to resident by hand-drumming inspection or anytime. SCG #1 & #2 documentation of training are enclosed.</p>	<p>4/28/16</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Resident #1 – No special diet menu for “low fat, low cholesterol, NAS, NCS, chopped with thin liquids” diet ordered 2/17/15.</p>	<p>The new diet ordered on Feb 29 2016 was regular no added salt, chopped with thin liquid. To prevent this deficiency occurring again I will create special diet menu for all special diet ordered as soon as I received the order. I will contact Mrs. Annette Jackson COHCA nutritionist for consult if I have any questions. I will fax my regular diet menu as it meets the no added salt diet order. I consulted Annette Jackson about this.</p>	<p>9-9-16</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 "Megace" was not in a locked container.

Medication cart was unlocked. The unlocked sliding glass door adjacent to the medication cart allowed access by residents.

Purchased a locked container for refrigerated medications. In the future all medications will be stored in a locked container and medication cart should be locked at all times.

9-9-16

Tell SCOS & household members that all refrigerated meds must be in the locked container. We will check that the container is locked when ~~then~~ open refrigerator. We will also check the medication cart when we pass it by to insure it is locked.

<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>FINDINGS Resident #1 – “Nifedepine ER (Adalat ER) 60 mg 1 tab po QD Hold for SBP ↓ 110;” however, BP was not recorded.</p>	<p>To prevent similar deficiency I will instruct SCS to record BP in MAR before giving meds. I will check everyday that BP is recorded.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – Medications were not updated from 1/5/15 to 11/18/15.</p>	<p>medication should be updated every 4 months. however it was not filed in the resident record but with other papers. To prevent a similar deficiency I will fill the med. update promptly in the resident record after physician visit.</p>	<p>9-9-16</p>
<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>FINDINGS Resident #1 – No medication administration records (MAR) for August 2015, September 2015, October 2015, November 2015 and March 2016.</p> <p>Resident #1 – The February 2016 MAR was not initialed by the care giver from 2/18/16 to 2/29/16 and, for all medications listed, the time of day was not recorded.</p> <p>Resident #1 – Duplicate entry. “aspirin 80 mg 1 tab QD” was recorded on the February 2016 MAR.</p> <p>Resident #1 – For the December 2015 MAR:</p> <ul style="list-style-type: none"> The time of day “Wellbutrin XL” taken was not recorded. 	<p>medication record should be double checked with physician order and bottle to prevent a similar deficiency. I will fill the monthly medication record immediately in the resident record. I will initial the medication record when giving the medication. I will train my SCS to do same. I will check everyday to make sure the mar is initialed. I will double check the MAR if complete with the time of day the medication is taken.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<ul style="list-style-type: none"> • The time of day “Baclofen TID” taken was not recorded. • “Tamsulosin” was not initialed as given 12/17/15 to 12/31/15. <p>Resident #1 – Medications were not initialed as given 7/10/15 to 7/31/15.</p> <p>Resident #1 – “Lactulose QD” was not initialed as given or withheld 6/7/15 to 6/30/15.</p> <p>Resident #1 – “Lactulose QD” was not initialed as given or withheld 5/7/15 to 5/31/15.</p> <p>Resident #1 – “Lactulose QD” was not initialed as given or withheld 4/12/15 to 4/30/15.</p> <p>Resident #1 – Medications on the March 2015 MAR was not initialed as given 3/21/15 to 3/31/15.</p> <p>Resident #1 – Medications were not initialed by the care giver when taken by the resident as evidenced by mechanically copied MARs (with initials) for June 2015 and July 2015.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p>		

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<p>FINDINGS Resident #1 – No annual physical examination and no annual tuberculosis clearance. A skin test was placed on 2/29/16; however, no reading documented.</p>	<p>Annual physical and annual TB clearance enclosed.</p>	
	<p>To prevent similar deficiency for residents annual physical examination and tuberculosis clearance, physician's visit and medication update, I will mark on my calendar when appointment needed, I will file the PE & TB clearance immediately after the office visit in the resident's folder. I will check if the clearance is filed.</p>	<p>9-9-16</p>
<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #1 – No monthly weights since March 2015.</p>	<p>To prevent similar deficiency, resident cannot stand for weights I will work with the case manager so an alternative measure can be implemented. Case manager is taking around circumference every month when she comes.</p>	<p>9-9-16</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White-out used on the June 2015 and July 2015 medication records.</p>	<p>In the future I will not use white-out anymore in the (MAR)</p>			
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts. (a)</u> The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No financial agreement.</p>	<p>Resident #1 Financial agreement was over look. Copy enclosed To prevent a similar deficiency I will fill the financial agreement in the resident records so that it can be easily found I will use the check admin check list to remind me that it must be completed</p>	<p>4-28-16</p>	<p>9-9-16</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>FINDINGS Resident #1 – Written and signed admission agreement was incomplete and inaccurate. There were references to 11-100-14(a) and 11-100-16 and there was no reference to case management services.</p>	<p>Resident #1 admission agreement was updated & completed, a copy of case management services is enclosed.</p>	<p>9-9-16</p>	
<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>FINDINGS Window on the second exit door from the back of the facility had a missing louvre.</p>	<p>I replaced the missing Louvre</p>	<p>9-9-16</p>	
		<p>In the future I will check all windows & doors for all missing louvres to be replaced for safety & comfortable for all client.</p>		

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS No pliable plastic pillow protectors.</p>	<p>I put plastic pillow protectors for 2 residents. The other resident don't like plastic cover so I put their name on the pillow I will give them the pillow on discharge. When I admit new resident I will have pillow protectors on pillow if not put their name on the pillow.</p>	<p>9-9-16</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 documentation that the case manager trained and monitored the primary care giver and SCG in providing daily personal and specialized care to the resident. Documents signed by the case manager did not identify the individuals trained. Documentation was incomplete.</p>	<p>In the future as a PCG must see to it that ^{as} PCG & SCG training be documented by the case manager the case manager signed & dated. Copy enclosed</p>	

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<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 documentation that the case manager trained and monitored the primary care giver and SCG in providing daily personal and specialized care to the resident. Documents signed by the case manager did not identify the individuals trained. Documentation was incomplete.</p> <p>Resident #1 – No documentation of training for aspiration precautions. Training for Hoyer lift use was not dated.</p>	<p>To prevent a similar deficiency I will check that the case manager documented that she completed the training for SC&S. I will file the training in a separate section of the resident binder</p> <p>To prevent a similar deficiency I will work to the CM that training for Hoyer should be dated as well as the training for aspiration precaution. Dated 4-01-15.</p>	<p>9-9-16</p>
<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>To prevent a similar deficiency next time if the resident refuse the Flu & Pneumo vaccination I will discuss with physician upon admission and have it documented.</p>	<p>9-9-16</p>

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<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, 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>FINDINGS Resident #1 – The "Impaired ADL function" care plan did not reflect the resident required maximum assistance from care givers. The resident also needs to be fed by care givers. Resident #1 – The "Impaired Mobility" care plan did not reflect the resident requires a wheelchair for mobility.</p>	<p>Resident #1 Before I admitted him he was able to feed himself and lately he got lazy so we help him so he need to be fed so he can finished his food. on his discharge summary he need wheelchair for mobility. He need a wheelchair.</p> <p>To prevent a similar deficiency I will read the care plan, if the care plan does not include all services I will work with the Casemanagers so the care plan can be updated / revised</p>	<p>9-28-16</p> <p>9-9-16</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)(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>FINDINGS Resident #1 – No nutrition care plan to address nutrition status; monthly weights are not taken and the resident is unable to feed self.</p>	<p>To prevent a similar deficiency I will read the care plan if the care plan does not address nutrition that the resident cannot stand for weights I will work with the case manager so she update the care plan to reflect the needs of the resident.</p> <p>Case manager measure his upper arm because resident #1 can not stand anymore to take his weight monthly.</p>	<p>9-9-14</p> <p>10-4-16</p>

Licensee's/Administrator's Signature: Teresita B Rodriguez
 Print Name: TERESITA B RODRIGUEZ
 Date: May 6/2016

Licensee's/Administrator's Signature: Teresita B. Rodriguez
 Print Name: TERESITA B. RODRIGUEZ
 Date: 9-9-16