

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosana Dumlao (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-871 Awane Street, Waipahu, Hawaii 96797	Inspection Date: February 23, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Current menus not posted in the kitchen.</p>	<p>Copy of my menus was copied and now posted in the kitchen area. Thank you</p>	2-24-16
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Lysol disinfecting spray unsecured in the garage.</p>	<p>disinfecting spray now secured and locked In the future I have to keep check and keep telling my husband to locked his toxic materials that's in the garage. Thank you</p>	2-23-16
<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1 – “Diphenhydramine 50 mg oral capsule every night as needed may repeat x 1 30 minutes after first dose if first dose not effective” ordered 10/26/15, last updated 2/11/16 “may repeat x1 prn;” however, the February 2016 and January 2016 medication records did not reflect the “may repeat x1 prn” order.</p> <p>Resident #1 – “Acetaminophen 325 mg 1-2 tabs every 6 hours prn (max 8 tabs QD)” ordered 2/11/16; the February 2016 medication record reflected “acetaminophen 325 2 tabs every 4 hours prn.” The label reflected “Take 1 to 2 tablets by mouth every six hours as needed for pain (max eight tablets daily).”</p>	<p>Res #1 Diphenhydramine 50mg was updated on my MAR list. Res #1 Acetaminophen 325mg was updated on MAR list. In the future I have to check and double check residents label medication bottles and medication order to match orders written on my MAR list. Thank you</p>	<p>2-23-16 2-23-16</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 – “Sildenafil 1 by mouth 1 hour before sexual activity” ordered 2/11/16; the February 2016 medication record reflected “sildenafil 100 mg i QD.” The medication record was not initialed as given daily.</p>	<p>Res #1 Sildenafil med when given he was ^{refused} refused ^{refused} to take it but I forgot to write refuse on my MAR list. In the future if resident refuses to take med. I have to write <u>R</u> right away on my MAR list so I won't forget. Thank you.</p>	<p>2-23-16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>		

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	<p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 – No documentation of chest x-ray following positive PPD on 5/1/15 (10 mm).</p>	<p>Res #1 after re-reading again I noted 5-6-15. X-ray pls see attached but Dr. Galindo sent him for X-ray again. In the future I have to really carefully read all residency attachment notes, thank ya.</p>	<p>3-14-16</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 – No physician order for "Benztropine 1 mg i tab every hour prn not to exceed 3 in 24 hours" recorded on the October 2015 (admission), November 2015, and December 2015 medication records. The medication was discontinued on 12/17/15.</p>	<p>Res #1 Benztropine was written at the hospital's note; not at the discharge medication form and I assumed it was part of the discharge med. In the future I have to verify and ask questions to my caregiver. Lynn Dumalacan or we can go 3-14-16 did my MAR list</p>	
		<p>Res #1 In the future upon admission to I have to review list of medicines and compare medications received with the medication labels on bottles. Call Dr. or SW if there's a medication listed but no medication received.</p>	<p>4-13-16</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (1)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p>	<p>Table leg extension was attached measuring 30" In the future if I change table again I have to measure the leg of the table for w/c compliant.</p>	<p>3-4-16</p>
	<p>FINDINGS Table height 25 ½ inches for wheelchair dependent resident.</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 training for seizure disorder.</p>	<p>Res #1 Lynn Dumalaban, RN CH trained P.C.G. & S.C.G. for seizure disorder. In the future if I have to admit a pt. w/ specialized care; a training specifically for that disorder will be address to my CH and a training & teaching will be implemented.</p>	<p>3-14-16</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 influenza vaccination. No documentation that the resident refused.</p>	<p>Res #1 Flu vaccine was refused on admission - 10-26-16 Sent no resident written note (pls see attach) In the future I'll let resident write a note of refusal if he refuse any kind of treatment again. pls see attach - thank you.</p>	<p>3-14-16</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>Res #1 Lynn Dumsloan RN CH added care plan for seizure disorder + Risk For Falls. Training and Teaching were done for GG & PCB.</p>	<p>3-14-16</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>FINDINGS Resident #1 - No care plan for seizure disorder noted on the 1147 dated 5/22/15 and the "Risk for Falls" care plan.</p>	<p>In the future if I have to admit a pt w/ a specialized disorder + Risk For Falls I have to make sure a care plan written by my CH will be included in the Willing Care Plan.</p>	

Licensee's/Administrator's Signature: Rosana Dumlao

Print Name: ROSANA DUMLAO

Date: 03-28-2016

Licensee's/Administrator's Signature: Rosana Dumlao

Print Name: ROSANA DUMLAO

Date: 1-13-16