

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serapion, Shirley (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-258 Kahuahale Street, Waipahu, Hawaii 96797	Inspection Date: January 8, 2016 Annual

	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>FINDINGS Resident #1, physician order dated 12/7/15 reads, "Celexa 10 mg 1 tab PO QD." Medication administration record (MAR) reads, "Celexa 40mg 1 tab PO QD." MAR and orders do not match. Per PCG only 1 tab of 10 mg is being given, medication from pharmacy is 10 mg. Clarify order with physician.</p>	<i>attached documents</i>	<i>03/20/2016</i>
<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Resident #1 Emergency data sheet not updated with correct medication and doses.</p>	<i>attached documents</i>	<i>03/20/2016</i>
<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 possessions sheet not updated since 2013.</p>	<i>attached documents</i>	<i>03/20/2016</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 no evidence of pneumococcal immunization or refusal by resident.</p>	<i>attached documents</i>	<i>03/20/2016</i>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 care plans not dated as reviewed since 6/2015 by case manager.</p>	<p><i>attached documents</i></p>	<p><i>03/20/2016</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) 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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident #1 case manager evaluation of care givers last done 5/2014, should be yearly.</p>	<p><i>Resident #1 RN CM notified regarding Annual Skills Check evaluation. Completed. In the future, I will work together with my RN CM to make sure she is updating the Annual Skills Check evaluation, and also refer to my calendar and checklist to prevent from recurring.</i></p>	<p><i>2/18/2016</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS Resident #1 comprehensive reassessments done annually should be done every six (6) months.</p>	<p><i>RN CM notified regarding resident #1 Comprehensive reassessment. Completed. In the future, I will work together with my RN CM to make sure she is updating the six months comprehensive assessment, and I will refer my calendar and checklist of reminding me to prevent this from recurring again.</i></p>	<p><i>2/18/2016</i></p>

Licensee's/Administrator's Signature: Shirley Serapion

Print Name: SHIRLEY SERAPION

Date: 02/19/2016

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
REVENUE DIVISION
2016

Licensee's/Administrator's Signature: Shirley Serapion

Print Name: SHIRLEY SERAPION

Date: 03/20/2016

Serapion Care Home
Plan of Correction 2016

Section 11-100.1-15 Medications. (m)

Plan: Completion Date 1/21/2016-Resident #1 medication order was clarified with Resident #1's Doctor. Letter was made for Resident #1's Doctor to clarify medication in question. Caregiver #1 brought medication clarification letter to Resident #1's Doctor's office. Resident #1's Doctor reviewed, signed, and dated medication clarification. MAR for Resident #1 was updated to reflect the changes made.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the current MAR for each resident against the signed orders from the resident's Doctor and the medication on hand. If any discrepancies are found, medication orders in question will be clarified with prescribing MD via FAX.

A letter faxed to MD will include the following for MD to review and sign:

- Medication name, dose, route, time(s) of administration, diagnosis for medication

If no signed orders received by prescribing MD in 24 hours, a phone call will be made to prescribing MD to follow up on the fax, review orders, sign, date and fax back. If no signed orders received 24 hours after first phone call made, medication clarification letter will be hand-delivered to MD's office for MD to sign.

Shirley Serapion 03/20/2016

Section 11-100.1-17 Records and reports. (e)

Plan: Completion Date 1/8/2016-Resident #1 emergency data sheet was reviewed and updated by caregiver #1.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the emergency data sheets for each resident, and will update and correct emergency data sheets for any changes and insure that emergency data sheets are current.

*Shirley Serapion
03/21/2016*

Section 11-100.1-19 Resident accounts. (d)

Plan: Completion Date 1/8/2016-Resident #1 Possessions sheet updated for current year 2016 by caregiver #1.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the possessions sheets for each resident, and will update and correct possessions sheets for any changes and ensure that information is current.

Shirley Kerajon 03/20/2016

Section 11-100.1-84 Admission requirements. (b)(4)

Plan: Completion Date-1/15/2016 – Caregiver #1 received verbal consent from Resident #1POA for Resident #1 to receive pneumococcal immunization. Caregiver #1 scheduled immunization for resident #1. Immunization completed and immunization record for Resident #1 updated.

On the first Saturday and Sunday of every month, RN Substitute and Caregiver #1 will review the all charts for each resident, and will check if any immunizations/shots are due for that particular month. For the resident(s) who is/are due for immunizations/shots that month, caregiver #1 will ask the resident's POA/designated family member for verbal consent for resident to receive immunization/shot, and will schedule immunization/shot to be administered. Once immunization/shot is administered, caregiver #1 will update the vaccine administration record to reflect the date the said immunization/shot.

*Shirley Kerajon
03/20/2016*

Section 11-100.1-88 Case management qualifications and services. (c)(3)

Plan: Completion Date 2/18/2016-Resident #1 RNCM and caregiver #1 reviewed and updated resident's #1 care plan.

Caregiver #1 will meet with RNCM during the second week of each month to collaborate and review care plans for each resident for accuracy and to insure that information is current each month.

Shirley Kerajon 03/20/2016