

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Solmerin, Ofelia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 366 Kapualani Street, Hilo, Hawaii 96720	Inspection Date: November 16, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Substitute care giver (SCG) #1 and SCG #2, with a history of positive tuberculosis (TB) skin test, TB attestation form was signed by the facility registered nurse (RN). However, the TB attestation form was not co-signed by an APRN or physician.</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 style="text-align: center;"><i>After you left I told my substitute husband and my other substitute to have the physician sign the attestation forms not by an RN It's already done.</i></p>	<p style="text-align: right;"><i>12/9/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-9 (b)</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 and SCG #2, with a history of positive tuberculosis (TB) skin test, TB attestation form was signed by the facility registered nurse (RN). However, the TB attestation form was not co-signed by an APRN or physician.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG 1+2. I told them to put in their calendar that every time they go for P.E. they should check every thing and also check the attestation if it signed by an APRN or physician. I also put on my notes to remind them as well.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 SCG #3 who provides occasional transportation for residents to and from appointments, no current TB clearance.</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 style="text-align: center;"><i>SCG #3 - TB clearance was done.</i></p>	<p style="text-align: center;"><i>12/5/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-9 (b)</p> <p><u>FINDINGS</u> SCG #3 who provides occasional transportation for residents to and from appointments, no current TB clearance.</p>	<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>SCG #3 was reminded to mark on her calendar the date when she goes for TB clearance at least 1 month prior to expiration date</p>	<p style="text-align: right;">12/5/16</p>

	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, physician order dated December 8, 2015 read, "Escitalopram Oxalate Tab 10 mg 1 tab <u>a day</u> for depression." However, December 2015 and January 2016 medication records read, "Escitalopram 10 mg 1 tab qd <u>as needed</u> for depression." Medication records reflect medication was not administered December 15, 2015 – January 31, 2016.</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 style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p>FINDINGS Resident #1, physician order dated December 8, 2015 read, "Escitalopram Oxalate Tab 10 mg 1 tab <u>a day</u> for depression." However, December 2015 and January 2016 medication records read, "Escitalopram 10 mg 1 tab qd <u>as needed</u> for depression." Medication records reflect medication was not administered December 15, 2015 – January 31, 2016.</p>	<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>As soon as I come home from the Doctor's office I have to check the Physician's record it and update my current medication record.</p> <p>At the beginning of the month I will check the recent physician's order to match the medication record.</p>	<p style="text-align: right;">2/23/17</p>

	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>FINDINGS Resident #1, physician order dated February 11, 2016 read, "<u>No Aricept for now.</u>" Aricept was discontinued on February 2016 medication record. However, March and April 2016 medication record read, "<u>Aricept 5 mg 1 tab daily QHS</u>" and initialed as administered daily.</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 style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS</u> Resident #1, physician order dated February 11, 2016 read, "No Aricept for now." Aricept was discontinued on February 2016 medication record. However, March and April 2016 medication record read, "Aricept 5 mg 1 tab daily QHS" and initialed as administered daily.</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><i>At the beginning of the month I will check the recent Physicians record to match the medication record.</i></p>	<p><i>2/23/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, "Levothyroxine Sodium tab 125 mcg. Give 1 tab by mouth daily for low thyroid hormone," was not initialed as administered January 23, 2016 – January 31, 2016 and February 29, 2016.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (f)	<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 style="text-align: center;"> <i>Put on my check list that is posted on my desk to document ^{as} document immediately after administering the medication</i> </p>	<p style="text-align: center;"> <i>1/20/17</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> <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, admitted on December 8, 2015, two (2) step TB skin test administered as follows: Step 1: administered 11/16/15, read 11/20/15 0mm Step 2: administered 11/23/15, read 11/30/15 0mm. Two (2) step TB skin test does not follow current departmental policy.</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 noticed the two skin test were supposed to be read within 72hrs. but it was overdue and was done before I admitted him.</p> <p>He just took his skin test + result was positive & he took X-ray + DOH said to compare w/ recent X-rays from other doctors that he has seen. We want to see his Doctor + I was worried if DOH called him she said not yet. But Doctor said there is no symptoms for tuberculosis. So for DOH never call yet.</p>	<p style="text-align: right;">12/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (a)(4)	<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>Future Plan - Mark calendar to check admission check list, whenever I admit or re-admit or transfer of resident a 23lep skin test is needed & done correctly.</i> </p>	<i>12/15/16</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1, admitted on December 8, 2015, no admission weight.</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 style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (a)(7)	<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>Future Plan - Mark on check list highlighted to read admission check list requirements that <u>wisdom</u> should be done taken before admitting a resident.</i> </p>	<p style="text-align: right;"><i>12/15/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) 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, admitted on December 8, 2015, no financial statement.</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>Financial statement was done for resident #1</i></p>	<p><i>12/15/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-19 (a)	<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>Future Plan - Mark on calendar that financial statement is needed for every resident admitted in 12/15/16 the care home. It's also included on admission check list & highlighted as well.</i> </p>	

Licensee's/Administrator's Signature: *Debra Lubner*

Print Name: DEBRA A. SOLMERIN

Date: 12/23/16

Licensee's/Administrator's Signature: Ofelia Solmerin

Print Name: OFELIA SOLMERIN

Date: 1/20/17

Licensee's/Administrator's Signature: Ofelia Solmerin

Print Name: OFELIA SOLMERIN

Date: 2/23/17