

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Susan	CHAPTER 100.1
Address: 5145 Likini Street, Honolulu, Hawaii 96818	Inspection Date: July 8, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b>FINDINGS</b> Resident #1 "Cortizone-10" unsecured on resident's bed.  Primary Care Giver's daughter's "Clindamycin" ointment unsecured in resident refrigerator.</p>	<i>See attached</i>	7/8/16
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling</p>	<i>See attached</i>	7/10/16

	Rules (Criteria)	Plan of Correction	Completion Date
	limbs, abnormal bleeding, or persistent or recurring pain.  <b>FINDINGS</b> Resident #1 lost eight pounds between 5/16 and 6/16. No documentation that primary care giver reported change in physical status to physician.		
<input checked="" type="checkbox"/>	§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:  Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.  <b>FINDINGS</b> Resident #1 no documentation of flu immunization.	<i>see attached</i>	7/10/16 17 JAN 16
<input checked="" type="checkbox"/>	§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:  Review the care plan monthly, or sooner as appropriate;  <b>FINDINGS</b> Resident #1 No documentation that case manager reviewed care plan 6/16.	<i>see attached</i>	0 17 JAN 16 7/10/16
<input checked="" type="checkbox"/>	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b> Resident #1 No documentation case manager trained Substitute Care Givers #1, #2, #3 in care specific to expanded ARCH expanded resident.</p>	<p><i>see attached</i></p>	<p><i>7/9/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b> Resident #1 No documentation case manager face-to-face contact with expanded ARCH resident.</p>	<p><i>see attached</i></p>	<p><i>7/10/16</i></p>

Licensee's/Administrator's Signature: Susan B. Pulido

Print Name: SUSAN B. PULIDO

Date: 10/10/16

Licensee's/Administrator's Signature: Susan B. Pulido

Print Name: SUSAN B. PULIDO

Date: 10/25/16

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STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS

11-100.1-15 I stored resident's ointment in the locked cabinet also household members  
(b) ointment in a locked container inside the refrigerator. To prevent from happening again I will checked daily every morning on residents bed and bedside table any medicine they have, also <sup>family</sup> members medicine need to be refrigerated will be stored in a locked container.

*Susan B. Pulido*

11-100.1-20 I notified hospice nurse about the resident weight lost of more than 3 lbs to relay  
(c) to hospice MD, to prevent this in the future from happening again I will notify MD right away any changes or lose weight or gain weight of any resident according to the rule and document on the progress note right away as well as on the monthly weight.

*Susan B. Pulido*

11-100.1-84 I did not obtained any copy of flu immunization on the resident #1. No record on  
(b)(4) filed. In ordered not to happen again, before I admitted an expanded resident, I will make sure before I admitted that resident was completed all the immunization requirements or I will not admitted at all an asked the discharging facility or the responsible party to send a copy of all the immunization the resident required.

*Susan B. Pulido*

11-100.1-88 I did not obtained any documentation of monthly care plan on case manager but  
(c)(3) hospice care nurse provided on file. In order not to be happen again I'll make sure that whoever admitted will update all monthly care plan as often as any needed of the resident condition by the case manager will provide a written document.

*Susan B. Pulido*

11-100.1-88 I obtained and provided the training for the substitute care givers #1, #2, and #3  
(c)(6) by myself according to the checklist of the training I got from the case manager when the resident was admitted. In the future I will asked also the case manager to provide the necessary training care of any expanded care resident that was newly admitted at the time of the substitute caregivers availability or else substitute caregivers can not give or touch the resident at all.

*Susan B. Pulido*

## Plan of Correction

11-100.1-84 Admission requirements. (b)(4) I did address of the resident #1 of the flu immunization but did not have any.

*Susan B. Parlick*

## Future Plan

I will make sure to check my admission checklist every time before I will admit a resident to the facility if she/he has one and obtain a copy first of all current immunization that it required or I will not admit the resident and be under on the immunization record file of the resident.

*Susan B. Parlick*

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HOSPITAL ADMINISTRATION

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## Plan of Correction

11-100.1-88 Case management qualification and services. I talked to my Cm about the monthly review of care plan.  
(c)(3)

*Susan B. Pulido*

## Future Plan

In the future I will make sure to make a calendar schedule and discuss to my case manager that either every second or third any day of the week of the month to come and check and monitor and update, review the care plan and if she needs to come sooner I will call her cm base on the resident condition and will be on file on the care plan form.

*Susan B. Pulido*

STATE OF TEXAS  
DEPARTMENT OF LICENSING

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## of Correction

11-100.1-88 Case management qualifications and services. I talked to CM about the monthly face  
(c)(8) to face in contact w/ resident  
especially expanded resident

### Future Plan

In the future I will make sure to  
monitor closely the CM call or set a  
certain day or week to come face to  
face in contact w/ resident needs and  
document in the progress note or in  
the care plan

*Kusana B. Phillips*

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