

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Victoria Gabriella Care Home	CHAPTER 100.1
Address: 94-100 Kauweke Place, Waipahu, Hawaii 96797	Inspection Date: October 11, 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> (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><u>FINDINGS</u> Substitute care giver (SCG) #1 & SCG #2 - No documentation of training to make medication available to residents.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><i>YES</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG gave the SCG training and notes documented to FORM ARCH 40 "PRIMARY CAREGIVER and substitute CARE GIVER TRAINING"</i></p>	<p style="text-align: center;"><i>11/23/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-9(e)(4)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PCG will make a checklist for ALL SCG and future SCG; Life haul</p> <ol style="list-style-type: none"> ① PE ② TB clearance (2 steps) ③ FIRST AID ④ CPR ⑤ TRAINING for medications. <p>PCG will ^{give} get training for SCG for NEW Residents Admissions (ie) Review medications as needed by residents like inhalers, eyedrops, eardrops, and topical creams; Blood sugar testing TOO if needed.</p>	11/23/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1 - No level of care at the time of admission (date on the <u>Resident Annual Physical Examination Record</u> form did not include the year).</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
☒	11-1001.-17(b)(3)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PCG and SCG will document all the observations, some part on a frequent occasion on the residents, Residents reactions to activities of daily living, observations to Residents reactions to medications. to observe ^{to observe} the residents conditions especially conditions that immediate attention should be given for residents safety.</p>	11/23/2016

	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><u>FINDINGS</u> Resident #1 - The July 2016 medication record was not initialed for 7/7/16.</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
☒	11-100.1-15(m)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PRIMARY CARE GIVER, will always double check, remind SCG to record on the HI residents medical flow sheet record with date, time, name of drug and dosage and <u>initialed</u> by the care giver.</p> <p>PCG will ask ^{all} SCG to read HAWAII Administrative Rules Chapter 11-100.1 as often as SCG can to be aware of the rules for residents well being.</p>	10/28/16

	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><u>FINDINGS</u> Resident #1 - On the <u>Resident Annual Physical Examination Record</u> form, the date did not include the year.</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
☒	11-100.1-17(a)(4)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PRIMARY CARE GIVER will ensure that all questions and blanks on the Residents Annual Physical EXAM FORM are answered by Physicians on APRN with their dated signatures, Date clearly written.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 blood sugar checks BID, no physician order for diet (date on the <u>Resident Annual Physical Examination Record</u> form did not include the year).</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
☒	11-100.1-17(a)(6)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PRIMARY CARE GIVER will make sure ensure that all questions, blanks on the admissions, readmissions on transfer of a resident forms will be filled up for each resident records.</p> <p>PCG will ensure that physician or APRN have signed orders for diet, medications and treatments. If it is a transfer and PCG don't see the orders, PCG will call the physician's to give the signed order and date should be written legibly.</p>	10/28/16

LEGEND:

PCG — PRIMARY CARE GIVER

	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 - No admission height taken.</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"/>	11-100.1-17(a)(7)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>PRIMARY CARE GIVER will ensure that all blanks on the Admission, readmission or transfer of a resident's form will be filled up for the resident individual Record. Height and weight included.</i></p>	<p style="text-align: center;"><i>10/28/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect that the resident required assistance with blood sugar checks, tolerance to nutritional supplements (TID with meals), and independence with ADLs.</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
☒	11-1001.-17(b)(3)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>Primary caregiver will ensure that substitute care givers (SCG) shall write on the resident's progress notes what observations on the resident's behavior, moods in response to their medications, diet, treatment, care plan, or any changes on the resident. Date, time & how should be documented. Illness and injury should be documented immediately and what actions are taken. Primary caregiver shall make progress note as often as appropriate.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1 - No self-preservation certification (date on the <u>Resident Annual Physical Examination Record</u> form did not include the year).</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
☒	11-100.1-23(g)(3)(I)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><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>Primary Care Given will ensure that the ARCT I resident will be certified by a physician that the resident is ambulatory and capable of following directions, can take appropriate action for self-preservation under emergency conditions.</i></p> <p><i>Licensee's ARCT I maximum of 2 residents not certified, may reside.</i></p> <p><i>Primary Care Given shall ensure the physician signed the self-preservation Form and the dated legibly.</i></p>	<p style="text-align: center;"><i>10/28/2016</i></p>

Licensee's/Administrator's Signature: Aida C. Rufo
Print Name: Aida C. Rufo
Date: 10/28/2016

Licensee's/Administrator's Signature: Aida C. Rufo
Print Name: AIDA C. RUFO
Date: 11/23/2016