

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Viloria-Bautista ARCH | CHAPTER 100.1 |
| Address: 94-1087 Kuhaulua Street, Waipahu, Hawaii 96797 | Inspection Date: December 5, 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>§11-100.1-17 <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> <p><u>FINDINGS</u> Resident #1 emergency data sheet not updated with current medication orders. Discontinued medication still listed as current medications.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Emergency data sheet for Resident #1 was updated with current medication orders, discontinued medications were removed.</p> | <p>12-05-2016</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|-------------------------|--|-----------------|
| <input checked="" type="checkbox"/> | RULE # §11-100.1-17 (e) | <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> Caregiver #1 will re-write emergency data sheet to reflect new Doctor's orders, if any, after resident's appointments. Care-giver #2 will double check for accuracy. </p> | 12-05-2016 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|--------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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 a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 no evidence of comprehensive assessment completed by the case manager upon admission.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Contacted Case Manager 12-12-16. A comprehensive assessment has been completed.</i></p> | <p><i>12-22-2016</i></p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|----------------------------|---|-----------------|
| <input checked="" type="checkbox"/> | RULE # §11-100.1-88 (c)(1) | <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>Caregiver #1 will use a checklist for expanded ARCH resident admission so that all paperwork including comprehensive assessment are completed by the Case Manager so this does not happen again.</p> | 12-22-2016 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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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>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><u>FINDINGS</u> Resident #1 no care plans for expanded resident in record. Service plan has wrong medications listed as current. Resident total needs not addressed.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Contacted Case Manager 12-12-16. A care plan has been written, resident's total needs addressed. Service plan corrected and now current.</i></p> | <p style="text-align: center;"><i>12-22-2016</i></p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | RULE # §11-100.1-88 (c)(2) | <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>Caregiver #1 will use a checklist so that all paperwork including a care plan for the expanded ARCH resident are completed by the Case Manager, so that this will not happen again.</p> | 12-22-2016 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 no evidence of monthly review of care plans completed.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Contacted Case Manager 12-12-16, written notes for monthly review of care plan now completed.</i></p> | <p style="text-align: center;"><i>12-22-2016</i></p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | RULE # §11-100.1-88 (c)(3) | <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> Caregiver #1 will use a checklist as guide for completion of paperwork requirement. Together with Case Manager, will initial the care plan after review and update every month or as needed. </p> | 12-22-2016 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 care plans not updated as changes occurred to address needs of resident.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Case manager made aware 12-12-16, care plan was re-written and updated addressing resident's current needs.</i></p> | <p><i>12-22-2016</i></p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | RULE # §11-100.1-88 (c)(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>Caregiver # 1 will mark the calendar to remind Case Manager when there are changes in the resident's needs and must adjust the care plan accordingly so that this does not happen again.</p> | <p style="text-align: center;">12-22-2016</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <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><u>FINDINGS</u> Resident #1 no evidence of face to face contact with resident since June 2016.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Contacted Case Manager 12-12-16, written notes of monthly visits to the expanded ARCH resident were made for the months of July 2016 to November 2016.</p> | <p>12-22-2016</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | RULE # §11-100.1-88 (c)(8) | <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>Caregiver #1 will use a checklist to double check that notes are written by the Case Manager after each monthly visit to an expanded ARCH resident, complete this requirement and be in compliance.</p> | <p style="text-align: center;">12-22-2016</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <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><u>FINDINGS</u> Resident #1 no evidence of ongoing evaluation and monitoring of resident status and care giver competency and quality of service provided.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Case Manager was notified 12-2-16, written notes of monthly visits to the expanded ARCH resident completed to include resident status, caregiver skills and quality of service.</i></p> | <p style="text-align: center;">12-2-2016</p> |

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| <input checked="" type="checkbox"/> | RULE # §11-100.1-88 (c)(9) | <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>Caregiver #1 will use a checklist as guide for completion of paperwork including evaluation and monitoring of resident status and caregiver competency; will mark the calendar to remind me to notify Case Manager when retraining of caregivers is due and must be done, so that we will be in compliance.</p> | <p style="text-align: center;">12-22-2016</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <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><u>FINDINGS</u> Resident #1 no evidence of comprehensive reassessments of resident every six (6) months in record.</p> | <p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Contacted Case Manager 12-12-16; a 6-months comprehensive reassessment of Resident # 1 has been completed and on file.</p> | <p>12-22-2016</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | RULE # §11-100.1-88 (c)(10) | <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> Caregiver #1 will mark the calendar and remind Case Manager two months ahead of the due date for a 6-months comprehensive reassessment of an expanded ARCH resident so this will not happen again. </p> | 12-22-2016 |

Licensee's/Administrator's Signature: Elaine B. Vitoria

Print Name: ELAINE B VILORIA

Date: 27 December 2016