

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A & C	CHAPTER 100.1
Address: 16-508 Ohe Street, Keaau, Hawaii 96749	Inspection Date: September 15, 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>§11-100.1-15 <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 August 2, 2016 read, "Restart Aspirin 81 mg daily <u>stop immediately and notify MD if bleeding returns.</u>" Physician instructions were not written on the August and September 2016 medication records.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Complete physician's order was transcribed in the medication record. Instruction to "<u>stop immediately and notify MD if bleeding returns</u>" was added in the order for aspirin 81 mg po daily.</p>	<p>9/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (e)	<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>In the future, I will transcribe the complete orders and instructions in the medication record I will ask my wife who is a substitute caregiver to double check the order and medication record to ensure that all orders are being carried out.</p>	9/15/16

	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, no progress notes documenting response to antibiotic medications: "Bactrim DS 1 tab daily x 7 days," prescribed on December 14, 2015, and "Doxycycline 100 mg BID x 7 days," prescribed on March 8, 2016.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I cannot go back and correct the deficiencies for these.</p>	<p>9/23/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (b)(3)	<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>In the future, I will document residents' response to antibiotics in the chart.</p> <p>I will use post-it notes and place it on the medication record next to the medication as a reminder to chart the response of antibiotics.</p>	9/23/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1, physician order dated March 8, 2016 read, "May use warm compress," "May cover with band aid until healed." Treatment orders were not transcribed on to the March 2016 medication or treatment record.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I can not go back and correct my deficiencies for these, because the medication was already discontinued.</p>	<p>9/23/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (b)(4)	<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>In the future when I transcribe transcribe physician's order on the treatment record, I will write the complete orders and instructions. I will ask my wife who is one of my substitute caregiver to double check the order against the treatment record to ensure that complete orders are being carried out.</p>	9/23/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS One (1) case of canned soda on kitchen storeroom floor.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I placed / stored the canned soda on the rack shelves. I instructed all my substitute caregivers not to place^{at} any food items including canned goods on the floor.</p>	<p>error at 9/15/16 9/15/16</p>

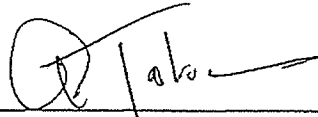
	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23 (r)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will store all food supplies including canned soda on the rack shelves. I instructed all my substitute caregivers as well as my children not to place^{or} any food items canned goods on the floor.</p>	9/15/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 and SCG #2, no case management training to "administer eye medications."</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Training how to administer eye medication was completed for SCG #1 and SCG #2 by case manager Genevieve Veriato.</p>	<p>9/16/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-87 (e)</p> <p>FINDINGS Substitute care giver (SCG) #1 and SCG #2, no case management training to "administer eye medications."</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>In the future, case manager and I will double check to ensure that all necessary trainings to all substitute caregivers have been completed.</p>	<p>9/16/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG #2, no case management training to administer oral medications.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Case manager, Genevieve Verrato completed training to SCG #2 on how to administer oral medications.</p>	<p>9/16/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-87 (e)</p> <p><u>FINDINGS</u> SCG #2, no case management training to administer oral medications.</p>	<p><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>In the future, case manager and I will double check to ensure that training how to administer oral medications have been completed to all SCG.</p>	<p>9/16/16</p>

Licensee's/Administrator's Signature: 

Print Name: Armand Tabile

Date: 9/25/16