

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sebastian, Adelina (ARCH)	CHAPTER 100.1
Address: 1630 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: April 22, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No documentation of physician office visits on 10/24/15, 10/31/15, 11/3/15, 11/10/15, 11/13/15, 11/23/15, 12/5/15, 12/30/15, 1/5/16, 1/12/16, mammogram appointment on 10/29/15, APRN visits on 2/9/16, 2/10/16, Endoscopy consult 2/26/16, and MRI 3/6/16.</p>	<p><i>Corrective Action: Regarding Resident #1, no notations/documentations made into Progress Notes regarding physician office visits, mammogram appointments, APRN visit, Endoscopy consultation, and MRI. However, all Physician Records and Order Forms were all available during inspection.</i></p> <p><i>Future: I'll make notation enter into Progress Notes of every visits and consultations made to resident by other professional personnel as requested.</i></p>	<p>7/27/16</p>

11.100.1-17 requested by the resident or the resident's physician or APRN.
 Future: Within 24 hours from resident's visit, I'll use the physician's record and/or physician order as a source of my documentation into Progress Notes. As a daily reminder, I maintain a Daily TODO Binder that contains MR sheets, Progress Notes, monthly weight register of each resident, which I review and update at the end of the day and/or within 24 hour time.

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under</p>	<p><i>Corrective Action: For Resident #1 no incident report created for ER visit on 3/7/16 and 3/18/16. Future: I'll make sure to document and/or note all ER visits and/or any</i></p>	<p><i>7/27/16</i></p>
	<p>separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 No incident report for ER visits on 3/7/16 and 3/18/16.</p>	<p><i>Unusual incidents into Progress Notes within 24 hours from occurrence. I'll also prepare Incident Report of every incident - within 24 hours and make sure they're available for review during inspection. The hospital's discharge paper for Resident provides instructions (see over) →</i></p>	<p><i>7/27/16</i></p>

			Completion Date
<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 limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 no documentation that primary care giver reported weight gain of nine pounds 11/15, weight gain of three pounds 12/15, weight gain of three pounds 1/16, weight gain of seven pounds 2/16, and weight gain of five pounds 3/16.</p>	<p>Corrective Action: For Resident #1 no documentation that PCG reported to PCP/APRN the weights gained in five different months. Resident #1 visited her PCP very often of which PCP had knowledge that Resident was gaining weight.</p> <p>Future: Every end of the month, PCG/SCG will take Residents weights and during the first week of the following month, PCG/SCG will make sure to report to PCP/APRN any: ① weight gained or lost of 3 pounds</p>	<p>9/1/16</p> <p>Continued over</p>

11-100.1-20 (Continuation)

Future: by Residents who weigh under 100 pounds and ② Weight gained or lost of 5 pounds by Residents who weigh more than 100 pounds from previous month. Any action taken as a result of recognizing weight changes in Residents will be noted in the Progress Notes within 24 hour time. And, likewise, PCG or SCG will also note in the Progress Notes any advice or recommendation from PCP/APRN within 24 hours.

Licensee's/Administrator's Signature: X Adelina P. Sebastian

Print Name: ADELINA P. SEBASTIAN

Date: May 26, 2016

Licensee's/Administrator's Signature: Adelina P. Sebastian

Print Name: ADELINA P. SEBASTIAN

Date: July 27, 2016

Licensee's/Administrator's Signature: X Adelina P. Sebastian

Print Name: ADELINA P. SEBASTIAN

Date: Sept-01, 2016