

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag ARCH, Inc. II	CHAPTER 100.1
Address: 1193 Ala Napunani Street, Honolulu, Hawaii 96818	Inspection Date: August 12, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you <u>fail to submit</u> a plan of correction (POC) within <u>ten (10) working days</u> of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement: <p style="text-align: center;">“POC NOT RECEIVED AS OF <DATE>”</p>
If you initially submit an <u>unacceptable</u> POC (UPOC), you have <u>ten (10) working days</u> to submit an <u>acceptable</u> POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement: <p style="text-align: center;">“POC NOT ACCEPTABLE”</p>
If you initially submit an <u>unacceptable</u> POC (UPOC), but you <u>fail to submit</u> a revised POC, your SOD will be posted on the DOH website with the following statement: <p style="text-align: center;">“POC NOT ACCEPTABLE”</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 No level of care identified. Physician signed and dated form, but no level of care indicated.</p>	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Obtained signed dated level of care and level of care indicated.</i></p>	<p>8/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-10 (a)	<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>I PCG will check level of care document to be completely filled out prior to admission and before filing it in residents binder. I will not admitt a client if I cannot obtain a complete document.</i></p>	

	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 ordered Coreg 12.5 mg BID Hold if SBP < 120, Hold if HR < 60, no documentation of BP or HR, medication made available since admission till 6/8/16.</p> <p>Resident #1 ordered Coreg 3.125 mg BID Hold if SBP < 100, Hold if HR < 50, no documentation of BP or HR, medication made available since ordered on 6/8/16.</p> <p>Resident #1 ordered Synthroid 25 mcg QD at 0800, breakfast served at 0800, medication not made available as directed.</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>Corrected Resident MAR log changed Synthroid 25 mcg QD @ 0800 to 0700. BP is taken before Resident is given BP medication and it's documented on BP monitor sheet attached to Resident MAR log.</i></p>	<p>8/15/16</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><i>I PCG will read and follow medication instructions as directed/ordered and if I am not sure I will check with Pharmacist or PCP. I will keep BP monitor logs in same section attached to Resident MAR log in binder.</i></p>	

	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 No documentation of initial two-step TB clearance.</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>Obtained a copy of Residents 2 step TB skin clearance.</i></p>	<p><i>8/15/16</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-100.1-17 (a)(4)</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>1 PCG will check initial 2 step TB skin clearance prior to admission. If I cannot obtain a 2 step TB skin clearance I will not admit a client.</i></p>	

	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 by primary care giver of physician office visits on 6/17/17, and 7/26/16.</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>late entry on progress notes has been noted on Aug. 13, 2014.</i></p>	<p><i>8/13/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (b)(8)	<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>1 PCG will document all Professional visits and consultations made to the resident on the day of visit.</i></p>	

Licensee's/Administrator's Signature: Mayann Calingangan
Print Name: May Ann Calingangan
Date: 9/24/16