

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Salvador, Catherine (ARCH/ Expanded ARCH)	CHAPTER 100.1
Address: 2318 Awapuhi Street, Hilo, Hawaii 96720	Inspection Date: December 2, 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>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p>FINDINGS Resident #1, physical exam dated August 30, 2016 read, "Diet: Regular soft/chopped with <u>honey thickened liquids</u>." However, no physician order for thickening agent.</p>	<p style="text-align: center;">PART 1 <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><i>I called the m.d. office on 12/06/16, to clarify Diet orders and now diet order was given. Regular soft, Chopped with Honey Thickened liquids.</i></p>	<p style="text-align: center;"><i>12-06-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (k)	<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> <i>In the future, upon noticing discrepancies in the H & P and M.D. orders, I will clarify orders with the doctor and have him write the corrected orders as needed before leaving the office to avoid deficiency.</i> </p>	<p style="text-align: right;"> <i>12-06-16</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 admission physician order dated February 8, 2016 read, "Aricept <u>5 mg</u> tab QD." However, March 2016 medication record read, "Donepezil HCl <u>10 mg</u> Take 1 tab daily at bedtime for Alzheimer'</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>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"/>	RULE # §11-100.1-15 (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> <i>In the future, to avoid this issue I will review all M.D. orders with the M.D. before leaving the office and make my changes on the resident's MAR accordingly.</i> </p>	<p style="text-align: right;"> <i>12-06-16</i> </p>

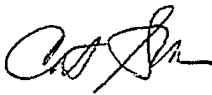
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-84 (b)(3)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will follow my admission checklist to make sure the 2 step TB skin test done prior to admission, if have questions to contact my nurse consultant to avoid deficiency.</i></p>	<i>1-6-19</i>

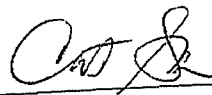
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions 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> Resident #1, physician order dated August 30, 2016 read, "Diet: Regular soft/chopped with honey thickened liquids." However, no care giver training provided by case manager to make prescribed diet available.</p>	<p style="text-align: center;">PART 1 <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><i>Training was provided by case manager on Dec. 20, 2016 for Honey Thicken liquids for all caregivers.</i></p>	<p><i>12-20-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-87 (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><i>In the future, I will review all new orders with the case manager will special attention to changes in Diet and medications. I will discuss and alert the RN to training required, to avoid deficiency.</i></p>	<i>12-20-16</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Resident #1, physical exam dated August 30, 2016 read, "Diet: Regular soft/chopped with honey thickened liquids." However, care plan entitled "Nutrition" read, "Diet soft, chopped regular" and did not address modified liquid order.</p>	<p style="text-align: center;">PART 1 <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>Diet order added to Plan of Care on Dec. 20, 2016, instruction given for Honey thickened liquids diet.</i></p>	<i>12-20-16</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><i>In the future, I will review the Care Plan as new orders are written by the m.d. I will discuss and review changes with the RN/CM to alert the RN for required training.</i></p>	<p style="text-align: center;"><i>12-20-16</i></p>

Licensee's/Administrator's Signature: 
Print Name: Catherine Salvador
Date: 12-30-16

Licensee's/Administrator's Signature: 
Print Name: Catherine Salvador
Date: 1-19-2017