

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ellazar, Estela (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 17-162 Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: July 19, 2017 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>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menu posted in resident dining area.</p> <p><u>This is a repeat deficiency from your 2016 annual inspection.</u></p>	<p style="text-align: center;">PART 1</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>yes, correction is already made. PCG posted 5 cycle menu required on the designated area. (at res. dining area).</p>	<p>9/26/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menu posted in resident dining area.</p> <p><u>This is a repeat deficiency from your 2016 annual inspection.</u></p>	<p style="text-align: center;">PART 2</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, PCG will make a check list for reference to avoid forgetting. PCG will check up the list made at least once a week or twice a week. I ^{rotate} check menus every Sunday in kitchen & also in the res dining area.</p>	<p style="text-align: center;">9/26/2017</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, monthly progress notes noted resident medications are crushed and mixed with pudding. However, physician ordered medication – Namenda, prescription bottle label read, “Swallow whole. Do not chew or crush.” No physician order to crush medications.</p>	<p style="text-align: center;">PART 1</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>Yes, PCG already corrected the deficiency, PCG went to doctor's office + explained to the doctor that residents #1 having difficulty swallowing the pills, that's why I crushed it before administering medication. I obtained Primary Physician's order on Sept. 7, 2017.</p>	<p style="text-align: right;">9/26/2017</p>

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<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, monthly progress notes noted resident medications are crushed and mixed with pudding. However, physician ordered medication – Namenda, prescription bottle label read, “Swallow whole. Do not chew or crush.” No physician order to crush medications.</p>	<p style="text-align: center;">PART 2</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>Next time, I will strictly follow all physicians order especially medications, to ensure that this deficiency won't happen again. In the future I will obtain an order from the physician before crushing medication.</p>	<p style="text-align: right;">9/26/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1, admitted on May 1, 2017, no financial statement.</p>	<p style="text-align: center;">PART 1</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>Yes, deficiency was corrected. PCG obtained financial statement and resident #1 signed by her POA assigned and have it available in her folder.</p>	<p style="text-align: center;">9/26/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1, admitted on May 1, 2017, no financial statement.</p>	<p style="text-align: center;">PART 2</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>Next time, I'll make it sure that before admission, Financial Statement is available inside resident's folder properly signed by designated POA. (Power of Attorney)</p> <p>"Upon admission I will make a packet for the family to sign + use my admission check lists to make sure I have all the required document."</p>	<p>9/26/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1, admitted on May 1, 2017, two (2) step tuberculosis (TB) skin test completed on May 10, 2017.</p>	<p style="text-align: center;">PART 1</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;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: center;"><i>No correction on this page.</i></p>	<p style="text-align: center;"><i>9/26/2017</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1, admitted on May <u>1</u>, 2017, two (2) step tuberculosis (TB) skin test completed on May <u>10</u>, 2017.</p>	<p style="text-align: center;">PART 2</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, to ensure this deficiency doesn't happen again, I will follow the policy of DOT before admitting a new resident to make sure that 2 sp^{step} (TB) skin test was done. If I don't have a 2 step TB skin test done I will not admit a resident.</p>	<p style="text-align: right;">9/26/2017</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> Resident #1 – no care giver training provided by case manager to substitute care giver (SCG) #1, SCG #2 and SCG #3 to administer medications.</p>	<p style="text-align: center;">PART 1</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><i>Yes, I've corrected this deficiency by having a caregiver training completed by the case manager to all substitute caregivers, as the case of SCG #1, SCG #2 + SCG #3 in order to educate them administer medications.</i></p>	<p style="text-align: right;"><i>9/26/2017</i></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> Resident #1 – no care giver training provided by case manager to substitute care giver (SCG) #1, SCG #2 and SCG #3 to administer medications.</p>	<p style="text-align: center;">PART 2</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, caregiver training is very important to all substitute caregivers. The case manager should train all substitute caregiver by providing each caregiver in group. Check lists ^{for} indicating the activity performed successfully. This form should be made available and will be filed to PCB's folder for the record and for inspection purposes. Don't notify the CM if training is needed.</p>	<p style="text-align: right;">9/26/2017</p>

	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, admitted on May 1, 2017, no comprehensive assessment prior to admission.</p>	<p style="text-align: center;">PART 1</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><i>Yes, was corrected, with the help of the Case Manager comprehensive assessment conducted to familiarize myself about this assessment of the expanded ARCH resident prior to admission and this will include, physical, mental, psychological, social & spiritual aspects.</i></p>	<p style="text-align: right;"><i>9/26/2017</i></p>

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☒	<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, admitted on May 1, 2017, no comprehensive assessment prior to admission.</p>	<p style="text-align: center;">PART 2</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>In the future, to make sure that this deficiency won't happen again, I (PCG) will review the admission checklist so that I will not overlook this requirement. to avoid forgetting. I'll make sure, that this form is available at all times.</i></p>	<p style="text-align: right;"><i>9/26/2017</i></p>

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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 care plan review by the case manager for the months of May and June 2017.</p>	<p style="text-align: center;">PART 1</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><i>Yes PCG called a conference w/ CM about res #1 care plan on Sept. 24, 2017 + received a copy of the Service Plan on Sept 24 2017</i></p>	<p><i>9/24/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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, care plan did not identify the following:</p> <ol style="list-style-type: none"> 1. Services to be provided to the expanded ARCH resident 2. Treatment and medication orders 3. Measureable goals and outcomes 4. Specific procedures for intervention or services required to meet the expanded ARCH resident's needs 5. Names of persons required to perform interventions or services required by the expanded ARCH resident. 	<p style="text-align: center;">PART 2</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>To make sure that this deficiency or findings won't happen again, PCG will carefully review service plan provided by the case manager. During the case manager visit to the expanded ARCH facility, I'll make sure that it's being completed and accurate. By working along with the CM, at time of visit, it's the res. responsibility of the PCG to correct the CM instead something is overlooked. After the visit, the PCG found inconsistencies of the service plan, PCG will give a call to CM to let her know that some important areas of concerns has been incomplete, in order to resolve the problem immediately.</p>	<p style="text-align: right;">9/26/2017</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<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, case manager did not make face-to-face contact with the resident since admission of May 1, 2017.</p>	<p style="text-align: center;">PART 1</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><i>Yes, was corrected, Conducted a conference with the case manager regarding face to face contact with the resident and was resolved. I obtained the assessment care plan form & file it in the resident folder.</i></p>	<p style="text-align: center;">9/26/2017</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §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: 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; <u>FINDINGS</u> Resident #1, case manager did not make face-to-face contact with the resident since admission of May 1, 2017.	<p style="text-align: center;">Plan of Correction</p> <p style="text-align: center;">PART 2</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, PCG will notify case manager to come to visit expanded ARCH resident at least once a month or as often as CM able to. If for some reason CM failed to come on the date designated, then will find some other time. I will let her know the importance of face-to-face contact base on the residents needs.</p> <p>Within one week of her visit I'll call the CM if I did receive a copy of the care plan assessment</p>	<p style="text-align: right;">9/26/2017</p>

Licensee's/Administrator's Signature: Estela Elazar

Print Name: ESTELA ELAZAR

Date: 9/26/2017