

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & M Duran	CHAPTER 100.1
Address: 94-628 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: April 14, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 – Plastic bottle containing the docusate sodium did not have a manufacturer's label or pharmacy label. The primary care giver stated that she gave her supply of docusate sodium to the resident.</p>	<p>I PURCHASED A NEW DOCUSATE SOD. & THE MFG'S LABEL INTACT. RE-LABEL & THE INFO BASE ON DRG. DIRECTION. TO PREVENT THIS NOT TO RECURR, I WILL PURCHASE OTC MED INTENDED ONLY TO A CERTAIN RESIDENT. FOR MED THAT IS BEING LABELED BY A PHARMACY, I WILL NOT TEMPER CHANGE OR REMOVE MED FROM THE ORIGINAL BOTTLE, SAME AS THE OTC MED & SHOULD BE STORED IN A PROPERLY LOCK WORK CABINET.</p>	4/16/16

<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>FINDINGS Resident #1 – “Vitamin B-12 500 mcg Take 500 mcg by mouth daily” ordered 4/9/15; however, the April 2015 medication record reflected “1,000 mcg” taken by the resident. There was no documentation that the order was clarified with the physician.</p>	<p>I HAD CLARIFIED THE PCP UPON RE-ADMISSION ON THE DISCREPANCY OF VIT B-12 500 MG. ORDERED BY THE HOSPITAL DOCTOR. THE PCP INSTRUCTED ME TO CONTINUE TO GIVE 1000 MG. PER DAY AS THIS WAS HIS ORIGINAL ORDER. IT WAS NOT DOCUMENTED AT THE TIME OF CONVERSATION WITH THE PCP. SO ON 5/9/16 VISIT I OBTAINED A WRITTEN ORDER FOR THAT SPECIFIC MEDICATION THAT REFLECTS THE CORRECT DOSAGE TO UNVALIDATED HIS VERBAL INSTRUCTION.</p>	<p>5/9/16</p> <p>REWRITE: 7/5/16</p> <p>CONTINUED ON A SEPARATE SHEET.</p>
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11-100.1-15 MEDICATIONS (e)

TO PREVENT THIS FROM HAPPENING AGAIN, I WILL DOCUMENT VERBAL ORDERS AND INSTRUCTIONS FROM A DOCTOR.

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 – No admission assessment at the time of readmission on 4/9/16.</p>	<p>I ASSESSED THE RESIDENT'S STATUS AND RECORD ON ADMISSION ASSESSMENT. REVIEWED WITH THE FAMILY & SIGNED. 4/14/16</p> <p>TO PREVENT THIS NOT TO HAPPEN AGAIN I WILL CHECK ALWAYS MY "ADMISSION CHECKLIST" THE NEEDED PAPERWORK ON THE DAY OF ADMISSION. (PRIOR THE DAY OF THE ADMISSION, CHECKLIST IS ALREADY IN PLACE.) BEFORE ADMITTING A RESIDENT. 5/9/16</p>	<p>4/14/16</p> <p>5/9/16</p>
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<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>FINDINGS Resident #1 – The progress notes did not reflect the</p>	<p>I WROTE IN MY HA MY PROGRESS NOTE MY OBSERVATION ON THE NEED & RESPONSE OF THE MEDICATION, ITS TOLERANCE, EFFECTIVENESS & S/E. TO PREVENT THIS NOT TO HAPPEN, I WILL WRITE IN MY CALENDAR WHAT I OBSERVED ON THAT DAY SO I WILL NOT FORGET & THEN TRANSFER TO MY PROGRESS NOTE. I WILL ALSO DOCUMENT THE NEED & TOLERANCE OF THE THICKENING AGENT.</p>	<p>4/14/16</p>
	<p>following:</p> <ul style="list-style-type: none"> • Need for and response to "sorbitol" taken 3/28-31/16 and 4/4-6/16 • Tolerance to nectar thick liquids 		
<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>FINDINGS Resident #1 – No documentation that nectar thick liquids provided daily.</p>	<p>I DOCUMENTED "THICK IT" IN THE MAR. TO PREVENT THIS FROM RECURRING, I WILL ALWAYS DOCUMENT ANY MED GIVEN, IE, ORAL, TOPICAL EYE DROPS & THICKENING AGENT ORDERED BY A DR. THE TIME THAT WAS GIVEN.</p>	<p>4/14/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p>FINDINGS Resident records were not securely stored. The cabinet did not have a lock.</p>	<p>I PUT A LOCK IN THE CABINET. TO PREVENT THIS FROM RECURRING, I WILL ALWAYS PUT LOCK IN A CABINET WHERE I WILL STORE RECORDS. I WILL ALWAYS PUT IN MY MIND ABOUT PRIVACY ACT FIRST.</p>	<p>4/15/16</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS There were three (3) wheelchair dependent residents. Your license allows you to have two (2) wheelchair residents.</p>	<p>1 W/C RESIDENT WAS TRANSFERRED ON 10/9/16.</p> <p>TO PREVENT A SIMILAR DEFICIENCY IF I HAVE 2 W/C RESIDENT & THERES A THIRD RESIDENT DECLINING AND NEED A W/C I WILL TALK TO THE RESIDENT, FAMILY, DOCTOR AND IF THERES A CASE MANAGER THAT THE RESIDENT NEEDS TO BE TRANSFERRED.</p>	<p>10/9/16^W</p> <p>3/16/17</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p>FINDINGS The resident dining table clearance was 25 1/4 inches for three (3) wheelchair residents.</p>	<p>I CHANGED THE DINING TABLE WITH A HEIGHT OF 29 IN. FROM THE FLOOR AND LOWER EDGE.</p> <p>I WILL POST A SIGN ON THE TABLE THAT STATES IF WE CHANGE TABLE (THE NEW TABLE) MUST HAVE 29 INCHES CLEARANCE.</p>	<p>4/16/16</p> <p>3/16/17</p>

§11-100.1-86 Fire safety. (a)(2)
 A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:

Resident's sleeping room doors shall be self closing;

FINDINGS
 No self-closing sleeping room doors for two (2) each residents.

I PURCHASED A BETTER QUALITY OF SELF CLOSING DOOR DEVICE ON RM. # 3. I FIX & TIGHTEN RM# 4. 4/18/16

TO PREVENT THIS FROM RECURRING I WILL ALWAYS TEST DOOR IF IT SELF CLOSED EFFICIENTLY AT LEAST EVERY MONTH OR AS NEEDED.

§11-100.1-86 Fire safety. (a)(3)
 A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:

Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;

FINDINGS
 No documentation of a fire drill for March 2016.

I CONDUCTED FIRE DRILL WITH THE RESIDENT & FAMILY MEMBER. I DOCUMENTED THE FIRE DRILL IN THE RECORD. 4/15/16

TO PREVENT THIS FROM HAPPENING AGAIN, I WILL SET AND DESIGNATE EVERY 5TH OF EACH MONTH TO CONDUCT FIRE DRILL. I WILL CHANGE TIME AND SCENARIO EACH TIME I CONDUCT FIRE DRILL. REWRITE: 7/5/16

I WILL MAKE CHECK LIST OF THINGS TO DO EACH MONTH AND PUT A REMINDER TO DOUBLE CHECK DOCUMENTATION OF THE MONTHLY FIRE DRILL. NOW WE DO THE FIRE DRILL FIRST SATURDAY OF THE MONTH. 3/16/17

Licensee's/Administrator's Signature: Maria L. Duran, CPA

Print Name: MARENILA L. DURAN, CPA

Date: 5/12/16

Licensee's/Administrator's Signature: Maria L. Duran, CPA

Print Name: MARENILA L. DURAN, CPA

Date: 7/5/16

Licensee's/Administrator's Signature: Maria L. Duran

Print Name: MARENILA L. DURAN, CPA

Date: 3/16/17