Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramelb Adult Residential Care Home	CHAPTER 100.1	
Address: 16-1508 35 th Avenue, Keaau, Hawaii 96749	Inspection Date: July 14, 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.

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	Rules (Criteria)	Plan of Correction	Completion
K 2			Date
	§11-100.1-9 Personnel, staffing and family requirements. (f)(1)	PART 1	08/17/2017
	The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:	DID YOU CORRECT THE DEFICIENCY?	
	Be currently certified in cardiopulmonary resuscitation;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS SCG #1, completed online cardiopulmonary resuscitation (CPR) certification.	Subtitute care give # 1 condipulmenta- my mensei lation (CPR) certification 12 don on Angust 03, 2017 Expiration: August 03, 2019	
		Expiration: August 03, 2019	
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Rules (Criteria)	Plan of Correction	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (f)(1)	PART 2	08/17/2017
The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:	<u>FUTURE PLAN</u>	
Be currently certified in cardiopulmonary resuscitation;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO	
FINDINGS		
SCG #1, completed <u>online</u> cardiopulmonary resuscitation (CPR) certification.	my substitute cone give not to	·
	mul get at in the CPR class to	
	ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the fullwe & mill inform all my substitute care given net to get a CPR certification online. They must get at in the CPR class. In perform actual CPR that is approve by the Department of Heath. When they submit their CPR to me, the wake some to the CPR class that approved by the Department of Heath.	d
	They arbent Three con to me the	
	act it in the CPR class That	
	approved by the Department of	
	Health.	
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Rules (Criteria)	Plan of Correction	Completion
§11-100.1-15 Medications. (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.	PART 1	Date
FINDINGS Resident #1, physician order dated June 8, 2017 read, "Donepezil QOD." However, prescription label read "Donepezil 23 mg Take 1 tablet every day" Primary care giver (PCG) altered prescription label to read "Take 1 tablet other day"	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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\$11-100.1-15 Medications. (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. FINDINGS Resident #1, physician order dated June 8, 2017 read, "Donepezil QOD." However, prescription label read "Donepezil 23 mg Take 1 tablet every day" Primary care giver (PCG) altered prescription label to read "Take 1 tablet other day"	ETTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the finture when a primary physician change the wider dossage of budication, 2 mill put a temperary sticker on the original medicine loottle or container and write it a new wider change of medication on the sticker the new change order is in porepegil 23 mg. tale. Take one take let QOD (means every athlesisalory) beans the previous original bottle beans the previous original bottle labeled andured by the primary labeled andured by the primary labeled and the previous original softle the pregist 23 mg. tale. Take one take your pegil 23 mg. tale. Take one take the pregil 23 mg. tale. Take one take	08-29-17

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R-3	Rules (Criteria)	Plan of Correction	Completion
\boxtimes	§11-100.1-17 <u>Records and reports.</u> (b)(7)	PART 1	<u>Date</u>
	During residence, records shall include:	IAKII	
	Recording of recident's weight at least		
	Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or		
	responsible agency;	·	
	, and a goldey,		
	<u>FINDINGS</u>		
	Resident #2, no monthly weight for January 2017.		
		Correcting the deficiency	
		after-the-fact is not	
		· 1	
		practical/appropriate. For	
		praesical appropriate. Ful	
		this deficiency, only a	
		future plan is required.	
		ratare plan is required.	
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Rules (Criteria)	Plan of Correction	Completion Date
§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #2, no monthly weight for January 2017.	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? For the future when taking resident's weight and the resident refused. 2st make some that 2 have to write "k" means "keyned" and rewelle write "k" means "keyned" and rewelle on the resident's weight list from on the resident's weight list from for the month that refused.	08 17 2017

Licensee's/Administrator's Signature:	melyn	Ċ.	Ramer	
Print Name: _	evelyn	<u>ر</u> .	RAMBUS	
Date: _	08/17/17	!		

Licensee's/Administrator's Signature	Manulh
Print Name: _	EVELYM C. RAMEUB
Date:	8-29-17