

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lita Soria (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-346 Hene Street, Waipahu, Hawaii 96797	Inspection Date: December 8, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> Substitute care giver #3, no training by the primary care giver to make medications available and to provide personal care.</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>How I corrected the deficiency: Substitute caregiver #3. was trained by the primary caregiver to make medications available to all residents And substitute caregiver #3 was also trained to properly record any medications given.</i></p>	<p style="text-align: right;"><i>12/9/16</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1, no progress notes describing PRN medication made available. Order (11/1/16) reads, "Olanzapine 2.5 mg 1 tablet for agitation due to dementia, 3x day maximum." PRN medication given BID from 11/1/16 to 11/9/16. No documentation to describe the resident's symptoms or behaviors indicating need or the response to medication.</p>	<p style="text-align: center;">PART 1</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><i>Pls. see future plan on page 5</i></p>	<p style="text-align: right;"><i>1/16/18</i></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><u>FINDINGS</u> Resident #1, no progress notes describing PRN medication made available. Order (11/1/16) reads, "Olanzapine 2.5 mg 1 tablet for agitation due to dementia, 3x day maximum." PRN medication given BID from 11/1/16 to 11/9/16. No documentation to describe the resident's symptoms or behaviors indicating need or the response to medication.</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>Future plan: For future plan, anytime a resident is given PRN medication. The resident's symptoms or behavior will be documented in the progress notes along with what PRN medication is given with the time given and documentation with response to the PRN medication: one call to one hour after given.</p>	<p style="text-align: right;">1/16/17</p>

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<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><u>FINDINGS</u> Resident #1, no parameters to monitor blood pressure. Order dated 11/1/16 reads, "Losartan 100 mg one tablet po daily for hypertension". Primary care giver <u>did not contact physician to clarify</u> parameters to monitor blood pressure.</p>	<p style="text-align: center;">PART 1</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>"D/s. see future plan on page 7"</i></p>	<p style="text-align: center;"><i>1/14/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident records unsecured. No key to lock the file cabinet.</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>I corrected deficiency 11-100.1-17 records & reports (g) by calling locksmiths to fix the file cabinet so the key will lock/work.</i></p>	<p style="text-align: right;"><i>12/9/16</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each Type I ARCH shall have a written plan for the safe care and evacuation of residents to areas of refuge in case of emergency. This plan shall be reviewed, and updated as necessary, whenever there is a significant change in the physical or mental condition of a resident or whenever a new resident enters the facility. All personnel shall be instructed in their respective duties in carrying out this plan. The written plan with directional diagrams shall be posted in a conspicuous location within the facility;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. No directional arrows on emergency plan. 2. No transportation information in the emergency procedures. 	<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>a) The emergency plan directional arrows were added.</i> <i>b) The transportation information was added in the Emergency medical procedures.</i></p>	<p style="text-align: right;"><i>1/10/18</i></p>

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Licensee's/Administrator's Signature: Angelita A. Soria

Print Name: ANGELITA A SORIA

Date: 1/16/18