

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Solmerin, Ofelia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 366 Kapualani Street, Hilo, Hawaii 96720	Inspection Date: November 28, 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>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1, admitted on February 7, 2017, level of care assessment completed on February 8, 2017.</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: right; font-size: small;"> APPROVED: _____ DATE: _____ </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1, admitted on February 7, 2017, level of care assessment completed on February 8, 2017.</p>	<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>Future Plan - level of care should be completed on the date of admission. For every admission I will use my ^{admission} check list as a reminder to check check if completed and it should be dated the same day from admission, and should be done immediately upon admission just to make sure we'll not get the same deficiency in the future.</i></p>	<p style="text-align: right;"><i>11/29/17</i></p>

	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><u>FINDINGS</u> Resident #1, physician order dated July 28, 2017 read, Ensure 1 bottle TID with meals." However, no documentation that nutritional supplement is provided as ordered.</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 am sorry that I don't really know that answers should be documented on MAR. But anyway I already documented on the MAR as prescribed by the physician July 28 2017.</i></p>	<p style="text-align: right;"><i>11/28/17</i></p>

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<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><u>FINDINGS</u> Resident #1, physician order dated July 28, 2017 read, Ensure 1 bottle TID with meals." However, no documentation that nutritional supplement is provided as ordered.</p>	<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>Future Plan - Any supplement ordered by the physician should be done with right away on the MAR right after you finished feeding him.</i></p>	<p><i>11/28/17 anon 11/28/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Three (3) refrigerators were not equipped with a thermometer.</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><i>My husband bought 3 thermometers and was placed on the refrigerators right away.</i></p>	<p><i>11/29/17</i></p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Three (3) refrigerators were not equipped with a thermometer.</p>	<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 style="text-align: center;"><i>In the future I will make sure the thermometer is always there every time I opened and make sure the temperature is below 45°</i></p>	<p style="text-align: right;"><i>3/6/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Household cleaners – “Resolve” and “Comet” unsecured on outdoor countertop.</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;"><i>The household cleaners Resolve + Comet were kept on the locked cabinet right after you came.</i></p>	<p style="text-align: right;"><i>11/28/17</i></p> <p style="text-align: right; font-size: small;">RECEIVED NOV 29 2017</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Household cleaners – “Resolve” and “Comet” unsecured on outdoor countertop.</p>	<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>Future Plan - As soon as I'm done using the any household cleaners I will place them in a secured cabinet immediately and I also notified all my substitute caregivers to do the same as I do. As a reminder I will put a reminder note outside the cabinet to put back right after using it.</i></p>	<p style="text-align: right;"><i>3/6/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Six (6) boxes of Humulin insulin unsecured on downstairs refrigerator door. Two (2) boxes of Humulin insulin placed in a locked bag on refrigerator door; however, lock was not in use.</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>The 6 boxes of Humulin Insulin was kept in a locked container and placed inside the refrigerator 11/28/17</p> <p>Also the 2 boxes of Humulin Insulin were also placed in a locked bag + placed in the refrigerator as well.</p> <p>For future use, maybe right after using we should put back in a locked bag and make sure its locked!</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> (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><u>FINDINGS</u> Resident #1, admitted on February 7, 2017, no admission assessment.</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>	

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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 note documenting the office visit of July 28, 2017 where the physician prescribed "Acyclovir 400 mg TID for 1 week" for treatment of shingles. No progress note documenting response to treatment (Acyclovir).</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>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, completed eleven (11) of the required twelve (12) hours of annual continuing education hours.</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><i>Substitute caregiver # 1 have given 1 more hour of continuing education to complete the 12 hrs. requirement.</i></p>	<p><i>11/28/17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(1) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>A current physician's report on the expanded ARCH resident's physical examination and diagnosis, including mental, functional, and behavioral status;</p> <p><u>FINDINGS</u> Resident #1, admitted on February 7, 2017, physical examination completed on February 8, 2017.</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>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><u>FINDINGS</u> Resident #1, admitted on February 7, 2017, diet order obtained February 8, 2017.</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: right; font-size: small;">RECEIVED FEB 10 2017 STATE</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(2). Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><u>FINDINGS</u> Resident #1, admitted on February 7, 2017, diet order obtained February 8, 2017.</p>	<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>Future Plan - I will use my admission check list that on admission day diet order be obtained & signed by the physician as it's a part of PE form 11/28/17</i></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>FINDINGS Resident #1, admitted on February 7, 2017, two (2) step TB skin test administered as follows: Step 1: administered 07-27-16 Step 2: administered 08-03-16, read "negative 0mm" However, second (2nd) step - <u>no date of reading documented.</u></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>PPD 12-1-2017 - Date given 12-4-2017 - Date Read Induration - 0mm</p> <p>For the admission record PPD 2nd reading no date. I will make the correction as soon as I get the call from the Doctor as I will do another PPD test.</p> <p>I brought Mr. Don Sobers to his Doctor for his PPD last March 12, 2018 and got the negative result last March 19, 2018</p>	<p style="text-align: right;">9/6/18</p> <p style="text-align: right;">3/19/18</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>FINDINGS Resident #1, admitted on February 7, 2017, two (2) step TB skin test administered as follows: Step 1: administered 07-27-16 Step 2: administered 08-03-16, read "negative Omm" However, second (2nd) step - <u>no date of reading documented.</u></p>	<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>Future Plan - In the future I have to double check before leaving the clinic that the dates when it was done + dated, when it was read + signed by the physicians</i></p>	<p style="text-align: right;"><i>12/4/17</i></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, no current tuberculosis TB skin test.</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><i>TB skin test for Resident #1 has been done. Last December 1, 2017 and read on December 4, 2017 with negative result.</i></p>	<p><i>12/1/17</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, no current tuberculosis TB skin test.</p>	<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>Make a list of all residents name & be reminded, put 12/1/17 the due date of their yearly skin test & it shld. be done one month prior to expiration I also mark an calendar</i></p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1, admitted as expanded level of care on February 7, 2017; no evidence of a pneumococcal vaccination.</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>Resident #1 Pneumococcal vaccination was scheduled on Feb. 20 2018.</i></p>	<p style="text-align: right;"><i>2/6/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident #1, admitted as expanded level of care on February 7, 2017; no evidence of a pneumococcal vaccination.</p>	<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>Before admitting the patient I will check first if the patient has 2 step PPD. And always check my admission check list 3/6/18 if its completed before admitting the patient. If he doesn't have 2 units tell them I cannot admit until 2 step is done.</i></p>	

Licensee's/Administrator's Signature: Offelia Solmerin

Print Name: OFFELIA SOLMERIN

Date: Feb. 7, 2018

Licensee's/Administrator's Signature: *Ofelia Solmerin*
Print Name: OFELIA SOLMERIN
Date: 3/6/18