

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Poncethia R. Rambo's	CHAPTER 100.1
Address: 1621 Nohoana Place, Hilo, Hawaii 96720	Inspection Date: November 21, 2017

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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, no current tuberculosis (TB) skin test. Last skin test done July 8, 2016.</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>Asked SCG #1 to submit a new copy of her current TB skin test to PCG #1 and put it on file for records. New skin test done 7-12-17.</i></p>	<p style="text-align: center;"><i>11-23-17</i></p>

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	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, June 2017 medication record reflected the following medications, ordered on June <u>15</u>, 2017 were administered beginning June <u>3</u>, 2017:</p> <ul style="list-style-type: none"> • “Furosemide 40 mg tab take 1 tab by mouth daily for CHF” • “Potassium Chloride 20 meq take one tablet by mouth daily for potassium supplement” 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1, admitted on May 24, 2017, no physician order obtained until June 15, 2017 for the following medications listed on the May and June 2017 medication record:</p> <ul style="list-style-type: none"> • "Furosemide 40 mg tab take 1 tab by mouth daily for CHF" • "Potassium Chloride 20 meq take one tablet by mouth daily for potassium supplement" 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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 for June 2017.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Poncethia R. Rambo

Print Name: PONCETHIA R. RAMBO

Date: DEC. 28, 2017

Licensee's/Administrator's Signature: Poncethia R. Rambo, PCC

Print Name: PONCETHIA R. RAMBO

Date: January 22, 2018