

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Riingen ARCH/Expanded ARCH	CHAPTER 100.1
Address: 17-559 Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: October 27, 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>§11-100.1-9 <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) #4, with a history of positive tuberculosis (TB) skin test, no current TB attestation</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 style="text-align: center;"><i>TB attestation obtained and completed on Dept of Health form. 1/12/18 completed.</i></p>	<p style="text-align: center;"><i>02-12-18</i></p>

	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) #4, with a history of positive tuberculosis (TB) skin test, no current TB attestation</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>To avoid this issue in the future, all TB clearance will be obtained upon hiring and renewed 2 months prior to the expiration date. I will review my hiring of new Caregivers' checklist to include TB clearance forms and follow-up dates will be included to expirations; All TB attestation form will be presented to the Caregiver, to present to physician for documentation, done on the Dept. of Health form - OCHA ARCHIR 35 revised 5/27/14.</i></p>	<p style="text-align: right;">02-12-18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 June 28, 2017, level of care completed after admission on July 20, 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>	

	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 June 28, 2017, level of care completed after admission on July 20, 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>To avoid this deficiency in the future from recurring, I will obtain the level of care prior to admission, from the physician or APRN. I will review my admission checklist and make certain level of care is listed to be an item that is to be obtained prior to admission to my home.</i></p>	<p style="text-align: right;"><i>02-12-18</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, primary care giver and nutrition care plan indicated resident is receiving ensure nutritional supplement. However, no physician or APRN order for administration.</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><i>Yes, deficiency was corrected. An order was obtained after a discussion with the family and the physician Re: Nutritional needs.</i></p>	<p style="text-align: right;"><i>1-12-18</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, primary care giver and nutrition care plan indicated resident is receiving ensure nutritional supplement. However, no physician or APRN order for administration.</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>In the future, to avoid this deficiency, a discussion will be held re: Resident's nutritional needs, a plan will be established and put in to place with orders from the physician.</i></p>	<p style="text-align: right;"><i>1-12-18</i></p>

	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, physician order dated July 18, 2017 read, "Losartan 50 mg oral tablet, take $\frac{1}{2}$ pill by mouth QD (daily) x 1 month (30D) as directed." However, July and August 2017 medication record read, "Losartan Potassium 50 mg tablet Take <u>1</u> tablet by mouth daily."</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>	

	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, physician order dated July 18, 2017 read, "Losartan 50 mg oral tablet, take ½ pill by mouth QD (daily) x 1 month (30D) as directed." However, July and August 2017 medication record read, "Losartan Potassium 50 mg tablet Take <u>1</u> tablet by mouth daily."</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>To prevent this similar deficiency from recurring, all orders will be reviewed with the physician for clarification before leaving the office or completing our conversation. When transcribing orders on to the Medication Administration Record, orders will be reviewed with the original physician orders for accuracy, before and after transcription.</i></p>	<p style="text-align: right;"><i>02/12/18</i></p>

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<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, physician order dated July 18, 2017 read, "Levothyroxine 75 mcg (0.075 mg) oral tablet, take 1 pill by mouth QD (daily) x 1 month (30D) as directed." However, medication initialed as administered on the September and October 2017 medication record – no renewal order.</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><i>Yes M.D. orders for medications read (30d) even though medication to be given daily continuously. M.D. to be notified that medications given continuously should not be written as "x 1 month (30d)".</i></p>	<p style="text-align: right;">1-12-18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1, telephone order dated October 23, 2017 read, "Bactrim DS tablet Take x1 tablet by mouth twice a day for 10 days." However, October 2017 medication record not initialed as administered on October 26 (pm) and October 27 (am) dose.</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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	Rules (Criteria)	Plan of Correction	Completion Date
<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, no admission medication orders.</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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident register thinned. Three (3) residents listed on the monthly fire drill record were not listed on the permanent general register.</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 style="text-align: center;"><i>All residents present in the home, present at listed on the fire drill, was listed into the <u>registry</u>, on the date of the fire drill, but dated as late entry. 1/12/18.</i></p>	<p style="text-align: right;"><i>02-12-18</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 June 28, 2017, physical examination completed after admission on July 20, 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)(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, admitted on June 28, 2017, two (2) step TB skin test completed after admission on July 13, 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>	

	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, admitted on June 28, 2017, two (2) step TB skin test completed after admission on July 13, 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>To prevent a similar deficiency from recurring, I will develop a checklist using admission requirements in Chapter 11-100.1-84, to remind me that a TB clearance is required to admit a resident to my home. I will not admit residents without a TB clearance completed, by the physician or the APRN.</i></p>	<p style="text-align: right;">02-12-18</p>

	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 on June 28, 2017, no evidence of annual influenza vaccination.</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>The flu shot was offered to the residents' POA husband, by this caregiver and the physician a second time, since the resident is unable to make decisions for herself. The husband refused based on the premise that she always refused, before she was disabled. The physician is aware of her refusal of all flu shots in the past. The refusal was documented by the physician and this caregiver.</p>	<p>02-12-18</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><u>FINDINGS</u> Resident #1, admitted on June 28, 2017, no evidence of annual influenza 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>To prevent this deficiency from recurring, I will continue to offer flu shots to all residents and will present the advantages of taking the flu shot for the resident. as well as for the well-being of the other residents in the home. Also in the future i will notified and discuss with the Doctor regarding the refusal of the annual influenza vaccination and charted in the progress note or any vaccinations refusal.</p>	<p style="text-align: right;">02-12-18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG # 1, 2 & 3, no care giver training provided by the case manager.</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 style="text-align: center;"><i>10/28/2017 - Basic Skills Care Givers Training was completed as required.</i></p>	<p style="text-align: center;"><i>1-12-18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG # 1, 2 & 3, no care giver training provided by the case manager.</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>To prevent a similar deficiency from recurring, I will develop a checklist for each caregivers to include all required training, as appropriate to each resident. All training will be done on hire and as the need occurs, for new treatments, etc. All training will be completed with RN/Case Manager.</p>	<p style="text-align: right;">02-12-18</p>

RECEIVED
JAN 11 2018

Licensee's/Administrator's Signature Benita Ringen

Print Name: BENITA RINGEN

Date: 01-12-18

Licensee's/Administrator's Signature: Benita Riingen
Print Name: BENITA Riingen
Date: 02-12-18