

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosario, Trinidad (ARCH)	CHAPTER 100.1
Address: 372 Pakauwili Drive, Wahiawa, Hawaii 96786	Inspection Date: March 2, 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 Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No menu for "Heart Healthy Lifestyle" and "cardiac, carb controlled" diets.</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>in the process of making the menu. contacted Mrs. Jackson the nutritionist for the menu of Heart Healthy Lifestyle diet</i></p>	<p style="text-align: center;"><i>3/5/17</i></p> <p style="text-align: center;">4/21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (b)	<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>When I have an new admission I will follow whatever diet is ordered. I have to make ^{new} anew SUR menu for the special diet ordered before admission. If I needed help I call Mrs. Jackson.</p>	<p style="text-align: right;">Feb. 12, 2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 - "Lisinopril, Atorvastatin and Lantus Solostar" have not been updated as follows:</p> <ul style="list-style-type: none"> • 12/21/15 to 8/22/16; a period of 8 months • 8/22/16 to 2/16/17; a period of 5 months 	<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>all medication should be reevaluated every 4 months, by the physicians or APRN.</i></p>	<p style="text-align: center;">3/20/17</p> <p style="text-align: center;">4/21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (g)	<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>Sometimes the resident refuse to go to the doctor. I will inform the doctor office to reschedule the appointment and document in my progress notes. I will write in my calendar for doctor office visit.</i> </p>	<i>Feb. 12, 2018</i>

	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><u>FINDINGS</u> Resident #1 - Time of day that "Lantus Solostar" is self-administered has not been recorded on the medication record.</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>Added the time of day for Lantus Solostar - self administered on the medication record. I give the resident the Lantus Solostar for him to self administered.</i></p>	<p><i>Feb. 12, 2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (m)</p> <p><u>FINDINGS</u> Resident #1 - Time of day that "Lantus Solostar" is self-administered has not been recorded on the medication record.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When I write the medication record I will double check the medication record to make sure the doctor order is complete and the time of day is included.</p>	<p align="right">Feb. 12, 2018</p>

6/11/18

	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><u>FINDINGS</u> Resident #1 - "Amlodioine 5 mg daily" ordered 2/16/17; the time of day the medication is taken is not recorded on the medication record.</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>Corrected - 7:00 AM.</i></p>	<p style="text-align: center;"><i>3/2/17</i></p> <p style="text-align: center;">12/21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (m)</p> <p><u>FINDINGS</u> Resident #1 - "Amlodioine 5 mg daily" ordered 2/16/17; the time of day the medication is taken is not recorded on the medication record.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p 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, I will double check the residents record everytime I administer the medication to confirm the individual the name of medication and the proper time and dosage.</i></p>	<p align="center"><i>3/2/17</i></p> <p align="center">03/21</p>

	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><u>FINDINGS</u> Resident #1 - No March 2017 medication record.</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>corrected after the surveyor left, march 2nd</i></p>	<p style="text-align: center;">3/2/17</p> <p style="text-align: center;">17/21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (m)</p> <p><u>FINDINGS</u> Resident #1 - No March 2017 medication record.</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>One week before the end of the month I will start a new medication record for the next month and then I will put in the clipboard. I will check the clipboard for the medication records for the new month. I will initial my medication record when me medication taken by the residents.</p>	<p>Feb. 12, 2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p>FINDINGS Resident #1 - No written procedures for storage, monitoring and documentation for self-administered "Lantus Solostar" and blood sugar testing. Blood sugar testing supplies (meter, lancets and sharps container) unsecured on a dresser in the bedroom.</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>Corrected - all medications, diabetic supplies, testing blood sugar equipment should be stored in the locked medicine cabinet.</i></p> <p><i>For the next doctor appointment, ask for a written order to stored all medications, diabetic supplies, testing blood sugar equipment to placed in the locked medicine cabinet.</i></p>	<p style="text-align: right;"><i>3/22/17</i></p> <p style="text-align: right;"><i>22</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (n)	<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>In the future, I the caregiver will store all diabetic supplies in the locked medicine cabinet, only to unlock the cabinet whenever the patient need his supply.</p>	<p style="text-align: center;">3/22/17</p> <p style="text-align: center;">3/22/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of positive tuberculosis (TB) history, no chest x-ray. There was a TB attestation dated 4/4/16.</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>Called in to obtain a copy of the positive T.B test from Lanakile office see enclosed copy.</i></p>	<p style="text-align: right;"><i>3/20/17</i></p> <p style="text-align: right;"><i>22</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(1)	<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, I will use my check list from the department of health as a guide to provide all necessary paperwork in order to admit a new patient into the care home.</i> </p>	<p style="text-align: right;"> <i>3/20/17</i> </p> <p style="text-align: right;"> <small>0022</small> </p>

	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 for February 2017.</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>Corrected - after the surveyor left March 2nd, I made a Feb. progress notes for the patient.</i></p>	<p style="text-align: right;"><i>3/2/17</i></p> <p style="text-align: right;"><i>03/22</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-17 (b)(3)</p> <p><u>FINDINGS</u> Resident #1 - No progress notes for February 2017.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will use my calendar as a guide to document in the progress notes any observations, any changes in patient condition behavior, injuries and the time of day that incident occurs.</p> <p>In the future, I will obtain a covered plastic container to put all my paperwork so not to miss placed and easier to arrange later.</p>	<p align="center">3/20/17</p>

	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 - Progress notes did not reflect noncompliance to special diet (Heart Healthy Lifestyle and cardiac, carb controlled diet); self-administered blood sugar checks and self-administered insulin.</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 am now recording in my progress notes the noncompliance to diet and refusal to do the blood sugar checks. I also include his self administered insulin.</p>	<p style="text-align: right;">Feb. 12, 2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-17 (b)(3)</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect noncompliance to special diet (Heart Healthy Lifestyle and cardiac, carb controlled diet); self-administered blood sugar checks and self-administered insulin.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p 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, I will always write down my observation in my calendar especially their behavior & treatment so that I will not forget when I make my progress notes.</i></p>	<p align="center"><i>Feb. 12, 2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 documentation of blood sugar checks, results of blood sugar checks.</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 let the doctor know the resident refused to do the blood sugar checks. and document in my progress notes.</p>	<p style="text-align: center;">Feb. 12, 2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(4)	<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 will talk ^{PHR}to to the doctor inform ^{PHR}ed him that residents refuse to do the blood sugar checks. Doctor does blood sugar check when resident goes for his appointments. I will document in my progress notes when the resident refuse to do his treatment. </p>	<p style="text-align: right;">Feb. 12, 2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 - Progress noted did not include visits made to the physician for medication reevaluation.</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>starting March in my progress notes I will include doctors visits, changes in diet, changes in behavior, illnesses and reevaluation of medication.</i></p>	<p style="text-align: right;"><i>3/23/17</i></p> <p style="text-align: right;">4/23</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (b)(8)	<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, in my progress notes I will include, the doctors visits, changes in diet, changes in behavior, illnesses, changes in condition and injury and reevaluation of medications.</i></p>	<p style="text-align: right;"><i>3/23/17</i></p> <p style="text-align: right;"><i>3/23</i></p>

Licensee's/Administrator's Signature: Trinidad U. Rosario
Print Name: Trinidad U. Rosario
Date: 3/27/17

Licensee's/Administrator's Signature: Trinidad U. Rosario
Print Name: Trinidad U. Rosario
Date: Feb. 12, 2018

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