

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vargas Care Home	CHAPTER 100.1
Address: 94-296 Kahuahale Street, Waipahu, Hawaii 96797	Inspection Date: November 15, 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> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 no evidence of first aid training.</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>I corrected these deficiency by sending my sub. #1 to take the 1st. aid Training</i></p>	<p style="text-align: center;"><i>11/17/2017</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> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 no evidence of first aid training.</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>my future plan so this deficiency wont happen again, is to ask my sch #1 to make a remainder note on her own calendar, and so with the P.C.H. calendar, and P.C.H. inspection record too.</i></p>	<p style="text-align: right;"><i>11/17/2017</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> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 no evidence of cardiopulmonary resuscitation (CPR) training.</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>I corrected the deficiency by sending my substitute #1 care giver # 1 To Take the cardiopulmonary resuscitation (CPR) training.</i></p>	<p style="text-align: right;"><i>11/17/2017</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> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 no evidence of cardiopulmonary resuscitation (CPR) training.</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>what I do so these deficiency ^{so} won't happen again is to instruct my S C K # 1 to check her cardiopulmonary resu- sitation (CPR) training every Two month, make sure its NOT expired, so with the P C K will check the inspection record every 2 month, To make sure everything ^{is} up to date.</i> </p>	<p style="text-align: right;"><i>11/17/17</i></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 medication orders not renewed since May 10, 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>I corrected these deficiency by picking up the medication form orders renewed from the doctors office, it was renewed on time may 10, 2017, but forgot to pick up from the doctors office.</i></p>	<p style="text-align: right;"><i>11/17/2017</i></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 medication orders not renewed since May 10, 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 style="text-align: center;"><i>what I do to insure these deficiencies so it won't happen again, is to make sure I will write the renewed medication order everytime we get a doctors visit.</i></p>	<p style="text-align: right;"><i>11/7/17</i></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 initials on medication administration record (MAR) for PM administration of physician ordered medication Calcium Carb 600 + Vitamin D 400mg from January 12 through January 31, 2017 and November 1 through November 14, 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>I already ^{when} corrected upon ^{putting} this deficiency by initial putting my initials 1/12 through 1/13/2017 and 11/1 - through 11/14/2017.</i></p> <p><i>I already corrected these deficiency by putting my initials 1/12 through 1/13/2017 and 11/1 - through 11/14/2017.</i></p>	<p style="text-align: right;"><i>11/16/2017</i></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 initials on medication administration record (MAR) for PM administration of physician ordered medication Calcium Carb 600 + Vitamin D 400mg from January 12 through January 31, 2017 and November 1 through November 14, 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 ensure the deficiency wont happen again is to double check the medication record at least every other day and a reminder note on the calendar to make sure ^{you} (to make sure) medication administration record is all got initial and up to date.</i></p>	<p style="text-align: right;"><i>11/16/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 weight gain between August and September 2017 from 95.4lbs to 103.6lbs not documented as reported to physician.</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>I ^{was} corrected the deficiency by bringing (chart) on resident #1 to the doctor and let them know the weight gain 8.2 ^{lb.} in one month.</i></p>	<p style="text-align: right;"><i>1/23/2018</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 weight gain between August and September 2017 from 95.4lbs to 103.6lbs not documented as reported to physician.</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 insure that it doesn't happen again is to double check the weight gain every month, and make sure she stay on her ideal weight, and make a reminder note on the calendar, and on the nurses note record.</i></p>	<p style="text-align: right;"><i>1/23/2018</i></p>

	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> SCG #2 has completed six (6) hours of twelve (12) hours of continuing education units (CEU). Please complete and submit an additional six (6) hours of CEU with your plan of correction. These hours will not count toward 2017-2018 totals toward CEU.</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>I corrected this deficiency by sending my SCG #2 to take the 6 more hours continuing education unit.</i></p>	<p style="text-align: right;"><i>1/21/2018</i> <i>1/18/2018</i></p>

	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> SCG #2 has completed six (6) hours of twelve (12) hours of continuing education units (CEU). Please complete and submit an additional six (6) hours of CEU with your plan of correction. These hours will not count toward 2017-2018 totals toward CEU.</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>my future plan and to insure these deficiency wont happen again is to ask my sub #2 - to make her own remainder note in her own calendar and also the PC too, make her own remainder note on her own calendar too, and make sure all continuing education is up to date. Inclosed is a additional 6 hours CEU for substitute care Giver #2.</i></p>	<p><i>1/21/2018</i> <i>1/18/2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p>FINDINGS No information regarding fire drill conducted in October, 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 style="text-align: center;"><i>I corrected year deficiency to make another fire drill 11/16/2017.</i></p>	<p style="text-align: center;"><i>11/16/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No information regarding fire drill conducted in October, 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 style="text-align: center;"><i>To insure that these deficiency wont happen again is to make my own remainder (Pct) on the calendar year 2018, and in front of the refrigerator or on the Inspection book for the Pct clip a remainder note, and make sure the fire drill is done every month as required by the office of Health Assurance.</i></p>	<p style="text-align: right;"><i>11/16/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 Case manager no monthly nurses documentation for monthly visit summaries for July, September and October 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>I corrected the deficiency by calling my case manager that there is no monthly nurses documentation for the month July, Sept, October 2017 she did bring it 11/24/2017 it was done but it was in the case manager office.</i></p>	<p style="text-align: right;"><i>11/24/2017</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS Resident #1 Case manager no monthly nurses documentation for monthly visit summaries for July, September and October 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 ensure that these deficiency wont happen again is to remind the case manager to make her own remainder note on her calendar year 2018, ALSO the Pcts put a remainder note on her calendar year 2018, and remainder note in front of the resident record, and to ensure the nurses documentation is up to date.</i></p>	<p style="text-align: right;"><i>11/24/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS Resident #1 Case manager no six (6) month complete assessment documentation for last twelve (12) months.</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>I corrected the deficiency by calling my case manager that there's no 6 month complete assessment documentation for the last 12 months, she bring it 11/24/17, it was in the case manager office.</i></p>	<p style="text-align: right;"><i>11/24/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 Case manager no six (6) month complete assessment documentation for last twelve (12) months.</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 insure this deficiency wont happen again is to remained the case manager to make a remainder note on her calendar year 2018 and on her record book. And also the PCH make a remainder list on her calendar year 2018 and on the record book also; and to make sure all the assessment documentation is up to date.</i></p>	<p style="text-align: right;"><i>1/24/17</i></p>

Licensee's/Administrator's Signature: Levy Vargas

Print Name: LEVY VARGAS

Date: 1/25/2018