

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |  |
|---|--|
| <b>Facility's Name:</b><br>Hernani T. Valenzuela Aguilar ARCH/EC-ARCH | CHAPTER 100.1                                    |
| <b>Address:</b><br>98-864 Kaamilo Street, Aiea, Hawaii 96701          | <b>Inspection Date:</b> February 17, 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.**

17 FEB 15 10:05  
Licensing Section

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|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date                                  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (d)<br/>           Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b><br/>           Resident #1 - No menu for regular pureed diet.</p> | <p style="text-align: center;"><b>PART 1</b><br/> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Based on the guidelines received from OPCA Nutritionist, I developed a 4 week cycle menu for pureed diet &amp; post it on the refrigerator and the dining area for residents.</i></p> | <p style="text-align: right;"><i>4/20/18</i></p> |

|   | Rules (Criteria)        | Plan of Correction   | Completion Date |
|---|-------------------------|--|-----------------|
| ☒ | RULE # §11-100.1-13 (d) | <p style="text-align: center;"><b>PART 2</b><br/><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiencies, prior to admission I will obtain the diet order, <del>and</del> <sup>prior to admission</sup> order for me to develop a 4-week cycle menu for their special diet</p> | 4/20/18         |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/> 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><b><u>FINDINGS</u></b><br/> Resident #1 - "Bisacodyl 10 mg suppository insert 1 suppository rectally no BM for 3 days" ordered 11/25/16 was not recorded on the medication records.</p> | <p style="text-align: center;"><b>PART 1</b><br/> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Bisacodyl 10mg already included in the MAR with to month unless/otherwise discontinued by Physicians<br/> Updated med. list already done.</i></p> | <p style="text-align: right;"><i>2/21/17</i></p> <p style="text-align: right; vertical-align: bottom;">17<br/> 10:05</p> |

|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date                            |
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| <input checked="" type="checkbox"/> | <b>RULE # §11-100.1-15 (m)</b><br><br><u>FINDINGS</u><br>Resident #1 - "Bisacodyl 10 mg suppository insert 1 suppository rectally no BM for 3 days" ordered 11/25/16 was not recorded on the medication records. | <p style="text-align: center;"><b>PART 2</b><br/><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>At the time of admission, I will check the physician's order, check medication labels then record on medication record.</i></p> | <p style="text-align: center;">4/20/18</p> |
|                                     |  | <p><i>I will make sure, medication ordered by Physicians are all listed in the MAR, review, cross check bottle/labels against MO's order.</i></p>   | <p style="text-align: center;">4/19/17</p> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/> 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><b><u>FINDINGS</u></b><br/> Resident #1 - "Clonidine 0.1/24 hr apply 1 patch onto skin once a week. Hold if SBP &lt; 100" ordered 2/2/17; time of day was not recorded on the February 2017 medication record.</p> | <p style="text-align: center;"><b>PART 1</b><br/> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I recorded the missing time of the day when I changed and applied the patch on Feb. 7 + 14, 2017 MAR.</i></p> | <p style="text-align: right;"><i>2/21/17</i></p> <p style="text-align: right; font-size: small;">47<br/>110:05</p> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date                     |
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| <input checked="" type="checkbox"/> | <p><b>RULE # §11-100.1-15 (m)</b></p> <p><b><u>FINDINGS</u></b><br/> Resident #1 - "Clonidine 0.1/24 hr apply 1 patch onto skin once a week. Hold if SBP &lt; 100" ordered 2/2/17; time of day was not recorded on the February 2017 medication record.</p> | <p align="center"><b>PART 2<br/> <u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR<br/> FUTURE PLAN: WHAT WILL YOU DO TO<br/> ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>When I write or make medication record for a new month, double check that I have name of the drug, strength, dosage, frequency &amp; time of day recorded.</i></p> | <p align="right"><i>4/20/18</i></p> |

|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(1)<br/> 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><b><u>FINDINGS</u></b><br/> Resident #1 - No primary care giver admission assessment.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I did fill out Admission Assessment for Resident #1 and attached to Resident's binder.</i></p> | <p style="text-align: center;"><i>3/7/17</i></p> <p style="text-align: center;"><i>50:05</i></p> |



|                                     | Rules (Criteria)           | Plan of Correction   | Completion Date  |
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| <input checked="" type="checkbox"/> | RULE # §11-100.1-17 (a)(1) | <p style="text-align: center;"> <b>PART 2</b><br/> <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR<br/>           FUTURE PLAN: WHAT WILL YOU DO TO<br/>           ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p> <p> <i>As a preventive measure, always refer to the DOH ARCH/EC ARCH complete Admission/RE Admission check list for all Residents.</i> </p> | <p style="text-align: right;"> <i>3/7/17</i> </p> <p style="text-align: right;"> <small>11:05</small> </p> |

|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1)<br/>In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - "At Risk of Nutritional Deficit" care plan intervention noted "arm circumference measurements;" however, no care giver training for arm circumference measurements.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>The arm circumference measurement was obtained for Care Mgn and documented in the resident's binder. However, the Primary Care giver met with RD Care Mgn. on March 10, 2017 to discuss the situation revision of care plan has been made.</i></p> | <p style="text-align: right;"><i>3/10/17</i></p> <p style="text-align: right;"><i>50:05</i></p> |

|                                     | Rules (Criteria)        | Plan of Correction   | Completion Date   |
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| <input checked="" type="checkbox"/> | RULE # §11-100.1-83 (1) | <p style="text-align: center;"><b>PART 2</b><br/><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, I will have discussions with all care mgrs. to review care plans and have the necessary training &amp; tools for all care givers.</i></p> | <p><i>3/10/17</i></p> <p style="text-align: center;">90:00:06</p> |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u><br/>(c)(2)<br/>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>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - "Constipation" care plan reflected "Provide patient with high fiber diet (consisting of fruits, vegetables and grains) daily;" however, resident on a regular pureed diet. Grains, raw vegetables, corn, peas, dried fruit, hard fruits, fruits with seeds are not permitted on a pureed diet.</p> | <p style="text-align: center;"><b>PART 1</b><br/><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>"Constipation" care plan has been revised by CM on March 10, 2017.</i></p> | <p style="text-align: right;"><i>3/10/17</i></p> <p style="text-align: right;">90:06</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)(2)<br/> 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>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 - "Constipation" care plan reflected "Provide patient with high fiber diet (consisting of fruits, vegetables and grains) daily;" however, resident on a regular pureed diet. Grains, raw vegetables, corn, peas, dried fruit, hard fruits, fruits with seeds are not permitted on a pureed diet.</p> | <p style="text-align: center;"><b>PART 1</b><br/> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">↑<br/> This POC is<br/> <b>ACCEPTABLE</b></p> <p style="text-align: center;"><b>Submit only Future Plan</b></p> | <p style="text-align: right;">17 APR 26 08:49<br/> 91-03 OF 10-11<br/> DENTON A L...</p> |

|   | Rules (Criteria)           | Plan of Correction  | Completion Date |
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| ☒ | RULE # §11-100.1-88 (c)(2) | <p style="text-align: center;"><b>PART 2</b><br/><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will make sure to discuss and review with Case Manager, the resident's diet prior to developing a diet care plan for residents.</p> | 4/19/07         |
|   |                            | <p>Review the guidelines for OCHA nutritionist for <sup>diet</sup> needs, &amp; review the care plan from Case Manager of care plan has foods not permitted for pureed diet, work with with Case Manager.</p>   | 4/20/18         |

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Licensee's/Administrator's Signature: Hernan T. Aguilar

Print Name: HERNANI T. AGUILAR

Date: 3/10/17

Licensee's/Administrator's Signature: Hernan T. Aguilar

Print Name: HERNANI AGUILAR

Date: 4/20/17

17 APR 26  
OFFICE OF THE  
SOLICITOR GENERAL

Licensee's/Administrator's Signature: Hernan T. Aguilar

Print Name: HERNANI AGUILAR

Date: 4/20/18