

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galanto's ARCH	CHAPTER 100.1
Address: 74-846 Uluaoa Street, Kailua-Kona, 96740	Inspection Date: April 20, 2018

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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>FINDINGS Resident #1, physician order dated July 5, 2017 read, "Mupirocin 2% oint apply to big toe open wound <u>apply after cleaning area with soap and water BID until healed cover with bandaid.</u>" However, July and August 2017 medication records read, "Mupirocin 2% topical ointment to right big toe BID until healed."</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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<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, May and June 2017 medication records reflected – "Neurontin/Gabapentin 100mg 1 capsule by mouth q afternoon and evening – 12 pm" dose not initialed as administered May 15-31, 2017 and June 10-30, 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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<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, no monthly care plan review by case manager for January - April 2018.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Case manager came. Both of us reviewed and signed care plans from January - April 2018</i></p>	<p><i>4/25/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, care plan was not updated to reflect the following:</p> <ul style="list-style-type: none"> • No care plan addressing wound care following APRN order which read, ""Mupirocin 2% oint apply to big toe open wound <u>apply after cleaning area with soap and water BID until healed cover with bandaid.</u>" Medication was listed; however, APRN instructions were not addressed. • No care plan addressing urinary tract infection following primary care giver's (PCG) progress note dated July 26, 2017 which read, "noted residual urine, dark yellow, foul smell @ times yells @ staff for no reason." "Ciprofloxacin 500 mg 1 tab po BID x 7 days" prescribed by APRN. • January 6, 2018 - "Azithromycin 500 mg day 1 and 250 mg from day 2-5" prescribed for "coughing, hoarse voice c/o itchy throat and runny nose" per PCG's progress notes. Not addressed in care plan. • March 26, 2018 - "Robitussin DM 10 ml q 4 hrs prn for coughing" and "Sucrets Lozenges 1 candy q 4 hrs prn for cough." Not addressed in care plan. 	<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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Licensee's/Administrator's Signature: *EW Palam*
Print Name: Elsa Galante
Date: 4/26/18