STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Josephine Cabal (ARCH/Expanded ARCH)**	**CHAPTER 100.1**
Address: **2322 Awapuhi Street #1, Hilo, Hawaii 96720**	**Inspection Date: May 8, 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
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** Substitute care giver (SCG) #1, no care giver training provided by the primary care giver (PCG) to administer medications.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-9 YES CORRECTIONS HAVE BEEN MADE. DELEGATION FOR ADMINISTRATION, BLOOD SUGAR FINGER STICKS, INSULIN SUBCUTANEOUS INJECTIONS, SLIDING SCALE, AND FOLEY CARE WAS COMPLETED.	5/9/18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. **FINDINGS** Resident #1, diet order dated May 5, 2018 read, "chopped solid texture and nectar thickened liquids." However, no physician order for thickening agent.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** YES, AN ORDER WAS ORTAINED FOR THE THICKENING AGENT FROM THE PRIMARY PHYSICIAN ON 5/19/2018. USE OF THE THICKENING AGENT IS DOCUMENTED IN THE MEDICATION ADMINISTRATION RECORD.	6/8/18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, re-admitted on May 5, 2018, medication orders read, "Amoxicillin/Potassium Clav (Augmentin) 875-125 tablet twice a day. Crush and put in applesauce." However, May 2018 medication record read, "8 Amox/K Clav 875 mg/125 mg 1 tab BID." Administration instructions were not indicated on medication record.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15 YES, DEFICIENCY ACKNOWLEDGED AND WAS CORRECTED. MEDICATION ADMINISTRATION RECORD CORRECTED TO READ. "AMOXICILLIN/POTASSIUM CLAV (AUGMENTIN) 875-125 MG TWICE A DAY CRUSH AND PUT IN APPLESAUCE" AS ORDERED.	5/9/18

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, re-admitted on May 5, 2018, the following medications listed on the medication orders of May 5, 2018 were not listed on the May 2018 medication record: • "Dorzolamide HCl/Timolol Maleat 1 drop ophthalmic daily" • "Ferrous Sulfate 325 mg oral twice daily with meals" • "Gabapentin (Neurontin) 300 mg oral at bedtime" • "Ergocalciferol (Vitamin D 1.25 mg) 50,000 unit oral weekly" • "Quetiapine Fumarate (Seroquel) 25 mg oral at bedtime"	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, re-admitted on May 5, 2018 – May 2018 medication record listed the following medications administered beginning May 5, 2018. Physician order obtained May 7, 2018. • "Levemir Inj. Flex touch pen Inject 15 units subcutaneous SQ each evening" • "Novolog Inj. Flex pen Inject per sliding scale SQ before meals TID . . . ." • "Bisoprol 5 mg 1 tablet once daily" • "Tylenol 500 mg 2 tabs po BID"	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (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. **FINDINGS** No care giver training provided by the case manager to provide thickened liquids.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-87 YES. DEFICIENCY WAS CORRECTED. TRAINING FOR THICKEN LIQUIDS WAS PROVIDED FOR CAREGIVERS NECTAR THICK LIQUIDS.	5/19/18

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☒	§11-100.1-87 Personal care services. (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. **FINDINGS** No care giver training provided by the case manager to provide thickened liquids.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** TO AVOID THIS ISSUE IN THE FUTURE, ALL NEW ORDERS WILL BE FORWARDED/FAXED TO THE RN/CM. USING THE 6 RIGHTS OF MEDICATION ADMINISTRATION. THE ORDER WILL BE REVIEWED W THE CAREGIVER FOR COMPLETE UNDERSTANDING OF THE ORDERS. APPROPRIATE TRAINING WILL BE PROVIDED AS NEEDED TO ALL CAREGIVERS. AFTER ORDERS REVIEWED.	5/19/18

Licensee's/Administrator's Signature: Josephine Carl

Print Name: JOSEPHINE CARL

Date: 5/20/2018

Licensee's/Administrator's Signature: Joseph Cabal

Print Name: JOSEPHINE CABAL

Date: 04/08/2018