

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marquez, Luz (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-908 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: May 24, 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.

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

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	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 documentation of response to PRN Docusate Sodium made available 4/7/17, and 4/13/17.</p> <p style="text-align: center;">6/15/18</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>ON JUNE 2117 I made an APPENDUM OF DUCOSATE SODIUM 100mg BID PO ON PROGRES NOTES THAT HE HAS HARD TIME MOVING BOWEL and AFTER TAKING it HIS BOWEL COMES OUT WELL. ON RESIDENT #1 I will also check the REMIDERS CHECK LIST EVERY TIME I do my PROGRESS NOTES</p>	<p style="text-align: center;">6/21/18</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 documentation of response to PRN Docusate Sodium made available 4/7/17, and 4/13/17.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 make a check list of all medications and everyday I will go over the check list I made like to document it on progress notes so I will not forget on resident #1 and all 4 residents.</p>	<p style="text-align: right;">2/18 6/18</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>FINDINGS Resident #1 No documentation by caregiver reflecting physician office visits 8/24/16, 10/17/16, 11/10/16, 12/16/16, 4/7/17, 4/10/17, 5/4/17, 5/11/17, and 5/15/17.</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>ON JUNE 21/2018 I made ² an APPENDUM on the PROGRESS NOTES of RESIDENT #1 DOCUMENTED PHYSICIAN'S OFFICE VISITS ON 8/24/16, 10/17/16, 11/10/16, 12/16/16, 4/7/17, 5/4/17 and 5/15/17. and also document what kind of TREATMENT the PHYSICIAN and if THERE ARE NEW MEDICATIONS and instructions ORDERED ON RESIDENT #1</p>	<p>6/21/18</p>

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	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><u>FINDINGS</u> Resident #1 No documentation by caregiver reflecting that 10 lb. weight gain in 2/17 recorded/reported to physician.</p> <p>Resident #1 No documentation by caregiver reflecting that 20 lb. weight gain in 3/17 recorded/reported to physician.</p> <p>Resident #1 No documentation by caregiver reflecting that 12 lb. weight gain in 4/17 recorded/reported to physician.</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>ON JUNE 21/2018 I MADE AN APPENDUM TO RESIDENT #1 PROGRESS NOTES 10 LB WEIGHT GAIN 2/17 20 LB WEIGHT GAIN 3/17 12 LB WEIGHT GAIN 4/17 and also made WRITTEN NOTE FOR DOCTOR TO READ and signed it on 6/21/18</p>	<p style="text-align: right;">6/21/18</p>

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☒	<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 No documentation by caregiver reflecting that 10 lb. weight gain in 2/17 recorded/reported to physician.</p> <p>Resident #1 No documentation by caregiver reflecting that 20 lb. weight gain in 3/17 recorded/reported to physician.</p> <p>Resident #1 No documentation by caregiver reflecting that 12 lb. weight gain in 4/17 recorded/reported to physician.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>ON 2/17 CLIENT HAVE A CHECK UP WITH PRIMA CARE PHYSICIAN DR. B. GARDINO AND HAVE REPORTED VERBALLY ABOUT HIM GAINING WEIGHT SINCE FEB. OF 2017 MARCH 2017 TO APRIL. BUT WAS NOT RECORDED ON PROGRESS NOTES. ON HIS DOCTORS NOTES HE WAS AWARE OF HIS GAINING WEIGHT AND WAS ADVISED TO WATCH HIS DIET AND DO MORE EXERCISE WHICH CLIENTS HAS A CERTAIN AMOUNT OF MONEY ALLOWANCE TO BUY AND GOES OUT TO STORES OUTSIDE THE HOME ALTHOUGH ADVISED TO CUT DOWN ON SWEET FOODS AND DO MORE EXERCISE ON 6/21/18 RECORDED APPENDANT ON PROGRESS NOTES 4/17, 3/17, 2/17 MENTIONING ABOUT HIM GAINING WEIGHT 10/16/17 9/16 8/17 12/16/17</p>	<p style="text-align: right; font-size: 2em;">6/2/18</p>
	<p>FUTURE PLAN OF DIRECTOR I HAVE MADE A CHECK LIST ON WHAT TO DOCUMENT ON RESIDENT #1 AND ALL OTHER RESIDENTS LIKE THEIR WEIGHTS IF THEY LOSE OR GAIN AND REPORT IT TO PHYSICIAN AND DOCUMENT IT SO EVERYTIME I DO THE PROGRESS NOTES I WILL GO OVER MY CHECK LIST SO I DON'T MISS OR FORGET TO DOCUMENT</p>	<p>READ AND SIGNED 6/2/18</p>	

Licensee's/Administrator's Signature: Luz A. Marquez
Print Name: Luz A. Marquez
Date: 7/26/18