

Office of Health Care Assurance

State Licensing Section

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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: Marrhey</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-211 Loaa Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: April 5, 2016 Annual</b>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #2, no annual tuberculosis clearance. <b>Please submit documentation with the plan of correction (POC).</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I asked my SCG #2 to get another tuberculosis clearance from the doctor.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>I have a calendar to remind myself to tell my substitutes care giver when their TB clearance is due for not to happen again.</i></p>	<p><i>5/9/16</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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> SCG #1 and #2, no SCG training by the primary care giver (PCG) for safe medication administration and personal care to residents. <b>Please submit documentation with the POC.</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>for safe medication administration, I gave my SCG a training and every time there is new medicine.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will give training to my new substitutes regarding medication before allowing them to work. I will document the training the same day I do the training. I will use a checklist for new substitutes to check that I fill the documents in my carehome folder.</i></p>	<p><i>4/6/16</i></p> <p><i>06/19/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Medication stored in metal file cabinet drawer, unsecured.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>To correct my deficiency of storing medication, I transfer my medicines to a secured metal cabinet and place the key to a safe place, so I will not overlooked where I keep the key.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>To secure my medication in a metal file cabinet, I will keep the key in a safe place and where I can always have an access to the key.</i></p>	<p><i>4/5/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><b>FINDINGS</b> Resident #1, no signed orders for the following medications recorded on the medication administration record (MAR):</p> <ol style="list-style-type: none"> <li>1. "Arithromax 500 mg one tablet daily x 10 days" starting on 11/23/15 and ending on 12/02/15.</li> <li>2. "Prednisone 10 mg one tablet daily x 5 days" starting on 11/23/15 and ending on 11/27/15.</li> </ol>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I asked the doctor to write a sign orders for the following medicines:</i></p> <ol style="list-style-type: none"> <li><i>1) Arithromax 500 mg one tablet daily x 10 dys.</i></li> <li><i>2) Prednison 10 mg one tablet daily x 5 dys.</i></li> </ol> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>To avoid happening again, I will go over with the doctor his orders before leaving the office.</i></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><b><u>FINDINGS</u></b> Resident #1, no progress notes to document medication changes. However, MAR reflects PRN medication and new medication made available as follows:</p> <ol style="list-style-type: none"> <li>1. "Azithromycin 500 mg one tablet daily x 10 days" starting on 11/23/15 and ending on 12/02/15.</li> <li>2. "Prednisone 10 mg one tablet daily x 5 days" starting on 11/23/15 and ending on 11/27/15.</li> <li>3. "Nasonex 50 mcg/actuation intranasal spray BID for allergic reaction PRN" was made available at 7:00 a.m. (4/01/15-4/30/15, 5/1/15 -5/21/15, 5/24/25, 5/28/15-5/30/15; 10/01/15, 10/13-15/15, 10/19/15, 10/25-27/15; 3/1-7/16 and 3/9-11/16) and at 7:00 p.m. (4/01/15-4/30/15, 5/1-17/15, 5/22-26/15, 5/28/15, 5/31/15; 10/1-12/15, 10/17/15, 10/25-26/15 and 3/1-5/16, 3/07/16, 3/12-24/16)</li> </ol>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I document medication changes in the progress notes, after my inspection was done for resident #1.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>I will document medication changes as soon as possible to avoid happening again.</i></p>	<p>4/6/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1, PCG initialed the medication record on 04/05/16 indicating that medication made available 04/06/16, 7:00 am.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I rewrite medication administration record (MAR) in a proper date and time.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>I will read and look carefully in recording my medication record and initialed in the right day and time.</i></p>	<p><i>4/6/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3)            General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b>            Records stored in an unsecured metal file cabinet drawer.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I transferred all my residents records in a secured metal cabinet and keep the key in a safe place which is always accessible for me.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>I will always secured the cabinet with my records and keep the key in a safe place so I will not lost it to avoid happening again.</i></p>	<p><i>4/6/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(B) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission.</p> <p><b><u>FINDINGS</u></b> Bedroom # 5, no current occupants. However, bedroom is used to store personal belongings for one (1) prior resident since 3/31/16, date of discharge:</p> <ol style="list-style-type: none"> <li>1. Closet contains a walker and wheelchair.</li> <li>2. Dresser contains clothing and assorted items</li> </ol>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I donate the walker and wheel chair to my friend's mother and give away all personal belongings stored inside the drawer.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>I will not store all old belongings and equipments in my vacant room, either send it away with the leaving resident or donate to somebody.</i></p>	<p><i>4/6/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(2) Miscellaneous:</p> <p>Walkers, wheelchairs, canes, crutches and bedside rails shall be provided by the resident;</p> <p><b><u>FINDINGS</u></b> Bedroom #5, used to store the following "donated" equipment; one (1) wheelchair and one (1) walker.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I donate the wheelchair and walker to my friend's mother.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>I will not accept donation from my resident's family to avoid happening again.</i></p>	<p><i>4/6/16</i></p>

Licensee's/Administrator's Signature: MCarlos

Print Name: Marcela Carlos

Date: 8/31/16

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Licensee's/Administrator's Signature: MCarlos

Print Name: Marcela Carlos

Date: 4/6/17

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Licensee's/Administrator's Signature: MCarlos

Print Name: Marcela Carlos

Date: June 19, 2014