

FROM Selge ARCH
Page 12
Attn. Jan. Watanabe

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Selga, Natividad (ARCH)	CHAPTER 100.1
Address: 45-933 Keaahala Place, Kaneohe, Hawaii 96744	Inspection Date: September 1, 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.

RECEIVED
17 SEP 15 AM 1:13
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

	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 - "Metformin ER 500 mg 3 tablets in PM with meal" ordered 5/22/17. The medication record indicated the medication is taken at 7 p.m.; however, dinner is served at 6:30 p.m. or earlier.</p>	<p style="text-align: center;">PART 1 <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><i>Metformin ER 500mg 3 Tablets were given at 6:30 PM starting the day of inspection</i></p>	<p style="text-align: right;"><i>9/1/17</i></p> <p style="text-align: right;">17 SEP 15 AIO:13</p>

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<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><u>FINDINGS</u> Resident #1 - "Metformin ER 500 mg 3 tablets in PM with meal" ordered 5/22/17. The medication record indicated the medication is taken at 7 p.m.; however, dinner is served at 6:30 p.m. or earlier.</p>	<p style="text-align: center;">PART 2 <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>my future plan to prevent this to happen again is to check the doctors medication record in his physician record and follow his directions</i></p>	<p style="text-align: right;">RECEIVED 17 SEP 15 AMO:13 STATE OF MICHIGAN</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - "Ibuprofen 800 mg 1 tablet TID pm" ordered 5/31/17; however, the medication was not recorded on the medication records for July 2017, August 2017 and September 2017.</p>	<p style="text-align: center;">PART 1 <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 style="text-align: center;"><i>Ibuprofen 800 mg 1 Tablet TID was recorded on a new medication record for the month of September & future months on the following day of inspection</i></p>	<p style="text-align: center;"><i>9/2/17</i></p> <p style="text-align: right;"> <small>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</small> 17 SEP 15 10:13 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 - "Ibuprofen 800 mg 1 tablet TID prn" ordered 5/31/17; however, the medication was not recorded on the medication records for July 2017, August 2017 and September 2017.</p>	<p style="text-align: center;">PART 2 <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>In order to prevent that it won't happen again. I will make sure to document PRN medication right away in another medication record and keep it in his chart</i></p> <hr/> <p><i>Resident # 1</i></p> <p><i>I will write all PRN medications on MAR at monthly whether he take medicine or not. Resident had not taken any of PRN Ibuprofen since he was admitted.</i></p> <p style="text-align: right;"><i>It was corrected ↗</i></p>	<p><i>9/2/17</i></p> <p><i>9/10/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 - "Geodon" and "hydroxyzine" were discontinued on 6/23/17; however, were found with current medications.</p>	<p style="text-align: center;">PART 1 <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><i>Medications Geodon and hydroxyzine that were discontinued & found with current medications were removed right away same day of inspection</i></p>	<p style="text-align: right;"><i>9/11/2017</i></p> <p style="text-align: right;">17 SEP 15 AM 0:13</p> <p style="text-align: right;">STATE OF FLORIDA NORTHFLORIDA LIBERTY</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - "Geodon" and "hydroxyzine" were discontinued on 6/23/17; however, were found with current medications.</p>	<p style="text-align: center;">PART 2 <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>My future plans to prevent the same mistake ^{not} will happen again. I will remove from medication but discontinued medications the same day of physicians orders and make sure old medications are dispose properly</i></p>	<p style="text-align: right;"><i>9/11/17</i></p> <p style="text-align: right;">17 SEP 15 AIO:13</p> <p style="text-align: right;">ST/EE OFFICE NORTHCHICAGO LIBRARY</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>FINDINGS Resident #1 - No admission assessment by the primary care giver.</p>	<p style="text-align: center;">PART 1 <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><i>I completed the 2 pages of the admission forms with residents information using updated admission assessment forms the same day of inspection</i></p>	<p style="text-align: center;"><i>9/1/17</i></p> <p style="text-align: right;"> <small>STATE OF FLORIDA DEPARTMENT OF HEALTH</small> 17 SEP 15 AM 1:13 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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><u>FINDINGS</u> Resident #1 - No admission assessment by the primary care giver.</p>	<p style="text-align: center;">PART 2 <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>I will use the AREH admission / readmission check list to make sure the admission assessment is completed at the same day of admission</i></p>	<p><i>May 30, 2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 - "Accucheck OD 6x/week Monday to Saturday" ordered 5/22/17; however, was not rendered. No physician order to discontinue until 7/6/17.</p>	<p style="text-align: center;">PART 1 <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><i>all care from forms were filled and given by case manager, many documents that were done ^{prior} to introducing me Resident #1. In our locker the accu checked nothing was given to me except medications. I was distracted of client's plea to pls. take him when in the care home due to nobody like to take him. because of medical history lack of information was ^{was} by worker & I was instructed by consultant what to do & learned my mistake that day</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MICHIGAN DEPARTMENT OF LICENSURE</p> <p>SEP 15 10:13</p> <p>Sept. 1/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 - "Accucheck OD 6x/week Monday to Saturday" ordered 5/22/17; however, was not rendered. No physician order to discontinue until 7/6/17.</p>	<p style="text-align: center;">PART 2 <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>My plan of correction is to study thoroughly doctor orders & ask for medical history. make a telephone call to physician to verify date & signed by me, by telephone orders if accuheck would be given to me or resident. I will document date of T.O and make physician sign on the next visit. there was no accuheck given to me. next time I will call the doctor.</i></p>	<p style="text-align: right;"><i>Sept. 11, 2017</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF LICENSING 17 SEP 15 AIO:13</p>

Licensee's/Administrator's Signature: Natividad G. Selga

Print Name: Natividad G. Selga

Date: 9/15/17

Licensee's/Administrator's Signature: Natividad G. Selga

Print Name: Natividad G. Selga

Date: MARCH 5, 2018

Licensee's/Administrator's Signature: Natividad G. Selga

Print Name: Natividad G. Selga

Date: May 30, 2018