

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Quitevis, Elena (ARCH)	CHAPTER 100.1
Address: 1614 Maluawai Street, Pearl City, Hawaii 96782	Inspection Date: April 19, 2016 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.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS SCG #3. No annual physical examination. Repeat citation (2014, 2015). <u>No documentation requested. SCG moved.</u></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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #3. No annual physical examination. Repeat citation (2014, 2015). <u>No documentation requested. SCG moved.</u></p>	<p>PART 2 <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>	

	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><u>FINDINGS</u> SCG #3, no tuberculosis (TB) attestation or TB skin test. Repeat citation (2014, 2015).</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>	

	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><u>FINDINGS</u> SCG #3, no tuberculosis (TB) attestation or TB skin test. Repeat citation (2014, 2015).</p>	<p>PART 2 <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>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #3, no first aid certificate. Repeat citation (2015).</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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	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><u>FINDINGS</u> SCG #1 and #2, no evidence of primary care giver (PCG) training to make medications available and to provide personal care to residents. <u>Please submit documentation with your plan of correction (POC).</u></p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #3, no cardiopulmonary resuscitation certificate. Repeat citation (2015).</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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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3) The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><u>FINDINGS</u> “Emergency Evacuation Plan” section “Fire”, you must provide a <u>specific place</u> to relocate residents. Repeat citation (2015).</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menus posted in the kitchen.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1, admitted on 11/27/15, physician exam dated 11/27/15 contains two (2) diet orders as follows:</p> <ol style="list-style-type: none"> 1. "Regular –No Concentrated Sweets". 2. "Pls refer to discharge medication and discharge instructions." Discharge instructions reads, "Diabetic/ Cardia Diet-Low Cholesterol Low Na Diabetic Diet." <p>Nurse Consultant showed the physical exam document to the PCG during the annual inspection. PCG asked the resident, "Did you know about this ----?" Resident #1 replied, "I've been on a low sodium diet for years."</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<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><u>FINDINGS</u> Medication unsecured:</p> <ol style="list-style-type: none"> 1 Medication cabinet, lock left open during the entire annual inspection. 2 Refrigerator in the resident area, medication for one discharged resident unsecured in the door. 3 Bedroom #1, 38 loose yellow pills (later identified as Seroquel) unsecured in a plastic tray in a dresser. 4 Bedroom #3, two (2) tubes of "Aspercreme" on the bedside table. <p>This is a repeat citation (2015).</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1 “Humulin N” and syringes, in an unlocked box inside the refrigerator. PCG stated, “Resident has the key”.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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☒	<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, flowsheet in medication administration record (MAR) does not reflect administration of the following:</p> <ol style="list-style-type: none"> 1. Physician order dated 3/1/16 reads, “Humulin N 100 Unit/ML SQ 14 units Q am. However, MAR reads, “-----She did it herself-----”. 2. Physician orders to start medication dated 11/30/15 reads, “Ferrous Sulfate 325 mg 1 tablet BID po” and to stop dated 12/16/16 reads, “Discontinue Ferrous Sulfate”; however, no entry for administration or to discontinue Ferrous Sulfate in the December MAR. 3. Physician order dated 11/27/15 reads, “Clindamycin HC 150 mg <u>3 capsules po every 8 hours</u> for 5 days”; however, listed for “6 am and 2 pm” administration times and only one (1) entry to the flow sheet made at 2 p.m. on 11/28/15 and on 11/29/15. 4. Physician order dated 11/27/15 reads, “Ciprofloxacin 500 mg one tablet Q 12 hours for 5 days”; however, no entry to the flow sheet at 6 a.m. on 11/28/15 and on 11/29/15. 	<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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☒	<p>§11-100.1-15 <u>Medications</u>. (k) Medication errors and drug reactions shall be reported immediately to the physician or APRN responsible for the medical care of the client and shall document observations and action taken in the resident's record.</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1, physician order dated 11/27/15 reads, "Clindamycin HC 150 mg 3 capsules po <u>every 8 hours</u> for 5 days". The MAR reads, "Clindamycin HC 150 mg <u>3 capsules</u> po 8 hours for 5 days at <u>6 a.m. and 2 p.m.</u>" 2. Bedroom #1 one plastic container holding 38 loose yellow pills (later identified as Seroquel) unsecured, in a dresser drawer. In response to PCG question to Resident #4, "What are these?" resident responded, "I don't take them". With continued questions to Resident #4 PCG stated, "She gets four (4) Seroquel pills every night but she only wants three (3)." 	<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>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Expired medication “Bisac-Evac Suppositories 10 mg expired 11/28/15”, unsecured in the door of the first floor refrigerator.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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☒	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, PCG states resident is “self-administering insulin, disposing of syringes in sharps, testing blood glucose daily and holding the key for box to sure insulin and syringes. However, no authorization by the physician, <u>no procedure for the resident to follow</u> and no written statement regarding determination safe practice by the family, resident and PCG.</p> <p><u>Please submit the following with the POC:</u></p> <ol style="list-style-type: none"> 1. Physician written authorization 2. Procedure for insulin self administration, safe syringe disposal and blood glucose testing. 3. Written statement regarding safe-practice by the resident, family and PCG. 	<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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1, no two-step tuberculosis (TB) clearance prior to admission on 11/27/15. Last TB skin test negative on 8/9/13. Resident has been homeless.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<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><u>FINDINGS</u> Resident #1, notes read, “sugar well controlled, blood pressure well controlled”; however, no parameters for blood glucose and blood pressure or documentation for when service was provided and readings in the resident record.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</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><u>FINDINGS</u> Resident #1, notes read, “sugar well controlled, blood pressure well controlled”; however, no parameters for blood glucose and blood pressure or documentation for when service was provided and readings in the resident record.</p>	<p>PART 2 <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>	

	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><u>FINDINGS</u> Resident #1, Physician order dated 11/27/15, "Elevate legs to reduce swelling, referral for sleep study, needs unboot changed after discharge"; however, no documentation in the progress notes regarding orders.</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>	

	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><u>FINDINGS</u> Resident #1, Physician order dated 11/27/15, "Elevate legs to reduce swelling, referral for sleep study, needs unboot changed after discharge"; however, no documentation in the progress notes regarding orders.</p>	<p>PART 2 <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>	

	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>FINDINGS Resident records unsecured. Stored on a card table in the Primary care giver's bedroom. Repeat citation (2015).</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</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><u>FINDINGS</u> Resident records unsecured. Stored on a card table in the Primary care giver's bedroom. Repeat citation (2015).</p>	<p>PART 2 <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>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____