

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ramos, Consolacion (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1742 Ala Aolani Place, Honolulu, Hawaii 96819</b>	<b>Inspection Date: June 6, 2018 Annual</b>

**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.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

'18 JUN 18 A10:59

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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><b>FINDINGS</b> Substitute care givers #1, #2, #3 and #4 - No record of training by the primary care giver to make prescribed medications available to residents and record such action.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I trained my substitute on this day (6-10-18)</i></p>	<p style="text-align: center;"><i>6-10-18</i></p>

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

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<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><u>FINDINGS</u></b> Substitute care givers #1, #2, #3 and #4 - No record of training by the primary care giver to make prescribed medications available to residents and record such action.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I would train new substitute how to do med. Before start to work</i></p>	<p style="text-align: center;"><i>6-6-18</i></p> <p style="text-align: center;">18 JUN 18 AM 59</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b>FINDINGS</b> Resident #1 – Inventory did not include eyeglasses.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I added the eye glass to the inventory</i></p>	<p style="text-align: center;"><i>6-6-18</i></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> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b>FINDINGS</b>  No probe covers for oral and rectal mercury thermometers. Instructed not to use mercury-glass thermometers. For instructions on safe disposal of mercury, hazardous waste, call 808-768-3201.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I bought a new thermometer with plastic cover. I brought the glass thermometer with no cover and gave it to the pharmacy (6-7-18)</i></p>	<p style="text-align: center;"><i>6-7-18</i></p> <p style="text-align: center;">'18 JUN 18 AM 0:59</p> <p style="text-align: center;">STATE OF HAWAII  DON-OKA  STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (d) Appropriate liquid medicine measuring devices shall be available and in use when liquid medicine is made available.</p> <p><b>FINDINGS</b> Resident #1 – no clean and appropriate measuring device available to administer order. I.e. Order for <u>30ml</u> “Kionex” an orange liquid suspension made available with a <u>20 ml</u> measuring cup containing remains of a red medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>The pharmacist gave me the measuring cup to measure 30 ML. (6-7-18)</i></p>	<p style="text-align: center;"><i>6-7-18</i></p> <p style="text-align: center;">'18 JUN 18 AM 05:59</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b>FINDINGS</b> Resident #1 - Emergency information sheet incomplete.</p> <ul style="list-style-type: none"> <li>• Incomplete diagnosis. I.e., numerous diagnosis listed on the physical examination form not legible. Hypertension legible and was <u>not listed</u>.</li> <li>• "Kionex 30 ml po QD" ordered but <u>not listed</u>.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I call the Dr. to clarify what resident diagnosis, I wrote the diagnosis on the emergency sheet. I added kionex 30 ML to the emergency sheet. (6-7-18)</i></p>	<p style="text-align: center;"><i>6-7-18</i></p> <p style="text-align: center;">18 JUN 18 AM 59</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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☒	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Correction fluid (white out) used to make changes:</p> <ul style="list-style-type: none"> <li>• Resident #1 – rate of service in agreement</li> <li>• Smoke Detector Monthly Record – seven (7) of twelve (12) battery check dates were changed.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></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> <p style="text-align: right;">STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p>	<p style="text-align: center;">'18 JUN 18 AIO 59</p> <p style="text-align: center;">RECEIVED</p>

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Licensee's/Administrator's Signature: Consolacion P. Ramos

Print Name: CONSOLACION P. RAMOS

Date: 6-13-18

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DOH-DHICA  
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