

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosana Dumlao (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-871 Awane Street, Waipahu, Hawaii 96797	Inspection Date: February 14, 2018

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
<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> Household member - No screening for symptoms consistent with pulmonary tuberculosis.</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>Household members doctor appointment was 2-16-18</p> <p>A copy of pulmonary tuberculosis is enclosed.</p> <p>Thank you.</p>	<p>2-16-18</p>

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<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> Household member - No screening for symptoms consistent with pulmonary tuberculosis.</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>To prevent a similar deficiency: household member need to make an earlier appt to their medical doctor as long as their health insurance allows it; if not household member has to pay out of their own pocket.</p> <p>Thank you!</p>	<p style="text-align: right;">5-2-18</p> <p style="text-align: right;">18 MAY -3 AM 1:40</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

RECEIVED

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<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> Household member - No screening for symptoms consistent with pulmonary tuberculosis.</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>To prevent a similar deficiency from I have to attach the TB attestation form to the physical exam paper so the doctor can sign it at the same time.</p>	<p style="text-align: right;">7-5-18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 - No level of care prior to readmission on 10/17/17. Level of care dated 12/4/17.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 - No level of care prior to readmission on 10/17/17. Level of care dated 12/4/17.</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>To prevent similar deficiency from happening again I have to refer to admission checklist provided by OHEA to complete re-admission procedure. Thank you</p>	<p style="text-align: right;">2-14-18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer to check cold food temperature.</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 style="text-align: center;"><i>metal stem thermometer was bought.</i></p>	<p style="text-align: center;"><i>2-14-18</i></p>

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	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><u>FINDINGS</u> Resident #1 - "levothyroxine" label noted:</p> <ul style="list-style-type: none"> • Take this medicine on an empty stomach preferably 1/2 to 1 hour before breakfast. • Take this medicine at least 4 hours before taking antacids, iron or vitamin/multivitamin supplements. <p>The medication record noted that the levothyroxine is taken with a multivitamin at 7 a.m.</p> <p>Breakfast is served 6:30 a.m. to 7a.m.</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>levothyroxine tab time in my medication record was adjusted to:</p> <p>levothyroxine tab - 6am</p> <p>multivitamin time was adjusted in my medication record and resident PCP was notified:</p> <p>multivitamin — 12 pm 8 pm</p>	<p>2-14-18</p> <p>2-15-18</p>

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STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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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 - "promethazine 12.5 mg Take 1 tab by mouth every 4 hours as needed" ordered 10/17/17; however, no documentation that the medication was made available.</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>	

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<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 - Admission assessment of 10/17/17 noted "blister on left leg;" however, the October 2017 progress notes noted "skin intact."</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1 - No self-preservation certification prior to readmission on 10/17/17. Self-preservation dated 12/4/17.</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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Licensee's/Administrator's Signature: Rosana Dumlad

Print Name: ROSANA DUMLAD

Date: 2-28-2018

Licensee's/Administrator's Signature: Rosana Dumlad

Print Name: ROSANA DUMLAD

Date: May 2, 2018

Licensee's/Administrator's Signature: Rosana Dumlad

Print Name: ROSANA DUMLAD

Date: 7-5-18