

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Amelita Samaniego ARCH	CHAPTER 100.1
Address: 94-1064 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: June 9, 2016 Annual

	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> Resident #1, substitute care giver training for substitute care givers #1 and #2 by the primary care giver for safe medication administration and personal care to residents dated 02/13/16, after admission. Repeat citation (2015)</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>Sgt I and II should provide training and properly recorded by PCG for safe administration and personal care be completed on the day of admission for all residents.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> <i>In the future I will include in my checklist to be done completely recorded upon admission not to wait after residents admitted.</i></p>	<p><i>8-24-16</i></p> <p><i>8-24-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1, signature by guardian to verify receipt of policies and procedures dated 04/28/16, after admission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>the resident family and legal guardian should be informed of all facility policies and procedures at the time admitted the residents in the facility.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> <i>In the future, I will include in my checklist and will ensure that the guardian will sign at the time the residents admitted not to wait until a later date.</i></p>	<p><i>8-24-16</i></p> <p><i>8-24-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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>FINDINGS</p> <ol style="list-style-type: none"> 1. Two (2) bags containing eye drops in pharmacy-labeled bottles in the refrigerator, unsecured. 2. One (1) tablet (Warfarin 2 mg tablet) made available for Resident #2, in Resident #2's bedside stand drawer, unsecured. 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Purchased locked container and put the medications in stored refrigerator.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will always carry keys to open and closed container by the time administered medications. Put back in proper place in refrigerator. I will ask residents to open mouth, as to checked if he swallowed it.</p>	<p>6-09-18</p> <p>6-09-18</p>

	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, physician orders dated 05/17/16 read, 1. "Docusate Sodium 100 mg one capsule at night". 2. "Clonazepam 1 mg one tablet twice a day". Pharmacy labeled bottles empty, medication not available.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? <i>Contacted physician to call Pharmacy for medication refill.</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> <i>I will put in my calendar, to call the Pharmacy more times, so that all medications always available at all times.</i></p>	<p><i>6-09-18</i></p> <p><i>6-09-18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS One pill in the bedside stand of another resident on June 9, 2016 noted as "missing". Primary care giver asked Nurse Consultant "What should I do?" With coaching, the primary care giver called the physician, documented verbal orders in the resident record, and completed an incident report,</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? Medication errors reported immediately to the physician. Via telephone orders written, incident reports completed and place in resident record.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future, I will always ask the residents to open mouths to make sure he or she swallow it.</p>	<p>8-24-16</p> <p>8-24-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (c) Primary care givers shall be responsible for proper care of and encourage the use of dentures, eye glasses, hearing aids, braces and prostheses and ambulatory equipment. The resident, family, legal guardian or responsible agency, shall be responsible for any costs involved with purchase and maintenance of the above.</p> <p><u>FINDINGS</u> Resident #1, metal eyeglass frame broken. The frame no longer holds the lense for the right eye in place.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? Repaired Eyeglasses Spoke to physician Ophthalmologist's ordered for repair and bring residents to the clinic.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u> Replaced glasses and screws by physician. 6/17/16. I have to include in my checklist to put in my calendar to follow up on it and order for replaced glasses & screws.</p>	<p>8-24-16</p> <p>8-24-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1, Attestation form dated 03/01/16, after admission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>I will include in my checklist to obtain from the physician's clinic before admission time for the department review.</i></p>	<p>6-09-18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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>FINDINGS Progress notes did not reflect the need for and response to PRN medications for the following orders made available:</p> <ol style="list-style-type: none"> 1. Order dated 5/17/16 reads, "Risperidone ODT 0.5mg one trans lingual daily and 1-2 x day for agitation" Medication made available on May 23-31, 2016 and June 1-8, 2016 at 6 pm. 2. Order dated 5/5/16 reads, "Tylenol (Acetaminophen) 500 mg one table QID PRN for pain" <ol style="list-style-type: none"> i) Medication made available at 8 am and 4 pm on 5/5, 5/6 8, 5/7, 5/10, 5/11, 5/14, 5/16, 5/18, 5/20, 5/22, 5/23, 5/24, 5/25 and 5/26. ii) Medication made available at 8 am on 5/27, 5/28, 5/29, and 5/30. iii) Medication made available at 8 am and 8pm on 6/1-6/8. 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>= Residents complaints</p> <ol style="list-style-type: none"> ① check if have PRN to give ② Give PRN ③ Record in the MAR and in the Progress notes of the Resident complaint and time ④ medication was given & then ask resident how he feels if he get relief ⑤ Then also Record results in Progress notes. 	<p>6-09-18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1, primary care givers initialed the medication record from December 2015 thru June 2016; however, no signature found in the legend.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>① PGs and SCH making entries with signatures and initials on the MAR.</p> <p>② whoever administered medication of the Resident will always signed and initials at the same time.</p>	<p>6-09-18</p>

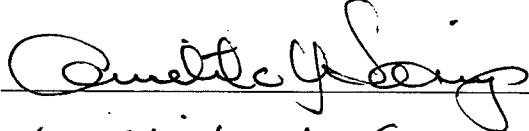
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for 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><u>FINDINGS</u> Resident records on table, unsecured during the annual inspection.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>① Residents Record always placed in secured locked cabinet. ② carry keys always in pocket so that, if department personnel arrived asking for Residents Record for review its be ready to open the cabinet.</p>	<p>6-09-18</p>

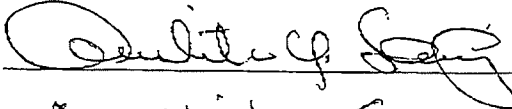
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent register consisted of four (4) pages. Among these pages, one name entered three (3) times with identical information and many lines were left blank:</p> <ol style="list-style-type: none"> 1. Page #1, three (3) blank lines at the bottom of the page; 2. Page #2, blank lines alternating between entries leaving four (4) lines blank; 3. Page #3, blank lines alternating between entries leaving three (3) lines blank. 4. Page #4, only one entry. <p>Primary care giver advised avoid skipping lines and to avoid repeating entries into the permanent register.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>In the future, Resident register will continue fill up the forms, no leave any blank to the forms.</i></p>	<p>6-09-18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1, financial agreement after admission.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>= financial agreement signed needed in place in your records. = File documents</p>	<p>6-09-18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1, no documentation for disbursements of monthly spending allowance for personal expenses. See Form OHCA ARCH 1 R17 01/07.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>It will need to keep receipts and document spending allowance to all residents when admitted.</i></p>	<p>6-09-18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1, bed #2, no pliable plastic pillow cover.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Pillow plastic cover always checked and placed everyday on each resident</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>Please make notes that resident pillow will need to be change put date so that will not forget.</i></p>	<p><i>6-09-18</i></p> <p><i>6-09-18</i></p>

Licensee's/Administrator's Signature: 
Print Name: AMELITA Y. SAMANIEGO
Date: June 9, 2018

Licensee's/Administrator's Signature: 
Print Name: AMELITA SAMANIEGO
Date: Aug. 24, 2016