

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fajotina E-ARCH	CHAPTER 100.1
Address: 94-438 Hoaeae Street, Waipahu, Hawaii 96797	Inspection Date: September 20, 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.

17 NOV -8 P12:31

	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 menu posted in the kitchen. Repeat citation (2016).</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>I made a xerox copy of the menu and posted right away in the kitchen.</i></p>	<p style="text-align: right;"><i>9/20/17</i></p> <p style="text-align: center;">*17 NOV -8 P12:31</p>

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<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 menu posted in the kitchen. Repeat citation (2016).</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>- PCG will check menu on Sundays and rotated weekly menu.</p> <p>- PCG will check if the menu is posted every day when preparing meals.</p>	<p style="text-align: right;">9/4/18</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, transcription error. Order reads, "<u>Oxybutynin</u> 15 mg one tablet every evening." Medication administration record reads, "<u>Oxybutynin</u> 15 mg one tablet every evening." Prescription bottle label reads, "<u>Oxybutynin CL ER</u> 15 mg one tablet by mouth every day – substituted for Ditropan XL." The primary care giver transcribed a list of medication for renewal orders; however, medication listed incomplete.</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;">Transcription ERROR: Oxybutynin CL ER 15mg. was already corrected as the way to be written in the prescription bottles.</p>	<p style="text-align: right;">17 NOV -8 PM 2:31</p>

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	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, physician order reads, “if bedtime blood sugar reading is less than 120, give 1 cup of milk and crackers and repeat blood sugar.” Blood sugar readings at bedtime on 10/01/16 (119), 11/11/16 (114), 11/20/16 (118), 12/31/16 (104), 01/31/17 (114), 02/22/17 (38) and 02/25/17 (73) were less than 120. However, no documentation for making milk and crackers available or a second blood sugar reading on the monthly medication record or on the treatment record.</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>	<p>17 NOV -8 PM 2:31</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, physician order reads, "if bedtime blood sugar reading is less than 120, give 1 cup of milk and crackers and repeat blood sugar." Blood sugar readings at bedtime on 10/01/16 (119), 11/11/16 (114), 11/20/16 (118), 12/31/16 (104), 01/31/17 (114), 02/22/17 (38) and 02/25/17 (73) were less than 120. However, no documentation for making milk and crackers available or a second blood sugar reading on the monthly medication record or on the treatment record.</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 defecating everytime, when checking BS at nights, if the reading below 120, I will give milk & crackers to the PT, and wait 1 hr. and re-checked it again. I will document the result with the exact reading into the BS log book. I will daily review the log to see if treatment log is carried out and document it.</p>	<p style="text-align: right;">5/18/18</p> <p style="text-align: right;">9/4/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, no care plan review during December 2016.</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>	<p>17 NOV -8 P12:31</p>

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Licensee's/Administrator's Signature: Lilia Fajotina
Print Name: LILIA FAJOTINA
Date: 11/7/17

Licensee's/Administrator's Signature: Lilia Fajotina
Print Name: LILIA FAJOTINA
Date: 5/18/18

Licensee's/Administrator's Signature: Lilia Fajotina
Print Name: Lilia Fajotina
Date: 9/4/18