

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J.B.M. ARCH	CHAPTER 100.1
Address: 94-1282 Hiapaiole Place, Waipahu, Hawaii 96797	Inspection Date: May 9, 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.

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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No special diet menu for "low purine diet."</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><i>Made a low purine diet menu at the time of inspection and added it on weekly menu form.</i></p>	<p style="text-align: right;"><i>5-9-18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No special diet menu for "low purine diet."</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><i>Will make sure that I will read the doctors order and follow the diet order, make the menu add it on the menu weekly form.</i></p>	<p><i>5-9-18</i></p>

	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 - No diet order at the time of admission. "Chopped diet" ordered 7/13/17; however, addressed the consistency only.</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><i>Called MD office at the time of inspection and asked for a diet order. Nurse sent diet order and followed.</i></p>	<p style="text-align: right;"><i>5-9-18</i></p>

	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 - No diet order at the time of admission. "Chopped diet" ordered 7/13/17; however, addressed the consistency only.</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><i>I will use the standart diet order handout from special diet class to determine if I have a diet order written in standard form. Follow up with the physician, if not clear or incomplete.</i></p>	<p style="text-align: right;"><i>6-22-18</i></p> <p style="text-align: right;">'18 JUN 22 AM 11:10</p> <p style="text-align: right;">STATE OF HAWAII DOI-ORCA STATE LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - The medication record noted that "omeprazole" is to be given at 8 a.m.; however, the medication is to be taken <u>before</u> a meal. Breakfast is served at 7 a.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><i>Omeprazole Mar record time was change to 6:00 Am at the time of inspection.</i></p>	<p style="text-align: right;"><i>5-9-18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - The medication record noted that "omeprazole" is to be given at 8 a.m.; however, the medication is to be taken <u>before</u> a meal. Breakfast is served at 7 a.m.</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><i>When I receive my Mar record for once, I will review for accuracy. If necessary, I will make changes to the Mar record regarding the time and day of medication is given.</i></p>	<p><i>5-9-18</i></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)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 - No comprehensive assessment prior to admission.</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><i>Called the case manager at the time of inspection, reviewed and was updated.</i></p>	<p style="text-align: right;"><i>5-9-18</i></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)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 - No comprehensive assessment prior to admission.</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><i>Will make sure that case manager will do the comprehensive assessment, we will seat together and review to reflect the needs of the resident.</i></p>	<p style="text-align: right;"><i>5-9-18</i></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 - The service plan was not reviewed monthly.</p>	<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> <p><i>Called case manager at the time of inspection, he came we reviewed together and was updated.</i></p>	<p>5-9-18</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 - The service plan was not reviewed monthly.</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><i>I will make sure that I will read the care plan, check that the case manager ^{update} and/or review the care plan. Remind the case manager to indicate that she review the care plan.</i></p>	<p style="text-align: right;"><i>6-22-18</i></p> <p style="text-align: right;">*18 JUN 22 AM 1:10</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right; border-left: 1px solid black; padding-left: 5px;">RECEIVED</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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - The service plan was not updated as changes occurred. For example, the service plan did not address the following:</p> <ol style="list-style-type: none"> 1. Low purine diet ordered 11/27/17 2. Syncopal episodes on 11/18/17 and 11/27/17 3. Pain medication (Tylenol arthritis and lidocaine 4% cream) 	<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>Called case manager at the time of inspection. He came and updated the service plan.</i></p>	<p style="text-align: center;"><i>5-9-18</i></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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - The service plan was not updated as changes occurred. For example, the service plan did not address the following: 4. Low purine diet ordered 11/27/17 5. Syncopal episodes on 11/18/17 and 11/27/17 Pain medication (Tylenol arthritis and lidocaine 4% cream)</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><i>I will read the care plan, work with the case manager to make sure that the care plan includes new special diet order, and if resident having a change in condition. I.e., syncopal episode and in need for pain medicine.</i></p>	<p style="text-align: right;">6-22-18</p> <p style="text-align: right;">18 JUN 22 AM 1:10</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - The "At Risk for Complications D/T High Cholesterol" service plan interventions noted the following:</p> <ol style="list-style-type: none"> 1. "Give Nitroglycerin as ordered"; however, there is no physician order for nitroglycerin. 2. "Provide food low in fat and cholesterol"; however, there was no special diet order for low fat and cholesterol diet. 	<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 style="text-align: center;"><i>I will read the careplan and work with the case manager to make sure that the residents diet and medication are accurate and that there are physicians order are for them.</i></p>	<p style="text-align: center;">6-22-18</p> <p style="text-align: center;">18 JUN 22 AM 1:10</p> <p style="text-align: center;">STATE OF HAWAII DOI-ORCA STATE LICENSING</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

Licensee's/Administrator's Signature: J. B. Mendoza
Print Name: Janette B. Mendoza
Date: 5-21-2018

Licensee's/Administrator's Signature: J. B. Mendoza
Print Name: Janette B. Mendoza
Date: 6-22-18