

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Connie's (E-ARCH)	CHAPTER 100.1
Address: 94-1040 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: October 9, 2018 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.

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>§11-100.1-15 <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>FINDINGS Resident #1 – Physician changed medication order on 3/26/18, Trazodone 100mg 2 tabs + 50mg, qhs. Medication record was updated however it was initialed twice a day 3/27/18-3/31/18.</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>I administered Trazodone as 2-100 mg tabs and 1-50 mg tab at 8PM to resident #1 but documented time of medication administered in incorrectly on the MAR.</i></p> <p><i>I corrected my mistake by crossing out resident #1's incorrectly documented administered time of medication which was Trazodone 100mg-2 tab and 50mg-1 tab q HS. I crossed out AM initials for which this medication is only given qhs.</i></p>	<p>10-27-18</p> <p style="text-align: right;">18 OCT 29 P 4:34</p> <p style="text-align: right; font-size: small;">STATE OF VT DEPT OF HEALTH STATE LICENSING</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 – Physician changed medication order on 3/26/18, Trazodone 100mg 2 tabs + 50mg, qhs. Medication record was updated but it was initialed twice a day 3/27/18-3/31/18.</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>In the future, I will keep MAR in locked medication cabinet so I can see that medication is documented correctly along with seeing physician's order on medication to prevent incorrect documentation.</i></p> <p><i>I will have another caregiver look over MAR to see that medications were given at the right time and dosage anytime medications are administered.</i></p>	<p style="text-align: right;">10-27-18</p> <p style="text-align: right;">18 OCT 29 PM 34</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS COMMUNITY STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Trazodone dosage was changed 6/11/18, 3/26/18, and 2/5/18. However, resident's response to the medication was not documented.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Trazodone dosage was changed 6/11/18, 3/26/18, and 2/5/18. However, resident's response to the medication was not documented.</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>In the future, I will document resident #'s response to any medication change. I will also have my nurse case manager or other care givers assist me to make sure I document any changes to resident's medication change.</i></p>	<p style="text-align: right;"><i>10-9-18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> PCG stated that dishes are sanitized once a week.</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>I corrected the deficiency by sanitizing residents dishes after every meal.</i></p>	<p style="text-align: right;"><i>10-9-18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> PCG stated that dishes are sanitized once a week.</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>In the future, I will post directions and procedures on my refrigerator and bulletin board closest to residents sink to remind all care givers to sanitize after every meal.</i></p>	<p style="text-align: center;">10-9-18</p>

Licensee's/Administrator's Signature: C. Lity

Print Name: Cion Battulayan

Date: 10-9-18

Licensee's/Administrator's Signature: C. Lity

Print Name: Cion Battulayan

Date: 10-27-18