

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fidelibus Cottage	CHAPTER 100.1
Address: 91-827 Oama Street, Ewa Beach, Hawaii, 96706	Inspection Date: December 12, 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
☒	<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 order of 9/19/18 reads, "Dulcolax suppository 10mg 1 PR every 3 days PRN"; however, medication on hand reads, "Dulcolax suppository 10mg 1 PR <u>daily</u> PRN."</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 have corrected this by contacting the physician and confirming the correct dosage. Dr. have reordered the medication to match the physicians order.</p>	12-24-18

	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 order of 9/19/18 reads, "Dulcolax suppository 10mg 1 PR every 3 days PRN"; however, medication on hand reads, "Dulcolax suppository 10mg 1 PR <u>daily</u> PRN."</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 have taken several steps to keep this violation from happening again. I have created a checklist for all new medications & prescription refills. On this checklist I will check medications every month. And I will also train my SCG's to check medications to ensure accuracy & make sure Dr's order & medication bottles are the same.</p>	<p>1-15-19</p>

STATE OF IOWA
NATIONAL
STATE LICENSING

19 JAN 16 PM 2:55

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1- No documentation of height and weight on 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 style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RECEIVED
DEC 27 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1- No documentation of height and weight on 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 style="text-align: center;"><i>In the future I will have a admission check list that include obtaining height and weight, and make sure everything is completed. I will also involve my SCG's regarding this matter.</i></p>	<p style="text-align: center;">1-15-19</p>

STATE OF NEW YORK
DEPARTMENT OF HEALTH
STATE LICENSING

19 JAN 16 P12:55

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #1- No documentation of monthly weights.</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 style="text-align: center;">I have developed a plan to make sure the monthly log is completed & recorded in a timely manner, I will also include my SCG's in this matter. I will put the record in the "Height & Weight monthly record" and in the progress note</p>	<p>1-15-19</p>
			<p style="text-align: right;">19 JAN 16 P12:55</p> <p style="text-align: right;">STATE OF HAWAII HONOLULU STATE LICENSING</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 has a current order of Dulcolax suppository, nectar thickened liquid, and previous order of otic ear drops. However, no evidence of caregiver training provided by the manager.</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 have corrected this by communicating with my case manager on 12-17-18 and they provided us with training.</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 has a current order of Dulcolax suppository, nectar thickened liquid, and previous order of otic ear drops. However, no evidence of caregiver training provided by the manager.</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 correct this happening in the future I have notified our case manager of this deficiency. Next I have created a checklist for my monthly visits. In this checklist I have included all training on new medication and caregiving have been completed.</p>	

Licensee's/Administrator's Signature: *J. Fidelibus*

Print Name: DHY-JELEN FIDELIBUS

Date: 12-24-2018

Licensee's/Administrator's Signature: *J. Fidelibus*

Print Name: DHY-JELEN FIDELIBUS

Date: 1-15-19