

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Miva ARCH	CHAPTER 100.1
Address: 87-158 Kaukamana Street, Waianae, Hawaii, 96792	Inspection Date: February 27, 2019 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

19 MAR 13 P 1:46

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	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, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1- Physician order dated 9/22/18 and medication on hand read, "Atorvastatin 80 mg po QD at 1700." However, medication record (provided by Preferred Case Management, LLC) from October 2018 to February 2019 reflected "Atorvastatin 500 mg po QD". No record indicating that medication was changed by the physician.</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>Yes, Deficiency corrected. Rn-CM conducted chart review to confirm no changes in Atorvastatin order. Rn-CM review together with PAg and every visit both Rn-CM will review the chart or any changes.</i></p>	<p style="text-align: center;"><i>2/28/19</i></p> <p style="text-align: center;"><i>3/14/19</i></p> <p style="text-align: center;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSURE</p> <p style="text-align: center;">19 MAR 13 P 1:46</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS Resident #1- No training provided by RN case manager to caregivers regarding use of Spiriva inhaler.</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>yes, Deficiency corrected Rn - CM to conduct training and proper delegation to each caregiver for spiriva inhaler. Upon confirming competency to safely administer inhaler. Rn - CM to sign delegation to confirm completion of training. Delegation attached for caregiver to read and prepare for inhaler. Rn - CM to conduct training at upcoming visit</i></p>	<p><i>2/28/19 - 3/4/19</i></p> <p style="text-align: center;">19 MAR 13 P1:47</p> <p style="text-align: center;">STATE OF OHIO DEPARTMENT OF PUBLIC SAFETY DIVISION OF NURSING</p> <p style="text-align: right;">PICOT/MRN</p>

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	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>FINDINGS Resident #1- Care plan #10 regarding resident on suprapubic catheter included an intervention to change the dressing once a day. However, physician's order dated 10/11/18 indicates "may cover the site with dry dressing." No documentation that the order was clarified.</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>Yes, Deficiency corrected Physician order sheet sent to PCP for clarification - will recommend daily dressing change to prevent patient from dislodging catheter, keep site clean and dry and monitor regularly for skin breakdown. Upon receiving signed phys. order documentation will be kept on file in chart. Care plan will be updated by An-CM when physician order sheet received and treatment plan confirmed.</i></p>	<p><i>start 2-28-19 - 3/4/19</i></p>

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Licensee's/Administrator's Signature: Imelda Arreola An- licensee

Print Name: Imelda ARREOLA

Date: 3-13-2019

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BEHIND A
STATE LICENSING