

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tablit, Elpidio (ARCH)	CHAPTER 100.1
Address: 94-544 Hiahia Loop, Waipahu, Hawaii 96797	Inspection Date: February 1, 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.

	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 - Physicians order states "Metoprolol Succinate ER 50mg, 1 tab, PO, QD", however, Medication Record reads "Metoprolol ER 25mg" I matched MD order and resident being given correct dose, however, MAR dose did not reflect MD order dose.</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;">SEE ATTACHED 2/16/19</p>	

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11-100.1-15(e):

The medication record for Resident #1 was corrected/updated on Feb 1, 2019.

Moving forward, at the beginning of each month when new records are made, each record will be double-checked for accuracy by different caregivers.

Ruchika Joffe
2/10/19

FEB 13 2019
14 *R*

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Care Home does not have a restraint policy in place.</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>See attached</i></p> <p style="text-align: center;"><i>3/8/19</i></p>	

11-100.1-16(j):

Personal Care Services

Part 1:

A restraint policy is now in place as of Feb 4, 2019.

This policy has been reviewed with each licensee and substitute caregiver.

Aurelia Zabea
for Eynacio Tablit sr.

3/8/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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11-100.1-16(j):
Personal Care Services

Part 2:

The policy is outlined below. Moving forward, this policy will be signed and reviewed with each new resident, his family and/or legal guardian or representative at the time of intake.

Physical restraints will only be used under a physician's orders for the specified period or in an emergency, when necessary to protect the resident from self harm or harm to others. Should a situation arise, it is the responsibility of the caregiver to notify the resident's physician immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraints are deemed necessary, written orders will be obtained from the physician indicating the form of restraint to be used, the length of time the restraint shall be used, the frequency of use and any alternative care which should be provided. If a less restrictive alternative exists, it will be used first. The resident's family and/or legal guardian or representative, and case manager will be notified if no alternatives to restraint exist and a written consent shall be obtained for restraint use. Regular observation will be required and documented while restraints are in use. Renewal orders for restraint use will be made via a weekly follow-up with the resident's physician and documented on the resident's Progress Notes.

*Aurora Tablet
for Epidio Tablet SA.*

3/8/19

03/08/19

	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 - Progress notes not reflective of MD ordered medication/treatment changes nor resident response to changes.</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>	

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11-100.1.17(b)(3)
Records and Reports

Part 2:

Following each resident's doctor visit, updates to the resident's Progress Notes will be made immediately. Notes will include detailed information including but not limited to physician notes, observations of the resident in response to new/discontinued medication, unusual behavior patterns, and any incidences, which occur. In addition, physician notes/changes will be reviewed with all substitute caregivers.

To prevent this from recurring, a separate folder has been created, with sections for Doctors Visit Progress Reports and Other notes. When resident's return home from the doctor, progress reports will be reviewed and placed in this binder. The caregiver will make notes/update changes to the resident's medication records and/or progress notes. The progress report will remain in this folder until the end of the day, to allow other caregivers/substitutes time to review such changes. To confirm changes were made, initials by at least 2 caregivers/substitutes will be required before filing the progress report in the resident's binder. By requiring these initials, a double check system is created, and holds accountability. Infractions shall be regarded as cause for disciplinary action.

Aurelia Jablit
for Cepidio Jablit Sr.
3/8/19

03:16:51 PM 3/15/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1- Financial statement not completed upon 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;"><i>See attached</i> <i>3/8/19</i></p>	<p style="text-align: right;">19</p>

11-100.1.19(a):
Resident Accounts

Part 1:

Financial statement for Resident #1 was signed on Feb 2, 2019.

Aurora J. Miller
for Epixio Tablit SA.

3/8/19

11-100.1.19(a)

19-00019-01-00

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11-100.1.19(a):
Resident Accounts

Part 2:

Moving forward, financial statement will be completed upon intake. A checklist of all required documents will be made to ensure all necessary forms are signed and reviewed by the resident and his family, legal guardian or representative upon admission. If any documents are missing, admission will be denied.

Aurelia Tabla
for Eligio Tabla
3/8/19

STATE OF
MISSISSIPPI

19 MAR 14 PM 5:50

Licensee's/Administrator's Signature: Aurelia Tablit

Print Name: AURELIA TABLIT

Date: 2-1-19

Licensee's/Administrator's Signature: Elpidio Tablit

Print Name: ELPIDIO TABLIT

Date: MARCH 8 2019

FEB 18 2019
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