

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Imelda G. Arreola (E-ARCH)	CHAPTER 100.1
Address: 87-164 Kaukamana Street, Waianae, Hawaii 96792	Inspection Date: April 3, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Dosing time was hand written on the medication bottle by the licensee.</p> <ul style="list-style-type: none"> - Vit B Complex - Aspirin low dose - Atorvastatin - Furosemide - Losartan - Women's 50 plus daily formula 	<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>	<p style="text-align: right;">19 MAR 12 PM 2:51</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Dosing time was hand written on the medication bottle by the licensee.</p> <ul style="list-style-type: none"> - Vit B Complex - Aspirin low dose - Atorvastatin - Furosemide - Losartan - Women's 50 plus daily formula 	<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, as PCG I will not write the dosing time on the medication bottle. In the future, I will write the dosing time on the cap of the bottle. I will check all medication every week on Monday - to check medication with the physician order and medication sheet and proper label on the bottle. I will give instruction to say to double check also</i></p>	<p style="text-align: center;">4/4/19</p>

99 APR 12 2019 P 2:11

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order stated, "Losartan 50mg one-half tab by mouth daily. Hold if SBP<110." In medication administration record, it was listed, "Losartan 50mg one-half tab QD. Hold if SBP<100" from 11/2018 to current.</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>In the future as ABC I will check properly the medication record will match the physician order for Losartan. I will review the chart every week on Monday regularly. I will put on my planner or calendar to check the charts every week. I have to remind myself to check diligently all the charts.</i></p>	<p><i>5/24/19</i></p>

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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, 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 – Medication administration records for Spiriva Respimat, Losartan, Furosemide were not initialed from 4/1/19 to current.</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 double check the medication record and put initial right away.</i></p>	<p><i>Yes,</i> 4/4/2019</p>

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APR 12 12:52

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	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 – no documentation was made for physician's office visits on 9/14/18 and 11/14/18.</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>	<p style="text-align: right;">19 APR 12 P 2:52</p> <p style="text-align: right;">STATE OF CONNECTICUT</p>

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*or document for the resident.
in the progress notes.*

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – In medication administration record, a legend “H” was inconsistent. From April 2018 to September 2018, a legend “H” was listed as “Hospital”. From October 2018 to current, a legend “H” was listed as “Home”.</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 Put error on legend "H" as hospital and put legend "H" as home.</i></p>	<p style="text-align: right;"><i>Yes. 4/19/2019</i></p> <p style="text-align: right;">19 APR 12 P2:52</p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES REGISTRATION</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – In medication administration record, a legend “H” was inconsistent. From April 2018 to September 2018, a legend “H” was listed as “Hospital”. From October 2018 to current, a legend “H” was listed as “Home”.</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 double check the charting on medication record to be consistent with the previous recording. I will check every week on Monday the recording of medication including symbols and abbreviation. I will put sticky notes in front of the chart and put a reminder in my calendar Monday to check.</i></p>	<p style="text-align: center;"><i>4/4/19</i></p>

19 APR 12 P2:52
 Monday

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White correction tape was used in fire drill record.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>19 APR 12 P 2:52</p> <p>STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS STAFF</p>

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APR 12 19
P2:52

Licensee's/Administrator's Signature: Imelda Arreola RN
Print Name: Imelda ARREOLA
Date: 4-12-2019

Licensee's/Administrator's Signature: Imelda Arreola RN
Print Name: Imelda ARREOLA
Date: 5-24-2019

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING
19 APR 12 P2:52