

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Negrillo ARCH & EARCH LLC	CHAPTER 100.1
Address: 4719 Opukea Street, Lihue, Hawaii 96766	Inspection Date: March 22, 2019

**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.**

RECEIVED  
19 APR 10 P2:32  
STATE LICENSING  
SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Refrigerated medication unsecured in the resident area refrigerator.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Corrected the deficiency. I bought and replaced with a new container with lock.</p>	<p>03/24/19</p> <p style="text-align: right;">19 APR 10 P2:32</p> <p style="text-align: right;">STAFF SIGNATURE</p> <p style="text-align: right;">GRAND NURSE</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Refrigerated medication unsecured in the resident area refrigerator.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>My future plan to ensure that it will not happen again is to check daily that medications requiring storage in the refrigerator shall properly be labeled, separated, and, in a locked container.</p>	<p>03/24/19</p> <p style="text-align: right;">19 APR 10 P 2:32            STATE OF NJ            STATE ELECTRONIC</p>

RECORDS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Triamcinolone 0.025% ointment unsecured at a resident bedside.</p> <p>Tylenol 500 mg caplets unsecured at a resident bedside.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes the deficiency was corrected.</p> <p>Triamcinolone 0.025% ointment removed from resident #1's bedside and placed in her designated labeled ointment container.</p> <p>Tylenol 500 mg caplets medication bottle removed from resident #2's bedside and placed in her designated labeled medications container.</p> <p>Both containers kept secured in locked drawer.</p>	<p>03/22/19</p> <p>03/22/19</p> <p style="text-align: right;">19 APR 10 P2:32</p> <p style="text-align: right;">STATE OF MARYLAND            STAFFING UNIT</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Triamcinolone 0.025% ointment was unsecured at a resident bedside.</p> <p>Tylenol 500 mg caplets unsecured at a resident bedside.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>My plan to avoid the same deficiency in the future is to train and explain to all substitute caregivers not to leave any medications and/or ointments at residents' bedside/drawers. Must return to the appropriate container. Must check residents' bedside at every encounter or whenever entering the residents' room, to ensure that there are no medications, including ointments, left at the bedside or in drawers.</p>	<p style="text-align: center;">03/22/19</p> <p style="text-align: center;">19 JUL 17 P2:03</p> <p style="text-align: center;">STATE OF CONNECTICUT            EAST BRITAIN            STATE LABORATORY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No physician order for Ensure nutritional supplement taken by the resident.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Corrected the deficiency at 1330 on 3/26/19. I made a phone call to resident #1's primary physician and obtained an order for: Ensure nutritional supplement 8 oz. or 1 glass once daily effective date 3/26/19.</p>	<p>03/26/19</p> <p style="text-align: right;">19 APR 10 P2:32</p> <p style="text-align: right;">STATE COLLEGE  DEPARTMENT OF  STATEMENT</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No physician order for Ensure nutritional supplement taken by the resident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure that supplements (Ensure) have proper physician signed orders, I will request a copy of written documentation via an "After Visit Summary" and review the summary prior to leaving the office or clinic and ensure that physician orders are accurate and documented.</p>	<p style="text-align: center;">03/26/19</p> <p style="text-align: right;">19 APR 10 P2:33</p> <p style="text-align: right; font-size: small;">STATE OF CALIFORNIA  DEPARTMENT OF SOCIAL SERVICES  STATE DIVISION OF LICENSING</p>

RECEIVED

	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><b><u>FINDINGS</u></b> Resident #1 - "Cranberry juice 1 glass daily" ordered 1/4/19; however, the progress notes did include observations of the resident's response to the cranberry juice.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">19 Apr 10 P2:03</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE OFFICE</p>



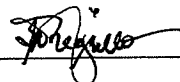
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations 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><b><u>FINDINGS</u></b> Resident #1 - "Cranberry juice 1 glass daily" ordered 1/4/19; however, the progress notes did include observations of the resident's response to the cranberry juice.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure proper and accurate documentation, new treatment orders will be recorded immediately onto resident's MAR. Treatment orders will have proper documentation in resident's progress notes to include observations of resident's response to treatment.</p>	<p>03/22/19</p> <p style="text-align: right;">19 APR 10 P 2:33</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS STATE LIBRARY</p>

RECEIVED



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Drink 6-8 glasses of water daily." And "Cranberry juice 1 glass daily" ordered 1/4/19; however, there was no documentation that the order was carried out.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure accurate and proper documentation of new physician orders with regards to treatments, it will be entered on resident's MAR and noted on progress notes that orders were carried out.</p>	<p style="text-align: center;">03/22/19</p> <p style="text-align: center;">*19 APR 10 P2:33</p> <p style="text-align: center;">STATE OF N.J. BUREAU OF STATE LICENSING</p>

APR 10 2019

Licensee's/Administrator's Signature: 

Print Name: SHIRLEY NEGRILLO

Date: 04-8-2019


---

Licensee's/Administrator's Signature: 

Print Name: SHIRLEY NEGRILLO

Date: 06-3-2019

---

Licensee's/Administrator's Signature: 

Print Name: SHIRLEY R. NEGRILLO

Date: 07-16-2019