

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ramos, Consolacion (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1742 Ala Aolani Place, Honolulu, Hawaii 96819</b>	<b>Inspection Date: June 5, 2019 Annual</b>

**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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JUN 25 12:06  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute caregiver #4, no evidence of X-Ray results. Results required for 2019 annual screening for a positive tuberculosis (TB) skin test obtained on 5/20/15.</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 style="text-align: center;"><i>a chest X-ray was done June 14, 2018</i></p>	<p style="text-align: center;"><i>6-14-18</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> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, no order to start a new medication.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Medication administration record (MAR) entry on 4/22/19 reads, "Valsartan 80 mg i po QD."</li> <li>• Pharmacy labeled bottle dated 4/22/19 reads, "Valsartan 80 mg i po QD."</li> <li>• Licensee states, physician called in a verbal order; however, no evidence of recorded phone order.</li> <li>• No confirmation of order at office visit on 4/25/19.</li> </ul>	<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 style="text-align: center;"><i>an order from M.D. was obtained from M.D on <u>6-7-19</u></i></p>	<p>6-7-19</p>

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<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><b><u>FINDINGS</u></b> Resident #1, no order to discontinue a medication.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• MAR entry on 4/22/19 reads, "discontinue Telmisartan 20 mg i QD po" and "start Valsartan 80 mg i po QD."</li> <li>• Licensee states, physician called in a verbal order; however, no evidence in record of a verbal order.</li> <li>• No confirmation for order at the following office visit on 4/25/19. Signed order dated 4/25/19 reads, "Telmisartan 20 mg i QD po."</li> </ul>	<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 style="text-align: center;"><i>Order to H/C Telmisartan was obtained on 4-22-19 and signed by M.D. on 6-7-19</i></p>	<p style="text-align: center;"><i>6-7-19</i></p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence in progress notes for appointments 11/27/18, 1/23/19, 3/19/19 and 4/25/19 with medical provider.</p>	<p><b>PART 1</b></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	



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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> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b>            Resident #1, emergency data sheet incomplete. No evidence of diagnoses, eyeglasses and current medications.</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 style="text-align: center;">A complete emergency data sheet was obtained from P.M. 6-7-19 on which includes diagnosis and medication list</p>	<p style="text-align: center;">6-7-19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system</p> <p><b><u>FINDINGS</u></b> Resident bedroom (BR) #1, #2 and bathroom, signaling device not appropriate for a home where caregivers live on a different level of the home from the residents. For example, hand bell used as a signaling device for each of the resident areas listed.</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><i>a battery operated signaling device is installed in Bed room I &amp; II.</i></p>	<p style="text-align: right;"><i>6-10-19</i></p> <p style="text-align: right;">19 JUN 25 09:06</p>

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Licensee's/Administrator's Signature: Consolación P. Ramos

Print Name: CONSOLACION P. RAMOS

Date: 6-24-19

Licensee's/Administrator's Signature: Consolación P. Ramos

Print Name: CONSOLACION P. RAMOS

Date: 7-25-19