

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |                                   |
|---|-----------------------------------|
| Facility's Name: Rosana Dumlao (ARCH/Expanded ARCH)     | CHAPTER 100.1                     |
| Address:<br>94-871 Awanei Street, Waipahu, Hawaii 96797 | Inspection Date: February 1, 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.**

19 FEB 7 11:41  
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|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                                   |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>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><br/>Substitute care giver - No documentation of annual tuberculosis (TB) clearance or evidence of positive TB skin test.</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;">SCG documentation of annual TB clearance was obtained at Lanakila Health Center - 3-4-19</p> | <p style="text-align: right;">19 MAR -7 P1:44</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>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><br/>Substitute care giver - No documentation of annual tuberculosis (TB) clearance or evidence of positive TB skin test.</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 prevent similar deficiency from happening again I will not discard documentation of positive TB clearance for SCG used for vacation. I will file in my binder. When used as a SCG I will ask for <del>(TB)</del> current TB attestation.</p> | <p>6-26-19</p>  |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b><br/>Resident #1 - "Risperidone 3 mg i q morning" ordered 4/23/18 by telephone; the April 2018 medication record noted "Risperidone 3 mg i BID" taken by the resident. The order was changed to "2 mg i BID" on 5/10/18.</p> | <p style="text-align: center;">PART 1</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: right;">19 MAR -7 PM 244</p> |

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|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 - On 5/1/18, the resident was taken to the emergency room and "Magnesium citrate Take 150 ml by mouth once for 1 dose" ordered for complaint of constipation. The progress notes did not reflect the effectiveness of the medication.</p> | <p style="text-align: center;">PART 1</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: right;">19 MAR -7 P 1:44</p> |

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|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date  |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A)<br/>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><b><u>FINDINGS</u></b><br/>Screen doors for two (2) exits did not have latches on the locking device. The door knob did not have a lock.</p> <p>For one exit, the screen door could not be opened from the inside. The primary care giver unlocked the screen door locking device (without the latch) from the outside with a key.</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>For screen doors exit 1+2 due to old age and frequently turning on &amp; off the pins came off from the latches and got lost. Family member (<del>change the</del> <sup>use the</sup>) install <del>an</del> a new lock with the <del>latches</del> latches that can open inside &amp; outside. Now screen door for exit 1+2 works good.</p> | <p style="text-align: right;">19<br/>5-27-19<br/>22<br/>P310</p> |



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Licensee's/Administrator's Signature: Rosana Dumlaod

Print Name: ROSANA DUMLAOD

Date: 3-7-19

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Licensee's/Administrator's Signature: Rosana Dumlaod

Print Name: ROSANA DUMLAOD

Date: 5-22-2019

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Licensee's/Administrator's Signature: Rosana Dumlaod

Print Name: ROSANA DUMLAOD

Date: 6-26-19