

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sambajon, Remedios (ARCH)	CHAPTER 100.1
Address: 94-1042 Halelehua Street Waipahu, Hawaii 96797	Inspection Date: April 16, 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.**

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JUN 18 3 34 PM '19

	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><u>FINDINGS</u> SCG #1 – No record of initial 2-step or annual tuberculosis skin test available for review.</p>	<p style="text-align: center;">PART 1</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>Waited for Jim Brian to come home from vacation. Because his due was month April because they at the office don't allow yet unless on the due date and came home on <del>7</del><sup>05</sup>/30/19. Then the holidays came so was done on 6/5/19.</i></p> <p style="text-align: center;"><i>I reaching retained my scg. about the arrival TB clearance requirement.</i></p>	<p style="text-align: center;"><i>06/5/19</i></p> <p style="text-align: center;"><i>7/17/19</i></p>

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<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><b>FINDINGS</b> Resident #1 - "Albuterol 2.5/3ml via nebulizer q 6hrs PRN", ordered 3/25/19. Not transcribed into Medication administration record (MAR) for 3/2019 and 4/2019.</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: center;"><i>All medication that are ordered as PRN will be recorded into medication administration record as possible.</i></p> <p style="text-align: center;"><i>Recorded 4/16/19</i></p>	<p style="text-align: right;"><i>4/16/19</i></p>

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<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><b>FINDINGS</b>  Resident #1 - Medications listed on MAR for 1/25/19 through 1/31/19 not initialed as given by the caregiver.</p> <p>Resident #1 - Medications identified on MAR as being "Self-administered" not initialed by the caregiver when taken by resident from 4/2018 through 4/16/19.</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>1.) Medications listed were completed 4/16/2019</p> <p>2.) Medications for self-administered were corrected by providing a different sheets to resident for his self initial for convenient time. 4/17/19</p>	<p style="text-align: right;">4/16/2019</p> <p style="text-align: right;">4/17/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)            Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No written procedure available describing storage, monitoring, and documentation of self-administrated medication.</p> <p>Resident #1 - No physician's order authorizing resident to self-administer medication.</p>	<p style="text-align: center;">PART 1</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>1. <i>A procedure was made and put on record.</i></p> <p>2. <i>PCP order was obtained and put in record.</i></p>	<p>7/17/19</p> <p>7/17/19</p> <p style="text-align: right;">19 JUL 17 PM 3:16</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> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Emergency information medication list not updated.</p>	<p style="text-align: center;">PART 1</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>CHO, checked and record all emergency informations specially medications list updated 4/17/19.</i></p>	<p style="text-align: center;"><i>4/17/19</i></p>

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Licensee's/Administrator's Signature: Remedios Sambajon

Print Name: REMEDIOS SAMBAJON

Date: 6/18/2019

Licensee's/Administrator's Signature: Remedios Sambajon

Print Name: REMEDIOS SAMBAJON

Date: 7/19/19