

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fernandez, Carlina (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 137B Hokulani Street, Hilo, Hawaii 96720	Inspection Date: March 2, 2020 – 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, no physical examination.</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>yes, deficiency was corrected. Physical examination done on 3/9/2020 for SCG.</i></p>	<p><i>3-9-2020</i></p>

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<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 #2, no two (2) step tuberculosis (TB) skin test (One (1) step TB skin test completed on November 30, 2019).</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>yes. This substitute was never used to cover my patients and is unable to complete the two-step TB test in a timely manner, therefore I will remove him from the substitute caregiver list, until requirements are met.</i></p>	<p style="text-align: right;"><i>3-20-2020</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, SCG #3 and SCG #4 – no training provided by the primary care giver (PCG) to administer prescribed medications.</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>Yes. SCG # 1, 2, 3, 4 were instructed with basic skills training to include medication administration 3-4-2020</i></p>	<p style="text-align: right;"><i>3-4-2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Refrigerator contained uncovered halved fruit and two (2) small bowls of food.</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 style="text-align: center;"><i>Yes, container was covered with a sealed cover and small bowls were sealed with clear wrap.</i></p>	<p style="text-align: center;"><i>3-4-2020</i></p>

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<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><u>FINDINGS</u> "Refresh tears" unsecured on top of cabinet in resident living room.</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>yes. Refresh tears was placed back to the medicine cabinet and lock.</i></p>	<p><i>3-4-2020</i></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><u>FINDINGS</u> Resident #1, physician order dated December 6, 2019 read:</p> <ul style="list-style-type: none"> • “Colace 100 mg 1 tab po BID” <p>However, prescription bottle label read:</p> <ul style="list-style-type: none"> • “Docusate Sodium 100 mg softgel take 1 capsule by mouth twice a day <u>as needed</u>.” 	<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 style="text-align: center;"><i>I called the APRN and clarify the order to read Colace 100 mg BID so she called the pharmacy to update the pharmacy label</i></p>	<p style="text-align: right;"><i>8-19-20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, no medication renewal between April 1, 2019 – November 5, 2019.</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>	

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☒	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1, PCG's note on physician order sheet dated April 26, 2019 read, (Resident #1) ". . . needs to take antibiotic BID for 1 week told him to call it (sic) Longs Pharmacy Downtown and will it up (sic)." April 2019 medication record indicated "Amoxicillin 500 mg 1 tab po BID for 7 days" initialed as administered beginning April 27, 2019. However, no telephone order.</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>	

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☒	<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, November 2019 progress notes did not document reason for administration or response to: "Ciprofloxacin HCl 250 mg 1 tab po q 12° #10."</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>	

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<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>FINDINGS Resident #1, November 2019 progress notes did not document reason for administration or response to: "Ciprofloxacin HCl 250 mg 1 tab po q 12^h #10."</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>Future Plan - To avoid this deficiency in the future, I will set up a trigger list of steps to take when changes in condition occur, to include patient's response to the treatment or medication ordered.</i></p>	<p style="text-align: right;"><i>3-8-2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1, no wound care training provided by case manager to SCG #1, SCG #2, SCG #3 and SCG #4.</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>Yes, deficiency was corrected. Teaching was done 3-4-2020. teaching was done, as resident is high risk for pressure ulcers.</i></p>	<p><i>3-4-2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1, no wound care training provided by case manager to SCG #1, SCG #2, SCG #3 and SCG #4.</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>Future Plan. To avoid this issue in the future, as a step in all new orders received, all new orders and treatments will be reviewed by primary caregiver daily. Along with clarification of orders and signatures required, the orders will be reviewed for teaching/delegation needed and the CM will be notified.</i></p>	<p style="text-align: right;"><i>3-4-2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1, no current TB skin test.</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 style="text-align: center;"><i>Yrs. TB test done 3-17-2020 COHH on 3-19-2020</i></p>	<p style="text-align: center;"><i>3-19-2020</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1, no current TB skin test.	<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 style="text-align: center;"><i>future plan - I will make a list of all required immunizations and due dates to trigger the next one due. On admission it will be on the list of requirements for admission. (two step)</i></p>	<p style="text-align: right;"><i>3-20-20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, case manager's care plan and monthly notes did not address respiratory distress and subsequent chest x-ray and antibiotic therapy of June 12, 2019.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, case manager's care plan and monthly notes did not address respiratory distress and subsequent chest x-ray and antibiotic therapy of June 12, 2019.</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>To avoid this issue in the future, all incidents, new orders/treatments will be reviewed daily.</i></p> <p><i>The case manager will be notified of all new incidents, change in condition by myself, as a part of the incident reporting protocol.</i></p> <p><i>As the case manager, all new incidents, changes of condition final step will be to document incident in monthly assessment and evaluate treatment as ordered and reevaluate the care plan as needed. Incidents will be clarify monthly with caregiver and condition reevaluated and documented as appropriate</i></p>	<p style="text-align: right;"><i>3-4-2020</i></p>

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 3-26-2020

Licensee's/Administrator's Signature: Carla Marie Hernandez

Print Name: CARLA MARIE FERNANDEZ

Date: 5-22-20

Licensee's/Administrator's Signature: Carlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 8-19-20