

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Annelyn Raval (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-362 Apowale Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: January 7, 2020 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><b><u>FINDINGS</u></b> SCG#1 – No documentation that PCG trained SCG#1 to make prescribed medications available to residents.</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>I corrected this deficiency by making documentation + trained my SCG to make prescribe medication available to residents and properly record action.</i></p>	<p style="text-align: right;"><i>2-27-2022</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><b><u>FINDINGS</u></b> SCG#1 – No documentation that PCG trained SCG#1 to make prescribed medications available to residents.</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, so it doesn't happen again is to make a calendar reminder check list about documentation that PCG trained SCG#1 to make prescribe medication available to resident in my calendar and also in my own carehome record and make sure also the <u>SE</u>G knows about it too.</p>	<p>4-15-2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Fluoxetine HCL 10mg, 1 cap, daily was listed in medication administration record since admission 10/1/2019. However, physician's order was not obtained until 10/29/2019.</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: right;">02:28 10/29/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><u>FINDINGS</u> Resident #1 – Fluoxetine HCL 10mg, 1 cap, daily was listed in medication administration record since admission 10/1/2019. However, physician's order was not obtained until 10/29/2019.</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><i>My future plan so it doesn't happen again, is every admission I got to make sure I got a doctor order and document it my calendar reminder check list and also in my carehome administrative book.</i></p>	<p style="text-align: right;">4-15-2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physical exam form dated 5/10/2019 stated “See attached” for current medication. However, no attachment found on file. Medication evaluation was done on 10/10/2019. There was no complete medication order at admission on 10/1/2019. Medication order was not obtained within one (1) week of admission.</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;">08-24-2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physical exam form dated 5/10/2019 stated “See attached” for current medication. However, no attachment found on file. Medication evaluation was done on 10/10/2019. There was no complete medication order at admission on 10/1/2019. Medication order was not obtained within one (1) week of admission.</p>	<p style="text-align: center;">PART 2</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 style="text-align: center;">My future plan <del>will</del> doesn't happen again is to make a reminder calendar check list and also in my CareHome administrative calendar check list and also make sure I got a <u>current medication attach</u> and <u>complete medication order</u> by a <u>doctor</u> upon <u>admission</u>.</p>	<p style="text-align: right;">4-15-2020</p>





RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.  <u>FINDINGS</u> Fire drills were conducted between 2:15pm and 6pm for the past twelve (12) months.	<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 style="text-align: center;"><i>My future plan for this correction is to make a reminder list in my calendar kitchen, my Care Home check list, my Care Home Calendar living room check list to conduct a fire drill on various date and time like in the morning too, so it will not happen again.</i></p>	<p style="text-align: right;"><i>2-27-200</i></p>

	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 – Physician’s order 10/10/2019 reads “Levothyroxine 28mg, 1tab, daily.” The medication bottle dispensed on 11/7/2019 reads “Levothyroxine 88mcg, 1tab, daily.”</p> <p>Physician’s order and medication bottle label do not match. Please clarify with the physician.</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>I corrected this deficiency by going to the doctor and clarify the Levothyroxine 88mg i daily already clarified by doctor Levothyroxine 88mcg i daily and its already in the doctor's note attached in his records.</i></p>	<p style="text-align: right;"><i>2-27-2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 – Physician’s order 10/10/2019 reads “Levothyroxine 28mg, 1tab, daily.” The medication bottle dispensed on 11/7/2019 reads “Levothyroxine 88mcg, 1tab, daily.”</p> <p>Physician’s order and medication bottle label do not match. Please clarify with the physician.</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>1.) I have to double check the doctor's order medication order before I leave the doctors office.</p> <p>2.) If I don't have time to double check, then I will double check when I get home.</p> <p>3.) I will have my daughter double check the order on medication bottles.</p>	<p style="text-align: right;">5-19-2020</p>

Licensee's/Administrator's Signature: Annelyn Raval

Print Name: ANNELYN RAVAL

Date: 2-27-2020

Licensee's/Administrator's Signature: Annelyn B. Raval (ARCH)

Print Name: ANNELYN B. RAVAL

Date: 4-15-2020

Licensee's/Administrator's Signature: Annelyn Raval

Print Name: ANNELYN RAVAL (ARCH)

Date: 5-19-2020

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