Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & R	**CHAPTER 100.1**
Address: **3034 Kalihi Street, Honolulu, Hawaii 96819**	**Inspection Date: February 5, 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
☒	§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. **FINDINGS** Resident #1 has the following medication orders listed on the medication administration record (MAR) which do not correspond with the physician order: • Dulcolax 10 mg suppository insert one every 3 days PRN- **order did not include the term PRN and the indication for use** • Robitussin DM 10 mg/100 mg 1-2 tsp every 4-6 hours via GT- **order did not include the term PRN and the indication for use** • Promethazine HCL 6.25 mg/5 ml syrup 2 tsp via GT every 6 hours- **order did not include the term PRN and the indication for use** • Codeine/Guiafenesin 10 mg/100 mg take 5ml via GT every 4 hours- **order did not include the term PRN and the indication for use**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have updated the Medication Administration Record (MAR) of Resident #1 by listing the medication orders to correspond with the Physician/APRN orders as follows: Dulcolax 10mg suppository insert one every 3 days PRN as needed if no BM every 3 days. Robitussin DM 10mg/100mg 1-2 tsp every 4-6 hours via GT as needed for cough. Promethazine HCl 6.25 mg/5ml syrup 2 tsp via GT every 6 hours as needed for nausea/vomiting. Codeine/Guaifenesin 10mg/100mg take 5ml via GT every 4 hours as needed for cough.	2/5/2020

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☒	§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. **FINDINGS** Resident #1 has the following medication orders listed on the medication administration record (MAR) which do not correspond with the physician order: • Dulcolax 10 mg suppository insert one every 3 days PRN- **order did not include the term PRN and the indication for use** • Robitussin DM 10 mg/100mg 1-2 tsp every 4-6 hours via GT- **order did not include the term PRN and the indication for use** • Promethazine HCL 6.25 mg/5 ml syrup 2 tsp via GT every 6 hours- **order did not include the term PRN and the indication for use** • Codeine/Guiafenesin 10 mg/100 mg take 5ml via GT every 4 hours- **order did not include the term PRN and the indication for use**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** All medication orders of all residents shall be listed on the Medication Administration Record (MAR) when ordered and shall be audited or reviewed monthly, and as needed to ensure medication orders entered are correct and accurate.	4/26/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1- The following medication orders were not reevaluated and signed by the physician every four (4) months: • Triamcinolone 0.1% ointment to rashes BID, hold if rash gets worse- **reviewed by the physician on 3/15/19, 11/15/19, and 1/22/20** • KCL 10 mEq 30 ml via GT BID- **reviewed by the physician on 3/15/19, 9/6/19, and 1/2/20**	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1- The following medication orders were not reevaluated and signed by the physician every four (4) months: • Triamcinolone 0.1% ointment to rashes BID, hold if rash gets worse- **reviewed by the physician on 3/15/19, 11/15/19, and 1/22/20** • KCL 10 mEq 30 ml via GT BID- **reviewed by the physician on 3/15/19, 9/6/19, and 1/2/20**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I shall make appointment with the resident's physician/APRN for follow-up and re-evaluation of orders every 4 months. I shall write all current orders in the Physician/APRN Order Sheet and bring it on the day of visit. I shall ensure that the physician/APRN shall re-evaluate the orders written on the Physician/APRN Order Sheet and sign it. I shall ensure that the printed After Visit Summary (AVS) given at the end of visit is signed by the physician/APRN.	2/5/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1- Progress notes did not reflect the following: • Use of Hoyer lift with transfers • Response to tube feeding for nutrition and nutrition and hydration • Response to activities as reflected on the activity schedule	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I started to document in the Progress Notes (blank form) my observations of resident's response on the use of Hoyer lift with transfers, tube feeding for nutrition and hydration, and activities reflected on the activity schedule. I shall continue to document above observations on weekly and/or as needed. I shall document my Monthly notes in the Progress Notes (printed check-list form)	2/6/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1- Progress notes did not reflect the following: • Use of Hoyer lift with transfers • Response to tube feeding for nutrition and nutrition and hydration • Response to activities as reflected on the activity schedule	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I shall document in the Progress Notes (blank form) immediately all observations of resident's response to medications; treatments, diet Care Plan, changes in condition; indications of illness or injury; behavior patterns including date, time + action taken; and Physician/APRN visits/orders. I shall complete Progress Notes (blank form) documentation and Incident Report when incident occurs. I shall include all Physician/APRN orders in MAR and initial after given/done as part of documentation	2/6/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 with physician order to flush 100 ml of water every tube feeding; however, no documentation that the water flush is being given as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I have updated the resident's Medication Administration Record (MAR) and added the physician order to flush 100 ml of water after every tube feeding. I have initialed the MAR for documentation after every water flush was being given as ordered.	2/5/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 with physician order to flush 100 ml of water every tube feeding; however, no documentation that the water flush is being given as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** All treatment orders other than medication orders shall be documented on the Medication Administration Record (MAR). All residents' records shall be audited or reviewed monthly, and as needed to ensure that physician orders other than medication orders are carried out and documented when they are done.	4/26/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: 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; **FINDINGS** Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, and SCG #3- No documentation of training by the RN case manager in the use of Hoyer lift to transfer Resident #1.	**PART 1.** **DID YOU CORRECT THE DEFICIENCY?** yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called the RN Case Manager to give training to the caregivers (PCG, SCG #1, #2 + #3) in the use of Hoyer lift to transfer resident #1. 2/6/2020 RN Case Manager (Liza Cabaccang RN) came and training was given to the Caregivers (PCG, SCG #1, #2 + #3).	

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☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: 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; **FINDINGS** Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, and SCG #3- No documentation of training by the RN case manager in the use of Hoyer lift to transfer Resident #1.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I shall notify the RN Case Manager when the physician/APRN orders specialized care such as the use of Hoyer lift to transfer resident or other types of specialized care. RN Case Manager shall give training to the caregivers (PCG, SCG #1, #2, #3) in the use of Hoyer lift to transfer resident or other types of specialized care. All training given to caregivers shall be documented and updated every year.	2/6/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1- The care plan does not reflect the use of Hoyer lift for transfers.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called the RN Case Manager to update the care plan of resident #1 to include the use of Hoyer lift for transfers. RN Case Manager (Liza Cabaccang, RN) came and updated the care plan of resident #1 by including the use of Hoyer lift for transfers.	2/6/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1- The care plan does not reflect the use of Hoyer lift for transfers.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I shall notify the RN Case Manager of an expanded ARCH resident to update the care plan when the physician/APRN orders specialized care such as the use of Hoyer lift to transfer resident or other types of specialized care. RN Case Manager shall update the care plan as needed when changes occur in the resident's care needs, services, and/or interventions.	2/6/2020

Licensee's/Administrator's Signature: Remedios Brion

Print Name: REMEDIOS BRION

Date: March 2 - 2020

Licensee's/Administrator's Signature: Remedios Brion

Print Name: [illegible]

Date: 4-27-20