

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family Ties	CHAPTER 100.1
Address: 1103-A Kahauiki Place, Honolulu, Hawaii 96819	Inspection Date: March 12, 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) 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>§11-100.1-17 <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 - Progress notes did not include the "Tresiba give extra 10 units now" ordered 2/2/20.</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>§11-100.1-17 <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 - Progress notes did not include the "Tresiba give extra 10 units now" ordered 2/2/20.</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>? In the future, I need to make sure I will document right away to the progress notes if there is any changes in medication, treatment, diet or care plan or any <u>single</u> / doctor orders.</p> <p>? So that I will not forget, I will do it right away the moment I received the order/changer.</p> <p>? I will put the sign <u>sign note document</u> so that I will not forget.</p>	<p>3-13-20 /g/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>FINDINGS Resident #1 - No documentation of care giver training to "monitor client for signs and symptoms of hypoglycemia and hypoglycemia" as noted on the Case Manager's plan/recommendation of 1/31/2020.</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>Yes. deficiency was corrected.</p> <p>RN, Case manager provided all care givers, education and handout on the "signs and symptoms of Hypo/Hypoglycemia. Handouts were placed on the resident's chart.</p> <p>RN, CM updated the current care Plan on this day. <i>All done</i></p>	<p>3/13/2020</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 documentation of care giver training to "monitor client for signs and symptoms of hypoglycemia and hypoglycemia" as noted on the Case Manager's plan/recommendation of 1/31/2020.</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> <ol style="list-style-type: none"> 1. So that I will not forget in the future, I will write in my log book that documentation of caregiver training is needed, with the patient's labile especially S/S of hypo/hyperglycemia 2. I will put in my calendar that reads "don't forget caregiver training for S/S of hypo/hyperglycemia tell your case manager" 3. I will put in front of the Resident chart the paper S/S of hypo/hyper i a note on top that reads "caregiver training/documentation needed - remind you case manager" 4) Before the case manager left I will read her notes & double check to make sure all documentation needed is done. 	<p style="text-align: right;">✓ 9/2 4-25-20</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>FINDINGS Resident #1 - "Diabetes" Service Care Plan was not updated to reflect "Lantus Solostar" ordered on 2/24/20. The case manager nursing visit was on 2/29/20.</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;">Resident's care plan has been updated on this day to reflect the new MD order for "Lantus solostar". CMT RN.</p>	<p style="text-align: center;">3/13/2020</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 - "Diabetes" Service Care Plan was not updated to reflect "Lantus Solostar" ordered on 2/24/20. The case manager nursing visit was on 2/29/20.</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>1. Before I leave the doctor office, I read my notes for any changes, such as medication list. If noted any, I will call my case manager away so that my manager will not forget.</p> <p>2. I will put a red sign on the resident chart that says update care plan tell your case manager</p> <p>3. I also write in my appointment calendar that says "medication & case manager needs to update the care plan"</p>	<p style="text-align: right;">/ 22 4-29-20</p>

Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: _____

May-Ann Bal

Date: _____

3-13-90

Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: _____

May-Ann Bal

Date: _____

4-25-20