Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Santos, Norma (ARCH)	CHAPTER 100.1
Address: 4240 Keaka Drive, Honolulu, Hawaii 96818	Inspection Date: October 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 – Resident prescribed "No Added Salt diet" by physician on 2/12/2020. This ARCH is not licensed to provide special diets.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Contacted Resident #1's physician to discuss "no added salt diet". Physician modified order to regular diet as a result of Resident #1's improved health.	10/17/20

RECEIVED
NOV 27

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Resident #1 – Resident prescribed "No Added Salt diet" by physician on 2/12/2020. This ARCH is not licensed to provide special diets.	**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 ~~should~~ will make a reminder note before & after admission. And after ~~visit~~ IS doctor visit, to check diet order.	2/16/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – PRN indications were not provided for the following medication orders prescribed and reevaluated on 1/20/2020, 2/12/2020, and 4/4/2020: • "Nitroglycerine 0.4g – 1 tab under tongue every 5 minutes PRN up to 3 episodes" • "Albuterol HFA inhaler – Inhale 2 puffs as needed every 4 hours" Submit a corrected copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A consultation with Resident #1's physician was done to correct the medication order to include PRN indications for the medications prescribed. (See attached copies of medication orders for Nitroglycerine and Albuterol HFA Inhaler)	1/4/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – PRN indications were not provided for the following medication orders prescribed and reevaluated on 1/20/2020, 2/12/2020, and 4/4/2020: • "Nitroglycerine 0.4g – 1 tab under tongue every 5 minutes PRN up to 3 episodes" • "Albuterol HFA inhaler – Inhale 2 puffs as needed every 4 hours" Submit a corrected copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, a review of all physician's orders will be acknowledged with my initial and date to ensure that all resident's PRN medications are properly labeled to include PRN indications. For incomplete PRN indications or discrepancies with medications, a consultation with the resident's physician will be made.	1/4/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medication Administration Record (MAR) was not filled out for 8/31/2020.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

RECEIVED
NOV 2 7

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Medication Administration Record (MAR) was not filled out for 8/31/2020.	**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 ~~would~~ will make a reminder note to remind my staff to document immediately in the MAR after giving medications. I put my reminder note on the patient binder.	2/16/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – Initial and annual TB clearances unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Step 1 of the 2-Step TB Test for Resident #1 was completed on 1/8/20 and Step 2 of the 2-Step TB Test was completed on 1/16/20. (See attached copy of TB record)	1/4/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – Initial and annual TB clearances unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** As a preventive measure, annual TB clearances will be verified and maintained in residents' records and shall be made available for review. A checklist will be made to ensure that all proper documentations for residents are obtained prior to admission, readmission or transfer. A consultation with physician will be done for incomplete documents.	11/14/20

RECEIVED
NOV 27 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 – Response to medications not documented in monthly progress notes.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

RECEIVED
NOV 27 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 – Response to medications not documented in monthly progress notes.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** As a preventive measure in the future, all progress notes shall be documented to include observations of the resident's response to medications. Ex. medications are effective with no problem. No adverse reactions or side effects noted. Documentation shall be completed immediately when an incident occurs. A checklist will be made to ensure response to medications are indicated in progress notes and available for review.	10/5/20

RECEIVED
NOV 27 2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Resident Emergency Information sheet did not include resident's current diagnoses. Submit an updated copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Emergency Information Sheet for Resident #1 was corrected to include resident's current diagnoses. (See attached copy of page 2 of Emergency Information Sheet)	10/5/20

RECEIVED
NOV 27 2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Resident Emergency Information sheet did not include resident's current diagnoses. Submit an updated copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** As a preventive measure in the future, all Resident Emergency Information sheets will be completed and verified to include resident's current diagnoses. A monthly check of all medical records will be done to ensure that proper documents are complete and available for review.	10/5/20

RECEIVED
NOV 27 [illegible]

Licensee's/Administrator's Signature: _____

Print Name: Norma Santos

Date: 2/16/21