

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |  |
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| <b>Facility's Name: Hermelina Apuya (ARCH/Expanded ARCH)</b>    | <b>CHAPTER 100.1</b>                           |
| <b>Address:<br/>92-761 Paakai Street, Kapolei, Hawaii 96707</b> | <b>Inspection Date: October 2, 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>§11-100.1-14 <u>Food sanitation.</u> (f)<br/>Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b><br/>Unsecured, "Clorox" bottle and Sharps hazardous waste container. Cabinet lock available; however, not engaged.</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>yes, PCG placed the bottle of clorox to the cabinet and locked after the inspection<br/>Sharps hazardous waste container was also placed in the lock cabinet after the inspection</i></p> | <p><i>10/3/2020</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (f)<br/>Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b><br/>Unsecured, "Clorox" bottle and Sharps hazardous waste container. Cabinet lock available; however, not engaged.</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>clorox bottle and sharps hazardous waste container shall be securely stored in a cabinet and locked after each use. Primary and secondary caregivers are responsible for securing these items. The PCG will address the SGG duties and responsibilities in the PCG training to ensure caregivers understand the plan and it does not happen again. A written plan shall be maintained to show that a periodic check is being made.</i></p> | <p style="text-align: right;"><i>12/8/2020</i></p> |

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p data-bbox="325 267 966 422">§11-100.1-15 <u>Medications</u>. (m)<br/>All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p data-bbox="325 446 966 544"><b><u>FINDINGS</u></b><br/>Resident #1, no evidence in the medication administration (MAR) for medications made available in October 2020.</p> | <p data-bbox="1312 267 1417 300"><b>PART I</b></p> <p data-bbox="997 609 1732 933">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>§11-100.1-15 <u>Medications</u>. (m)<br/> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1, no evidence in the medication administration (MAR) for medications made available in October 2020.</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>All medications and supplements such as vitamins, minerals and formulas when taken by the resident shall be recorded on the resident's medication record with date, time, name of drug and dosage initialed by the responsible person giving the medication</i></p> | <p style="text-align: right;"><i>10/3/2020</i></p> |

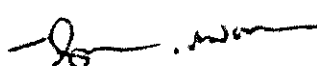
|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>During residence, records shall include:</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><b>FINDINGS</b><br/>Resident #1, no documentation of diet update. Nephrologist order (02/13/20) recommends special diet, "CKD - Low NA, Low Phosphorus and avoid Potassium Rich Foods."</p> <p>Please clarify the type of low NA diet with the CM and the resident's providers and then call the OHCA Registered Dietician for guidance on the revised diet (see attached.)</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>yes, PCG called resident's provider (nephrologist) to clarify the specific type of low NA diet for the resident on 10/7/2020. The resident's provider called back on 10/15/2020 at 12 noon 10/15/2020. The CM was informed about the diet order of the resident and said she will get a diet order. PCG got a copy of low phosphorus foods and list of foods to avoid excess potassium from provider's office. The resident is served with the listed foods for low phosphorus and foods to avoid excess potassium. Foods served are chicken, beef, eggs, rice cereal white bread crackers, rice apple juice cucumber, green beans, popcorn, freshly brewed tea, carrots, cabbage, cranberry sauce, spaghetti, pineapple pieces, apple sauce. These are all documented in the resident's progress notes. Called OHCA registered dietician for guidance on the revised diet and regarding specific foods and portion sizes that are right for the resident.</i></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1, no documentation of diet update. Nephrologist order (02/13/20) recommends special diet, "CKD - Low NA, Low Phosphorus and avoid Potassium Rich Foods."</p> <p>Please clarify the type of low NA diet with the CM and the resident's providers and then call the OHCA Registered Dietician for guidance on the revised diet (see attached.)</p> | <p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>In the future, when the resident's provider prescribe any diet order I will ask the specific controlled diet that the provider requires for the resident. I will document the diet update of the resident and serve the list of foods for low phosphorus and avoid serving Potassium rich foods and it will be documented the the residents monthly progress notes. I will refer to the list of foods low phosphorus foods and low potassium foods.</i></p> | <p style="text-align: right;"><i>10/31/2020</i></p> |

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>   | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports</u>, (b)(4)<br/>During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b><br/>Resident #1, no evidence of morning blood glucose reading in glucometer or documentation in resident record for 10/02/20.</p> | <p><b>PART 1</b></p> <p>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)(4)<br/>During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1, no evidence of morning blood glucose reading in glucometer or documentation in resident record for 10/02/20.</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>In the future, the caregiver shall provide health care within the operator's capabilities to the resident as prescribed by a physician &amp; make sure that the client's blood glucose is taken every morning before the client eats breakfast per order of the ordering physician. The PCG shall be able to record, recognize and report to the resident's physician significant change in the resident's health status</i></p> | <p style="text-align: right;"><i>10/4/2020</i></p> |

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| <input checked="" type="checkbox"/> | <p><b>11-1401-B Case management qualifications and services (c)(4)</b><br/> 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><b>FINDINGS</b><br/> Resident #1, no update in the Case Manager (CM) care plan to address orders (02/13/20 and 8/13/20) for special diet, "Low NA, Low Phosphorus, avoid Potassium Rich Foods."</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>THE RN CASE MANAGER UPDATED THE SERVICE PLAN AND REFLECTED THE DASH DIET SPECIFIC DIET FOR LOW SODIUM. ADVISED CAREGIVER TO SERVE LOW PHOSPHORUS AND AVOID POTASSIUM RICH FOODS. </p> | <p>12/9/2020</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)<br/>           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><b>FINDINGS</b><br/>           Resident #1, no update in the Case Manager (CM) care plan to address orders (02/13/20 and 8/13/20) for special diet, "Low NA, Low Phosphorus, avoid Potassium Rich Foods."</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 style="text-align: center;">IN THE FUTURE, THE RN CASE MANAGER WILL INCLUDE THE DIET IN THE SERVICE PLAN. <i>[Signature]</i></p> | <p style="text-align: center;">12/9/2020</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-03 Case management qualifications and services (c)(3)</p> <p>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>Have face-to-face contact with the expanded ARCH resident at least once every thirty days with more frequent contacts based on the resident's needs and the care giver's capabilities.</p> <p><b>FINDINGS</b></p> <p>Resident #1, no evidence of documentation or notes for required monthly face-to-face CM visits since 06/01/20.</p> | <p style="text-align: center;">PART I</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>DUE TO COVID 19 PANDEMIC, THE METHODS TO PERFORM THE PROMISED MONTHLY FACE TO FACE CM VISITS WAS CONDUCTED VIA TELEHEALTH. THIS INVOLVED TWO-WAY VIDEO AND AUDIO COMMUNICATION. THE TELEHEALTH WAS CONSENTED VOICEDLY AND WITH WRITTEN INFORMED CONSENT SIGNED BY THE RESIDENT AND THE CAREGIVER. THE TELEHEALTH WAS INITIATED ON 4/24/2020 TO COMPLY WITH THE STATE MANDATE "STAY AT HOME" ORDER AND ALSO TO REDUCE THE RISK OF EXPOSURE TO THE COVID 19 VIRUS TO ALL PARTIES.</p> <p>THE TELEHEALTH INFORMED CONSENT WAS ADDED TO THE CHART AND: CONSENTED ON 4/24/2020. HOWEVER, IT WAS NOT RECORDED BY THE CHARTING PERSON. IT WAS RECORDED ON 4/24/2020 AND WAS SIGNED BY THE RESIDENT AND CAREGIVER.</p> | <p>12/09/2020</p> |
|                                     |   | <p>THE TELEHEALTH INFORMED CONSENT WAS ADDED TO THE CHART AND: CONSENTED ON 4/24/2020. HOWEVER, IT WAS NOT RECORDED BY THE CHARTING PERSON. IT WAS RECORDED ON 4/24/2020 AND WAS SIGNED BY THE RESIDENT AND CAREGIVER.</p>  |                   |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services</u>, (c)(8)<br/> 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u><br/> Resident #1, no evidence of documentation or waiver for required monthly face-to-face CM visits since 06/01/20.</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>IN THE FUTURE, THE CASE MANAGER WILL MAKE SURE THAT THE TELEHEALTH INFORMED CONSENT WAS RECEIVED, SIGNED AND FILED IN THE CHART'S CHART. - Ja, [Signature]</p> | <p>12/9/2020</p> |

Licensee's/Administrator's Signature: Hermelina Apuya

Print Name: HERMELINA APUYA

Date: 12-10-2020