

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramelb Adult Residential Care Home (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 16-1508 35 th Avenue, Keaanu, Hawaii 96749	Inspection Date: July 2, 2021 – 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
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> (e) Substitutes offered to residents who refuse; food served shall be of similar nutritive value and documented. FINDINGS No documented menu substitutions for 2020 - 2021.	<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;"><i>From now on started a July 2021 menu substitutions to the residents by using a calendar to write down the menu substitutions.</i></p>	67-03-21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. FINDINGS No documented menu substitutions for 2020 – 2021.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I marked it down on my calendar the menu substitutions for the resident. If the menu is unavailable, I write down my menu substitution on the calendar.</p>	07-03-21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 -- admitted 06-14-21, the following medications initiated as administered beginning <u>06-14-21</u> on the June 2021 medication record, no physician order until <u>06-18-21</u> : <ul style="list-style-type: none"> • "Atorvastatin 40 mg tab for cholesterol 1 tab q day" • "Multivitamin take 1 tab q day" • "Cur-Q10 Ultra take 1 gel cap q day" • "Amlodipine 10 mg Besylate tabs one tab by mouth q day" • "ASA 81 mg 1 tab q day" • "Losartan 50 mg tab can take 1 tab by mouth once a day" • This is a repeat deficiency from your 2020 annual inspection.	<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"/> §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 style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this deficiency from re-occurring, upon admitting a resident, I will ensure that I get list on the medication by resident and a physician's order with signatures on the physician's card, prior to administering a medication to a resident.</i></p>	7-28-21
<p>FINDINGS</p> <p>Resident #1 – admitted 06-14-21, the following medications initiated as administered beginning <u>06-14-21</u> on the June 2021 medication record, no physician order until 06-18-21:</p> <ul style="list-style-type: none"> • “Atorvastatin 40 mg tab for cholesterol 1 tab q day” • “Multivitamin take 1 tab q day” • “Cur-Q10 Ultra take 1 gel cap q day” • “Amlodipine 10 mg Besylate tabs one tab by mouth q day” • “ASA 81 mg 1 tab q day” • “Losartan 50 mg tab can take 1 tab by mouth once a day” <p>This is a repeat deficiency from your 2020 annual inspection.</p>		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 -- no physician order for the following medications found in the resident medication bin: <ul style="list-style-type: none"> • "Tumeric Curcumin" • "Brainmentin" 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I wrote down the same medications in the physician order sheet then brought it to the pharmacy clinic in Hh to get signed by the primary physician. Home medications ordered are: 1) Tumeric curcumin 2) Brainmentin. Attached the physician order form.</p>	07/13/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 style="text-align: center;">PART 2 FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>When there are home medications given by family. I will get order from the physician prior to administering medication to a resident. I will write down in the physician order the medication and give it to the physician to get order with signature. As soon as I get the order I will start to administer a medicine to a resident.</i></p>	7-28-21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 – June 2021 medication record, primary care giver (PCG) initiated the following medications as administered this am; however, no medication on hand. <ul style="list-style-type: none"> • “Multivitamins Theragrams tab 1 each po daily SCH” • “Multivitamins, Multimineral take 1 tab q day” 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called the primary physician to inform that the multivitamins Theragram tab 1 each po daily sch. and multimineral 1 multimineral take 1 tab q day that we were provided by the wife. Daughter gave multimineral SOT & multimineral down all the medications to remove the primary physician. Doctor did confirm the multimineral Theragram and multimineral. multimineral; the doctor start to administered the multimineral SOT once a day.</p>	8-25-21

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<input checked="" type="checkbox"/> §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 style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>My future plan to prevent this depression. I will call the pharmacy to inform family that resident medications need to be kept in the medicine cabinet. I will give the names of the medications to the pharmacist. If the family is unable to provide home medications for the resident, I will notify the doctor to renew medications. I will document in the nurse note next to the medication label medication I will mark (NA) when unavailable in the medication administration record. When medications are available I will verify the pharmacy order by contacting the pharmacy to ensure the correct medication.</p>	7/29/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. <u>FINDINGS</u> Resident #1 – admitted 06-14-21, financial statement signed 06-18-21.	<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>	

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<input checked="" type="checkbox"/> §11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. FINDINGS Resident #1 - admitted 06-14-21, financial statement signed 06-18-21.	<p style="text-align: center;">PART 2 FUTURE PLAN</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><i>I made all the admission packet containing the necessary paperwork to give to read and signed. After provided to read and signed. I will review the packet if completed and use my admission checklist to double check that all forms are returned & signed.</i></p>	8/25/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (1)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. Lighting: Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers; FINDINGS Resident bedroom #1 – fan light fixture missing one (1) light bulb. Resident bedroom #2 – fan light fixture, only one (1) light bulb functional. This is a repeat deficiency from your 2020 annual inspection.	<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><i>I replaced it the bulb missing in rooms 1 + 2 The fan light fixtures are all working now. I spoke resident not to trouble or removed the fan fixtures bulb lights. If there are problems you let me know or tell the other residents how you can give us resident understand & aware. Will keep on check.</i></p>	7-09-21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. Lighting: Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers; FINDINGS Resident bedroom #1 – fan light fixture missing one (1) light bulb. Resident bedroom #2 – fan light fixture, only one (1) light bulb functional. This is a repeat deficiency from your 2020 annual inspection.	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will check all the fixtures from light progressively if those bulb lights working well. spoke to a resident not to provide the fan light bulbs. Talked to me if there any problems with these fan light bulbs let us know me, a few weeks later care givers. be aware.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. FINDINGS Substitute care giver (SCG) #1 completed six (6) of the required twelve (12) hours of continuing education hours. SSCG #2 & SCG #3 completed eight (8) of the required twelve (12) hours of continuing education hours. <u>Please submit documentation with your plan of correction (POC).</u>	<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><i>My substitute care giver is by already completed the 12 hours of continuing education. I let them know to complete for 12 hrs. continuing education each year. SCG #1 did the 6 hrs. of continuing education. SCG #2 & SCG #3 they did 4 hrs. of continuing education. The completed their 12 hrs. of continuing education.</i></p>	7/29/21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. <u>FINDINGS</u> Substitute care giver (SCG) #1 completed six (6) of the required twelve (12) hours of continuing education hours. SSCG #2 & SCG #3 completed eight (8) of the required twelve (12) hours of continuing education hours. <u>Please submit documentation with your plan of correction (POC).</u>	<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 style="text-align: center;"><i>Giveing 3 mos. to work my substitute under the supervision of education to do at least 3 hrs. per quarter.</i></p>	8-25-21

Licensee's/Administrator's Signature: Indyana Ramnik

Print Name: EVERLIN RAMNIK

Date: 07/13/21

Licensee's/Administrator's Signature: Tracy Kamm

Print Name: TRACY KAMM

Date: 01-29-21

Licensee's/Administrator's Signature: Emilyn Ramirez

Print Name: EMILYN RAMIREZ

Date: 8/25/21