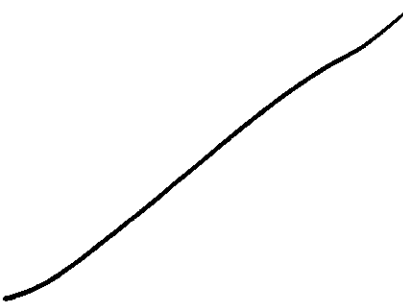


# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

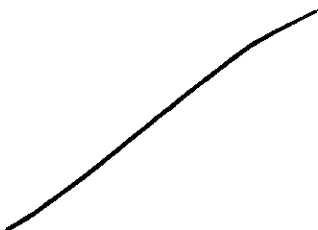
<b>Facility's Name: Baptista, Myrna</b>	<b>CHAPTER 100.1</b>
<b>Address: 28-2845 Makahana Street, Pepeekeo, Hawaii 96783</b>	<b>Inspection Date: January 7, 2020 – Annual</b>

**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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current:</p> <p><b><u>FINDINGS</u></b> Primary care giver (PCG) completed five (5) of the required six (6) hours of continuing education. Please complete one (1) additional hour of continuing education to be counted towards your 2020 annual inspection year.</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 style="text-align: center;"><i>3 HRS. Workshop completed on 10/28/19 Received certificate 1/8/20 in the mail Certificate Enclosed - copy</i></p> 	<p style="text-align: center;"><i>1-8-20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 and SCG #2 -- no training provided by the PCG to provide prescribed medications.</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 style="text-align: center;">Training for substitute caregivers for Marylina Escobar and Francisco Salamamea has been completed by primary care giver on 1/8/20 and 1/17/20</p>	<p>1-8-20</p> <p>1-17-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Resident #1, prescription bottle label and physician order dated January 9, 2019 and April 2, 2019 read:</p> <ul style="list-style-type: none"> <li>• "Docusate 100 mg – take capsule once daily PRN <u>for constipation</u>"</li> </ul> <p>However, January – April 2019 medication records reflected the following:</p> <ul style="list-style-type: none"> <li>• "Docusate 100 mg take 1 capsule once daily as needed."</li> </ul> <p>Reason for administering prn medication was not documented on the medication record.</p> <p>Resident #1, prescription bottle label and physician order dated January 9, 2019, April 2, 2019, July 9, 2019, August 9, 2019 and November 26, 2019 read:</p> <ul style="list-style-type: none"> <li>• "Ibuprofen 400 mg take 1-2 tab every 8 hrs as PRN for pain <u>take w/ food</u>"</li> </ul> <p>However, January 2019 – January 2020 medication records reflected the following:</p> <ul style="list-style-type: none"> <li>• "Ibuprofen 400 mg take 1-2 tabs every 8 hrs as needed for pain"</li> </ul>	<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>Docusate 100 mg - has been documented on medication record as ordered by physician</i></p> <p><i>Docusate 100 mg - take 1 capsule once daily as needed for constipation</i></p> <p><i>Ibuprofen 400 mg - has been documented on medication record sheet as:</i></p> <p><i>Ibuprofen 400 mg - take 1-2 tabs every 8 HRS. as needed for pain. Take with food.</i></p>	<p><i>1-10-20</i></p> <p><i>1-10-20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1, prescription bottle label and physician order dated January 9, 2019 and April 2, 2019 read:</p> <ul style="list-style-type: none"> <li>• “Docusate 100 mg – take capsule once daily PRN <b><u>for constipation</u></b>”</li> </ul> <p>However, January – April 2019 medication records reflected the following:</p> <ul style="list-style-type: none"> <li>• “Docusate 100 mg take 1 capsule once daily as needed.”</li> </ul> <p>Reason for administering prn medication was not documented on the medication record.</p> <p>Resident #1, prescription bottle label and physician order dated January 9, 2019, April 2, 2019, July 9, 2019, August 9, 2019 and November 26, 2019 read:</p> <ul style="list-style-type: none"> <li>• “Ibuprofen 400 mg take 1-2 tab every 8 hrs as PRN for pain <b><u>take w/ food</u></b>”</li> </ul> <p>However, January 2019 – January 2020 medication records reflected the following:</p> <ul style="list-style-type: none"> <li>• “Ibuprofen 400 mg take 1-2 tabs every 8 hrs as needed for pain”</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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>I will write prescription bottle label as ordered by physician. I will review if it's written correctly. Ask my substitute to check labels and compare labels and what is written on medication record sheet is correct.</i></p>	<p>1-20-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  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>  Resident #1, physician order and June 2019 medication record read:</p> <ul style="list-style-type: none"> <li>• "Repaglinide 2mg tabs take 1 tab <u>3x</u>/day 15-30 min before meals"</li> </ul> <p>However, July 2019 medication record initialed as administered at "<u>11:30 am</u>" and "<u>5 pm</u>"</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  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>  Resident #1, physician order and June 2019 medication record read:</p> <ul style="list-style-type: none"> <li>• "Repaglinide 2mg tabs take 1 tab <u>3x</u>/day 15-30 min before meals"</li> </ul> <p>However, July 2019 medication record initialed as administered at "<u>11:30 am</u>" and "<u>5 pm</u>"</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>I will document resident's medication as ordered by physician. I will use more space to write on as necessary so that it can read easily especially when a resident has a lot of medications to administer.</i></p> <p><i>I will double check the medication record with physician's order and medication label before the start of the next month.</i></p>	<p style="text-align: right;">1-10-20</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><b><u>FINDINGS</u></b> Resident #1, July 2019 monthly progress note did not indicate response to diet, medications, treatments and activity.</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>I will complete progress notes monthly and document any incident immediately so that I will have an accurate account as to what happened.</i></p> <p><i>I will put medications record and progress notes together so that when there is unusual event - I can document it immediately. at the end of the month I will file it on my folder.</i></p>	<p style="text-align: right;"><i>1-10-20</i></p>

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<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><b><u>FINDINGS</u></b> Resident #1, July 2019 monthly progress note did not indicate response to diet, medications, treatments and activity.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

Licensee's/Administrator's Signature: Myrna Baptista

Print Name: MYRNA BAPTISTA

Date: 1-23-20