

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: E &amp; J Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 74-797 Uluaoa Street, Kailua-Kona, Hawaii 96740</b>	<b>Inspection Date: February 14, 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>§11-100.1-9 <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>FINDINGS</b> Substitute care giver (SCG) #1 and #2, no care giver training provided by the primary caregiver to administer 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>Yes. The next day, after my inspection, I took the form PCG &amp; SCG <sup>training form</sup> and trained care giver #1 and #2. I demonstrated to them the correct way of administering medications to residents applying the five rights in giving medications. I told them the importance of not making any mistake especially when it comes to medications. To avoid confusion, I told them to medicate one resident at a time. I told them too to return the medicines back to the secured area right after giving the medicine before doing another client.</p>	<p>2/15/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  <u>FINDINGS</u> Substitute care giver (SCG) #1 and #2, no care giver training provided by the primary caregiver to administer medications.	<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 order for me not to repeat this same mistake again, I will do these things:</i></p> <p><i>a) I will read my list of deficiencies at least once a month to refresh my memory.</i></p> <p><i>b) I will read my plan of correction and put it into action.</i></p> <p><i>c) I will train my care givers right away before they start the job, orient them, and trained them the necessary (basic) skills including administering medications.</i></p>	<p style="text-align: center;">2/15/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator thermometer read 42°F. However, digital thermometer read 52°F.</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. I went to Wal-Mart and buy two (2) new refrigerator thermometer. I took the old one out and put the new one in. The second thermometer, I use it to check the new one, if they register the same reading, then I know for sure, that the temperature in the refrigerator is accurate.</i></p>	<p>2/16/20</p>

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<input checked="" type="checkbox"/> <p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator thermometer read 42°F. However, digital thermometer read 52°F.</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 order for me not to repeat this same mistake again, I will do these things:</p> <ol style="list-style-type: none"> <li>a) I will read my list of deficiencies at least once a month to refresh my memory.</li> <li>b) I will read my plan of correction and put it into action.</li> <li>c) I will check the temperature of the refrigerator every day by looking at the thermometer.</li> <li>d) I will also check the thermometer if it is working right by using another thermometer. If both thermometers are reading the same, then I know for sure that the temperature of the refrigerator is correct.</li> </ol>	<p style="text-align: center;">2/16/20</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, APRN orders dated November 9, 2019 read:</p> <ul style="list-style-type: none"> <li>• “Hydrochlorothiazide 12.5mg 1 po <u>daily</u> Hold if BP &lt;100”</li> <li>• “Lisinopril 20 mg 1 po <u>daily</u> for BP &lt;100”</li> </ul> <p>November 2019 – February 2020 medication records indicate blood pressure &gt;100 and medications were held. However, <u>daily</u> blood pressures were not documented.</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>, (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, APRN orders dated November 9, 2019 read:</p> <ul style="list-style-type: none"> <li>• "Hydrochlorothiazide 12.5mg 1 po <u>daily</u> Hold if BP &lt;100"</li> <li>• "Lisinopril 20 mg 1 po <u>daily</u> for BP &lt;100"</li> </ul> <p>November 2019 – February 2020 medication records indicate blood pressure &gt;100 and medications were held. However, <u>daily</u> blood pressures were not documented.</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 order for me not to repeat this same mistake again, I will do these things:</i></p> <ol style="list-style-type: none"> <li><i>I will read my list of deficiencies at least once a month to refresh my memory.</i></li> <li><i>I will read my plan of correction and put it into action</i></li> <li><i>I will bring out the resident's book at the same time I bring out the resident's medicines. Soon as I got the resident's B/P I will sign &amp; document it right away, then do the right action to give or to hold the medicine.</i></li> <li><i>Then I will document the other medications right after administering the medications.</i></li> <li><i>I will document the B/P reading daily just like the medications are documented daily.</i></li> </ol>	<p style="text-align: center;">2/15/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><b>FINDINGS</b>  Resident #1, admitted on November 1, 2019, no physical examination.</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. I called the PCP for resident #1 and made an appointment for PE and diet orders. Her PCP came on 2/15/20 and checked resident #1. Filled out the PE form and the Diet Form and signed it. I put the PE form on the resident's binder.</i></p>	<p style="text-align: center;"><i>2/15/20</i></p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1, APRN order dated January 15, 2020 read, "Telephone order Daily dressing changes to L elbow and L shoulders skin tears. Clean with wound cleanser, pat dry apply mupirocin ointment and dry dressing and secure with tape." However, no documentation treatment was administered.</p>	<p style="text-align: center;"><b>PART 1</b></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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b> Resident records unsecured in downstairs closet.</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. I moved the box which contains all the residents books of records in a secured place where it is locked.</i></p>	<p style="text-align: center;"><i>2/14/20</i></p>

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:  An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;  <u>FINDINGS</u> Resident records unsecured in downstairs closet.	<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 order for me not to repeat this same mistake again, I will do these things:</i></p> <ul style="list-style-type: none"> <li><i>a) I will read my list of deficiencies at least once a month to refresh my memory.</i></li> <li><i>b) I will read my plan of correction and put it into action.</i></li> <li><i>c) I will always put the book of records, residents binder and Care Home binder into the secured area at all times. If I need to bring the the books out because I'm documenting or reading their records, I will put it back right away to the secured area as soon as I'm done. I will always keep the residents record privately secured.</i></li> </ul>	<p style="text-align: center;">2/14/15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b> Resident #2, recently admitted to hospice, and unable to feed self, ambulate, is incontinent – no case manager or case management waiver request.</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>I planned to correct this deficiency right away, but the resident #2 expired the next day after my inspection. She died @ 3:00 PM on 2/15/20.</i></p>	<p style="text-align: center;">N/A</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><b>FINDINGS</b> Resident #1, care plan last reviewed December 1, 2019.</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. I called the CM for resident #1 and told her about the care plan situation. She came to my Care Home and corrected the deficiency by putting a new care plan for the month of January 2020. The care plan is placed on the resident's #1 binder.</i></p>	<p style="text-align: center;"><i>2/17/20</i></p>

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Licensee's/Administrator's Signature: Evangelina D. Reyes Jessie F. Reyes

Print Name: Evangelina D. Reyes Jessie F. Reyes

Date: March 01, 2020