

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 91-1129 Kiwi Street, Ewa Beach, Hawaii 96706	Inspection Date: February 7, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute Care Giver #1 – No annual tuberculosis clearance.	<p style="text-align: center;">PART I</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>Substitute caregiver #1 Mercedesita Pascual brought to primary care physician to complete Annual Tuberculosis clearance using the department of Health Tuberculosis clearance form.</i></p>	<p style="text-align: center;"><i>3/10/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute Care Giver #1 – No annual tuberculosis clearance.	<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>When time for the Annual Physical Exam as well as the TB clearance, I must bring the form from the Department of Health for the PCP to complete.</p>	<p style="text-align: right;">3/10/20</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. FINDINGS Resident #1 – Medication order for Metoprolol 50 states, “1 tab orally once a day, hold for SBP <100.” However, no documented evidence of blood pressure taken daily.	<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>Effective Feb. 18, 2020 care giver takes Stephen Hanretty blood pressure before administering metoprolol 50mg. 1 tab. orally once a day. B/P documentation will be in the M&P. caregiver will hold metoprol 50mg. if BP < 100</p>	<p style="text-align: center;">3/10/20</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (2) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. <u>FINDINGS</u> Resident #1 – Medications orders not signed by the physician every four (4) months.	<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. <i>medication orders will be reevaluated and signed by the Physician every four months.</i> </p>	<p style="text-align: center;"><i>3/10/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – Medications orders not signed by the physician every four (4) months.	<p style="text-align: center;">PART 2 <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 patients have follow up appointments every 3 to 4 months. Prior to the each appointment, I will prepare the patients current medication list orders to bring to the appointment. I'll have the doctor reevaluate the current medication order and sign. I'll review the new medications I'll review to ensure that the doctor orders to ensure that the doctor had reevaluated and signed the orders. I'll schedule the patients Next appointment in 4 months to ensure th ein medications will be reevaluated and signed again</p>	<p style="text-align: right;">4/21/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: 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; <u>FINDINGS</u> Resident #1 – No annual tuberculosis clearance.	<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>Resident Stephen Hanretty brought to Primary care physician to complete Annual Tuberculosis clearance using the department of Health Tuberculosis clearance Form.</i></p>	<p style="text-align: center;"><i>3/10/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 – Monthly progress notes do not include observations of the resident's response to medications.	<p style="text-align: center;">PART 1</p> <p><i>Monthly Progress notes will include observation of the residents response to medication</i></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>	<p><i>3/10/20</i></p>

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Licensee's/Administrator's Signature: Evelyn D. Valdez

Print Name: Evelyn D. Valdez

Date: 3/10/20

Licensee's/Administrator's Signature: Evelyn Valdez

Print Name: Evelyn Valdez

Date: 9/21/20