STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Castro's	**CHAPTER 100.1**
Address: **3354 Eono Street, Lihue, Hawaii 96766**	**Inspection Date: March 21, 2019**

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
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** Menus were not posted in the kitchen and dining area.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I posted the menu in the dining and kitchen area at all times	5/1/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** Menus were not posted in the kitchen and dining area.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** (1) Made sure menu is posted in the kitchen and dining area (2) Menu is available at all times. (3) Menue is alternated each week.	5/1/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 - "docusate 100 mg capsule Take 1 capsule by mouth See Administration Instructions" ordered 2/5/19, 9/10/18. The label read: "docusate 100 mg capsule Take 1 capsule by mouth See Administration Instructions." The frequency was not specified.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** YES **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I corrected by calling the doctor to specify frequency order for Docusate 100 mg capsule and clarify order	5/1/19

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☒	§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 - "gemfibrozil 600 mg Take 1 tab by mouth one time per day" ordered 2/21/19, 9/10/18; the label instructions read "Take this medication 1/2 hour before a meal." The medication record noted that the medication is taken at 6 a.m. Breakfast is served at 6 a.m.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I changed the medication time that was specified on the bottle to give 1/2 hour before breakfast on the medication sheet.	6/6/19

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☒	§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 - "gemfibrozil 600 mg Take 1 tab by mouth one time per day" ordered 2/21/19, 9/10/18; the label instructions read "Take this medication 1/2 hour before a meal." The medication record noted that the medication is taken at 6 a.m. Breakfast is served at 6 a.m.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** (1) I will check the medicaton (2) I will check the doctors order (3) check Medicatin label and special instruction on the bottle. (4) I will change the time on my medicatons chart if to be given 1/2 hour before meals.	9/20/19

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☒	§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 - "metoprolol tartrate 25 mg Take 1 tab by mouth twice per day with breakfast and dinner" ordered 2/5/19, 9/10/18; however, the medication record noted the medication is taken at 6 a.m. and 8 p.m. Dinner is served at 6 p.m.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I changed the medication time on the medication sheet to be taken with dinner.	6/6/19

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☒	§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 - "metoprolol tartrate 25 mg Take 1 tab by mouth twice per day with breakfast and dinner" ordered 2/5/19, 9/10/18; however, the medication record noted the medication is taken at 6 a.m. and 8 p.m. Dinner is served at 6 p.m.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** (1) I will check the medication order. (2) Double check order and change the time of the medication on the medication sheet and record the time of the day of each medication on the medication record.	9/30/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 - "ondansetron ODT 4 mg disintegrating tablet (Zofran) Take 1 tab by mouth every 8 hours as needed for nausea" ordered 9/10/18; however, the February 2019 medication record noted the medication was discontinued on 2/15/19. There was not physician order to discontinue.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I went to see doctor to get a discontinued order from the doctor, discontinued date on 4/15/2018.	8/26/19

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☒	§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 - "ondansetron ODT 4 mg disintegrating tablet (Zofran) Take 1 tab by mouth every 8 hours as needed for nausea" ordered 9/10/18; however, the February 2019 medication record noted the medication was discontinued on 2/15/19. There was not physician order to discontinue.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check the medication order from medication and call the doctor for any verification or clarification of medication or if discontinued. If doctor is giving Telephone order, Record on the physician order sheet, countersign with the doctor on next visit or within 4 months.	9/30/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 - No documentation that Clozaril, Klonopin and Abilify were updated by the physician from 3/22/18 to 11/29/18; a period of 8 months.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** For one resident, "ventolin," with expiration date March 2018, was found with the currently supply of medication. Multiple bottles of expired medication for current and former residents were in the medication cabinet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I think all expired medications in a designated trash, and remove from original container and mix with used coffee grounds	5/1/19

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☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** For one resident, "ventolin," with expiration date March 2018, was found with the currently supply of medication. Multiple bottles of expired medication for current and former residents were in the medication cabinet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check every month for expired medication, if expired, Take it out from the current supply, and to follow the handout on how to dispose expired medication.	9/30/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 - Progress notes did not reflect the resident's tolerance to diet and that he is attending day program Monday through Friday.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	5/1/19

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☒	§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 - Progress notes did not reflect the resident's tolerance to diet and that he is attending day program Monday through Friday.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I am including on my monthly progress record my resident daily activities, and how they eat, and how they respond to their daily activities.	6/6/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; **FINDINGS** Resident #1 - Progress notes did not include visits to the physician, psychiatrist and with the case manager.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** No documentation of substitute care giver training for hypoglycemia, hyperglycemia and appropriate intervention.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I train and educate my substitute caregiver on signs and symptoms of hypoglycemia and hyperglycemia and how to handle and provide care.	6/6/19

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☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** No documentation of substitute care giver training for hypoglycemia, hyperglycemia and appropriate intervention.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** To train my substitute caregiver and educate signs and symptoms of hypoglycemia/hyperglycemia, and to provide treatment for hypo/hyper. I will post signs and symptoms of hypoglycemia/hyperglycemia, and document training.	9/20/16

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☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** No documentation of substitute care giver training for hypoglycemia, hyperglycemia and appropriate intervention.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** (1) At the time of admission, Check and Note at residents Chart for diagnosis. (2) Check for any precautions and treatment. (3) To train my substitute for any precautions and how to provide care and to document training	9/30/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: **FINDINGS** Resident #1 - In the General Operational Policy, page 10 was missing.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I check and make sure each general policy pages is complete, I already provided the missing pages to the caretaker folder.	6/6/19

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☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: **FINDINGS** Resident #1 - In the General Operational Policy, page 10 was missing.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I check the general policy if page is complete, To make sure if pages is missing, to make sure all pages are in sequence; and to put each pages in order.	6/6/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** Hook & eye locking device on the front exit screen door.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I remove hook and eye locking device on the front ~~door~~ exit door.	5/6/19

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☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** Hook & eye locking device on the front exit screen door.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will let my substitute caregiver know not to put any locking device on the front door, check every month for any locking device.	9/20/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Contaminated lancets were in a clear, orange juice bottle. There was no written plan for disposal. Handout given: How to Dispose of Unused Medicines.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** Yes **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I replaced the container to a dark colored container with a small opening on the top so not to stick your hand in the container for injury.	Celia

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Licensee's/Administrator's Signature: Julie Castro

Print Name: Julie Castro

Date: 6/3/19

Licensee's/Administrator's Signature: Julie Castro

Print Name: Julie Castro

Date: 8/23/19

Licensee's/Administrator's Signature: Julie Castro

Print Name: Julie Castro

Date: 10/4/19