

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tablit, Elipidio (ARCH)	CHAPTER 100.1
Address: 94-544 Hiahia Loop, Waipahu, Hawaii 96797	Inspection Date: February 8, 2022

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.

STATE OF HAWAII
DEPT. OF HEALTH
LICENSING DIVISION

22 JUL 26 P2:53

	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>FINDINGS Resident #1 - Polyethylene Glycol discontinued on 9/28/21, however, medication administration record (MAR) for 10/2021 still shows Polyethylene Glycol as being initialed as given.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Polyethylene Glycol was removed from MAR in November 2021 per doctors notes on 9/28/2021.</p> <p>(see attached)</p> <p><i>Annelin Tabbitt</i> 6/30/2022</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><u>FINDINGS</u> Resident #1 - Polyethylene Glycol discontinued on 9/28/21, however, medication administration record (MAR) for 10/2021 still shows Polyethylene Glycol as being initialed as given.</p>	<p>PART 2</p> <p><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>An inbox has been made for all incoming paperwork. When Progress Notes are received from the physician, ALL notes will be placed in the inbox.</p> <p>The paperwork will then be reviewed by EACH caregiver. Changes will be made to the resident's MAR accordingly and initialed by EACH caregiver.</p> <p>ORDER FOUND: Discontinue Polyethylene Glycol on 11/3/2021 (Copy of MAR attached)</p> <p><i>Aurelia Lablitt</i> 6/30/2022</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><u>FINDINGS</u> Resident #1 – PCP records still showing to continue water restriction even though clients Polydipsia is in remission. Needs clarification.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On 4/25/2022, clarification has been received to remove water restriction.</p> <p>See attached.</p> <p><i>Aurelia Tabilit</i> 6/30/2022</p>	

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	<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><u>FINDINGS</u> Resident #1 – PCP records still showing to continue water restriction even though clients Polydipsia is in remission. Needs clarification.</p> <p>STATE OF ILLINOIS JUL 26 2022 2:50 PM</p>	<p>PART 2</p> <p><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>Created a place on MAR to list current restrictions; this will serve as a CONSTANT reminder.</p> <p>When patient visits with doctor, these restrictions will be addressed. If changes occur, it will be placed in the inbox with all incoming paperwork. The paperwork will then be reviewed by EACH caregiver. Changes will be made to the resident's MAR accordingly and initialed by EACH caregiver.</p> <p><i>Aurelia Labeit</i> 6/30/2022</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><u>FINDINGS</u> Resident #1 – Physician's order on 6/19/21 says to use Mometasone instead of Hydrocortisone, however, on MAR Hydrocortisone is initialed as given from 7/2021 – current.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Mometasone was administered but the name listed on the MAR was not changed. Change was made accordingly.</p>	<p><i>Aurelia Labeit</i> <i>6/30/2022</i></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><u>FINDINGS</u> Resident #1 – Physician's order on 6/19/21 says to use Mometasone instead of Hydrocortisone, however, on MAR Hydrocortisone is initialed as given from 7/2021 – current.</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING JUL 26 2 50 PM '22</p>	<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>Attention to detail when printing NEW Month's MAR to ensure the correct information and medication is being carried over to the new month.</p> <p>Each caregiver will INITIAL the MAR at the beginning of each month to be held accountable and to ensure accuracy.</p> <p style="text-align: right;"><i>Aurelia Talilit</i> <i>6/30/2022</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order on 9/28/21 to start Clotrimazole Betamethasone twice a day, however, this order is not listed on the MAR.</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING JUL 26 2:50 PM '22</p>	<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>Clotrimazole Betamethasone was listed on MAR.</p> <p>Copies of Sept and October MAR attached.</p> <p style="text-align: right;"><i>Aurelia Tabet</i> 6/30/2022</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Medications were not renewed every four months.</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING JUL 26 P2:50 '22</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Meds were renewed on 4/25/2022.</p> <p>Aurelia Talsit 6/30/2022</p>	

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	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Medications were not renewed every four months.</p> <p>STATE OF HAWAII DOH-001 5/15/2022 2:50 PM</p>	<p>PART 2</p> <p><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 patient visit the doctor, caregiver will take the spreadsheet with medications listed for the doctor to review and renew.</p> <p><i>Aurelia Jablet</i> 6/30/2022</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – two (2) telephone orders taken on 6/19/21 and 9/28/21 were not recorded on a physician's order sheet nor signed at the next doctors visit and not later than four months later.</p> <p style="text-align: right;">STATE OF HAWAII HHS-00000000 STATE LICENSING JUL 26 P2:50</p>	<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>These were not telephone orders. These were notes that was listed on the physician summary received after visiting the doctor.</p> <p style="text-align: right;"><i>Aurelia Tabbitt</i> 6/30/2022</p>	

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	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 was admitted to QMC from 5/8/21 to 6/15/21. however, readmission process not followed. PCG re-assessment not completed.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING 22 JUL 26 P2:50</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Reassessment/Readmission was completed March 2022.</p> <p>Aurelia Tabet 6/30/2022</p>	

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	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 was admitted to QMC from 5/8/21 to 6/15/21, however, readmission process not followed. PCG re-assessment not completed.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING JUL 26 2 25 PM '22</p>	<p>PART 2</p> <p><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>Retraining was done so that all caregivers are now aware that all patients must complete readmission procedures if they are admitted to the hospital and return back to the care home.</p> <p><i>Aurelia Tabbitt</i> 6/30/2022</p>	

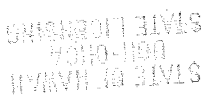
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary 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><u>FINDINGS</u> Resident #1 – No initial two-step tuberculosis clearance</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p> <p>22 JUL 26 P2:50</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>2-step completed on April 25, 2022 and now in resident record.</p> <p><i>Aurelie Tablio</i> <i>6/30/2022</i></p>	

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	<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><u>FINDINGS</u> Resident #1 – Progress notes do not contain 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.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DOH STATE LICENSING JUL 26 P2:50</p>	<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>Moving forward, monthly progress notes now include more detailed information with responses to new medications, diet and treatments.</p> <p style="text-align: right;"><i>Aurelia Tabbitt</i> 6/30/2022</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – No incident report available for resident's decompensation and subsequent Urgent Care, ER visit, then hospitalization.</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING JUL 26 P2:50</p>	<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>Incident report was completed. Initially only notes on the monthly progress report was done.</p> <p style="text-align: right;"><i>Aurelia Saleit</i> 6/30/2022</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information needs to be updated.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING JUL 26 P2:50</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>All pertinent information has been compiled & a new emergency information sheet was updated for all patients.</p> <p><i>Aurelia Tallet</i> 6/30/2022</p>	

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Licensee's/Administrator's Signature: Aurelia Tablit

Print Name: Aurelia Tablit

Date: June 30, 2022

STATE OF HAWAII
DEPT. OF COMMERCE
STATE LICENSING

22 JUL 26 P 2:50