

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. Mabini ARCH	CHAPTER 100.1
Address: 94-1083 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: February 14, 2022 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.

STATE OF HAWAII
DOH-DOHA
STATE LICENSING

22 APR -7 10:47

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No documented evidence of current CPR certification.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</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><i>"see attached"</i></p>	<p>2-28-2022</p>

22 APR -7 MO 47

11-100.1-9(f)(1)

Plan of Correction Part 1 Page 2

Followed up with the instructor to send the CPR and AED card for substitute caregiver #1. To prevent this problem from happening, CHO to ask for a document as soon as the class is over and have it filed in the care home binder.

Future Plan Part 2 Page 3

In the future CHO to double check that all certifications are available 2-3 months before annual inspection.

Completion Date

Date of completion: CPR and AED card for Estrella Ramos dated 1-15-2022 received on 2-28-2022

Eden S. Mabini
Eden S. Mabini

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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>FINDINGS Medication order for Losartan 100 mg includes hold parameter, "Hold if Systolic Blood Pressure (SBP) <110 or DBP <50." On 11/25/2021, medication was not held despite SBP being 108.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR -7 AMO :47</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>" see attached "</p>	<p>2-18-2022</p>

11-100.1-15e

Future Plan Part 2 Page 5

Educated substitute caregivers to follow orders to hold Losartan if blood pressure falls below the parameter, to pay attention to all the residents who are on antihypertensive medications and to comply with the parameters for the safety of the residents. CHO to discuss each resident's antihypertensive medications and parameters by showing the MAR and the medication label instructions before leaving for vacation or if CHO not available to administer such medications.

In the future CHO will audit MAR monthly to look for any errors and will counsel the substitute caregiver that has made an error if applicable.

Date of completion: 2-18-2022

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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> "Ketotifen" and "Bentyl" medication orders are not accurately reflected on the Medication Administration Record (MAR). Order for Ketotifen states, "Instill 1 drop into eye(s) BID as needed for itchy eyes." Ketotifen on MAR states, "Instill 1 drop into each eye as needed for itchy eyes." Order for Bentyl states, "1 tab orally every 6 hours as needed for abdominal discomfort/cramping." Bentyl on MAR states, "1 tab orally daily as needed."</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>22 APR -7 AMO :48</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>" see attached "</p>	<p>2-14-2022</p>

11-100.1-15(f)

Plan of Correction Part 1 Page 6

Ketotifen on Medication Administration Record (MAR) corrected per order to state Ketotifen 0.025% ophthalmic solution instill 1 drop into affected eye(s) bid prn itchy eyes. Site of administration (R eye, L eye, both eyes) is also reflected in the MAR.

Bentyl on MAR corrected per order to state Dicyclomine (Bentyl) 20 mg 1 tab PO every 6 hours prn abdominal cramping/discomfort .

Future Plan Part 2 Page 7

In the future CHO to check medication labels versus medication orders every month for routine medications and every time a prn medication is refilled or re-ordered before creating the MAR.

Date of completion: 2-14-2022

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 – Medication orders not reevaluated and signed by a physician or APRN every four months.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>22 APR - 7 AIO :48</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>"see attached"</p>	

11-100.1-15(g)

Plan of Correction Part 1 Page 8

Primary Care Physician's Office staff cancelled appointments as the PCP is on leave until March or April of 2022. A Nurse Practitioner was assigned to see the resident, and ordered laboratory tests. Laboratory results were evaluated by the Nurse Practitioner and reported that laboratory results are within normal limits, however appointments were cancelled twice. The Nurse Practitioner saw and evaluated the resident for annual physical examination and updated medications on 1/05/22. During the absence of the PCP, resident was taken to specialty clinics such as, nephrology, urology, cardiology, respiratory, and psychiatry. Resident found to be in no acute illness.

Future Plan Part 2 Page 9

In the future, CHO will fax medication orders to the Primary Care Physician if appointments are cancelled. If CHO is still unable to get medication orders reevaluated and signed, CHO will document attempts in progress notes until successful. If same problem arises in the future, CHO to contact the RN case manager for advice on how medications are evaluated every 4 months.

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11-100.1-17(b)(1)

Plan of Correction Part 1 Page 10

Took resident #2 to the Kaiser Clinic for annual tuberculosis clearance. Got the documentation that PPD was administered on 2-15-2022, and had it read on 2-17-2022. Filed the certification that result was negative for TB exposure.

Future Plan Part 2 Page 11

In the future, CHO will make a list with all residents and caregivers expiring physical examinations and tuberculosis clearance dates, and keep it in the care home binder. CHO will check this list monthly, so clearances don't get missed.

Date of completion: 2-17-2022

Ms. Mabini
Eden S. Mabini

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22 APR - 7 110:48

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of annual tuberculosis clearance.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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 style="text-align: center;"><i>"see attached"</i></p>	<p><i>2-17-2022</i></p>

22 APR -7 10:48

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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)(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 – Multiple monthly progress notes do not include observations of the resident's response to medications.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR -7 AM 4:48</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>" see attached "</p>	

11-100.1-17(b)(3)

Future Plan Part 2 Page 13

In the future, CHO will make sure that the monthly progress notes is properly filled out with the resident's response to medications. CHO to double check completeness of the monthly progress notes on the last day of the month.

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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)(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 – Resident emergency information sheet does not accurately reflect the resident's current medications.</p> <p>STATE OF HAWAII DOH-QHCA STATE LICENSING</p> <p>22 APR - 7 10:48</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>" see attached "</p>	<p>2-15-2022</p>

11-100.1-17(f)(4)

Plan of Correction Part 1 Page 14

Renewed emergency information sheet and attached the current medication list.

Future Plan Part 2 Page 15

In the future CHO to make a copy of the current medication list and each time there is a medication change or after medications are reevaluated. Attach a copy of the updated medication list to the emergency information sheet so it's readily available.

Date of completion: 2-15-2022

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Primary care giver stated that dishes are sanitized once daily after breakfast, instead of after each meal.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR -7 10:49</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>" see attached "</p>	<p>2-14-2022</p>

11-100.1-23(h)(3)

Plan of Correction Part 1 Page 16

Posted instructions by the sink on how to sanitize dishes using concentrated and regular bleach every after meals. CHO instructed substitute caregivers on proper dish sanitizing procedure.

Future Plan Part 2 Page 17

In the future, CHO to randomly observe substitute caregivers monthly when washing dishes to ensure they are also sanitizing after each meal washing to comply with DOH regulation.

Date of completion: 2-14-2022

Mabini

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STATE OF HAWAII
DOH-OPCA
STATE LICENSING

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Licensee's/Administrator's Signature: Mabini

Print Name: Eden S. Mabini

Date: 3-17-2022

Licensee's/Administrator's Signature: Mabini

Print Name: Eden S. Mabini

Date: 4-04-2022