

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Poncethia R. Rambo's	CHAPTER 100.1
Address: 1621 Nohoana Place, Hilo, Hawaii, 96720	Inspection Date: November 7, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – re-admitted on 10-12-22, level of care assessment obtained after re-admission on 10-17-22.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – re-admitted on 10-12-22, level of care assessment obtained after re-admission on 10-17-22.</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>Date of Admission was 10/12/22. Level of care was obtained 10/17/22 from the PCP.</p> <p>In the future, I'm gonna make a new resident binder for the resident upon admission/re-admission using the ARCH/ARCH Resident Admission/Re-admission Checklist that is located in my Resident's Record folder. Make a copy, put it in the new resident folder. Obtain a signed doctor's order for the level of care from the discharging doctor prior to admitting the resident into my care home in order to prevent from happening the same mistake again.</p>	12-12-22

	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><u>FINDINGS</u> Resident #1 – physician order form dated 10-17-22 read the following:</p> <ul style="list-style-type: none"> • “Melatonin 5 mg tab take 1 tab by mouth as needed” • “Trazodone 50 mg take 1 tab by mouth as needed” <p>However, prn medications not listed on the November 2022 medication record as made available.</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>Obtained a discontinued order from the doctor for the melatonin and TRAZODONE since the resident been refusing to take the med.</i> <i>P.S. see attached copy of the signed doctors order.</i></p>	12-5-22

	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><u>FINDINGS</u> Resident #1 – physician order form dated 10-17-22 read the following:</p> <ul style="list-style-type: none"> • “Melatonin 5 mg tab take 1 tab by mouth as needed” • “Trazodone 50 mg take 1 tab by mouth as needed” <p>However, prn medications not listed on the November 2022 medication record as made available.</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><i>On the future, I'll check my pre-printed MAR record if the med is listed in there and verify ahead from the current doctor's order prior to giving med to the resident.</i></p>	12-5-22

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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 – medication bin contained “Montelukast Sodium 10 mg tablet (Singulair)” However, no physician order for administration.</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>Obtained a signed order from the doctor for the Montelukast sodium and update current doctor's order into the MAR record prior to giving med to the resident. Please see attached signed doctor's order.</i></p>	12-05-22

	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><u>FINDINGS</u> Resident #1 – medication bin contained “Montelukast Sodium 10 mg tablet (Singulair)” However, no physician order for administration.</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><i>In the future, I'll start a new MAR (pre-printed) record and compare with the re-admission doctor's order on the day of the re-admission. If I'm missing any doctor orders I will obtain a telephone order from the doctor before giving meds to the residents.</i></p>	12-5-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 – re-admitted on 10-12-22, no admission assessment completed upon re-admission.</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>	

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<input checked="" type="checkbox"/>	<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 – re-admitted on 10-12-22, no admission assessment completed upon re-admission.</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>No admission assessment completed upon re-admission on 10/12/22.</p> <p>In the future, I'll make a new resident binder. make a copy of the last/each resident admission/re-admission form checklist that is located in my residents record folder. Fill out a new admission Assessment form on the day of the admission/re-admission of the resident and put it in the new resident binder for records. Will do this to prevent from having the same mistake in the future.</p>	12-12-22

	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><u>FINDINGS</u> Resident #1 – re-admitted on 10-12-22, physical examination completed after re-admission on 10-17-22.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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>FINDINGS Resident #1 – re-admitted on 10-12-22, physical examination completed after re-admission on 10-17-22.</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>Date of admission was 10/12/22. Physical examination obtained 10/17/22 From PCP.</p> <p>On the future, I'm gonna make a new resident binder for the resident upon admission/re-admission using the AACH/EAACH Resident Admission/Re-admission checklist that is located in my Residents record folder. make a copy, put it in the new resident folder. Obtain a signed doctors order for the Resident Admission medical and Personal History form from the discharging doctor prior to admitting the resident into my care home, in order to prevent from happening the same mistake again.</p>	12-12-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – re-admitted on 10-12-22, diet order obtained after re-admission on 10-17-22.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – re-admitted on 10-12-22, diet order obtained after re-admission on 10-17-22.</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><i>On the future, I will use the Resident Admission Medical and Personal History form to be signed by the doctor before discharging the resident and coming into my home for admission or re-admission. It will highlight all the important things to be filled out like diet, level of care, med orders, etc.</i></p>	11-30-22

Licensee's/Administrator's Signature: Forrest H. Ramo

Print Name: FORREST H. RAMO

Date: DECEMBER 05, 2022

Licensee's/Administrator's Signature: Joseph A. Rambo

Print Name: JOSEPH A. RAMBO

Date: 12-12-22