

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Negrillo ARCH & EARCH LLC	CHAPTER 100.1
Address: 4719 Opukea Street, Lihue, Hawaii 96766	Inspection Date: March 14, 2023 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>§11-100.1-15 <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 dated 4/4/22, 8/9/22, and 12/13/22 states “Aspercreme Lidocaine. Apply externally.” Order is incomplete and does not include frequency and indication. No documented evidence of medication order being clarified.</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>Deficiency was corrected. Reviewed with physician and orders clarified to include frequency and indication for medication. Physician initialed and dated.</p>	03/22/2023

	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 dated 4/4/22, 8/9/22, and 12/13/22 states “Aspercreme Lidocaine. Apply externally.” Order is incomplete and does not include frequency and indication. No documented evidence of medication order being clarified.</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>To ensure the deficiency doesn't happen again, I will inspect physician's written orders and assure medication administration instructions are complete. I will utilize designated medical visit folder at the time of visit with post it reminders to review physician notes and orders. I will also have one of my SCG review orders quarterly to ensure orders are complete.</p>	03/22/2023

	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 dated 4/4/22, 8/9/22, and 12/13/22 for “Artificial tears, ophthalmic solution. Place 2 drops into both eyes two times daily as needed (PRN).” No indication for PRN medication.</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>Deficiency was corrected. Reviewed with physician and orders clarified: "Artificial tears, Ophthalmic Solution. Change to 1 drop into both eyes once daily for itchiness or dryness.</p>	04/03/2023

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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 order dated 4/4/22, 8/9/22, and 12/13/22 for “Artificial tears, ophthalmic solution. Place 2 drops into both eyes two times daily as needed (PRN).” No indication for PRN medication.</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>To ensure the deficiency doesn't happen again, I will inspect physician's written orders and assure medication administration instructions are complete. I will utilize designated medical visit folder at the time of visit with post it reminders to review physician notes and orders. I will also have one of my SCG review orders quarterly to ensure orders are complete.</p>	03/22/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Medication Administration Record (MAR) does not match physician order for Artificial Eye Drops. Physician order dated 4/4/22, 8/9/22, and 12/13/22 for "Artificial tears, ophthalmic solution. Place 2 drops into both eyes two times daily as needed (PRN)." However, on MAR, it is written that is administered as a daily medication from April 2022 to present.</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>Deficiency was corrected. Medication reviewed and clarified with physician. Medication order corrected by physician indicating medication to be given daily. Physician initialed and dated.</p>	03/22/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Medication Administration Record (MAR) does not match physician order for Artificial Eye Drops. Physician order dated 4/4/22, 8/9/22, and 12/13/22 for "Artificial tears, ophthalmic solution. Place 2 drops into both eyes two times daily as needed (PRN)." However, on MAR, it is written that is administered as a daily medication from April 2022 to present.</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>To ensure the deficiency doesn't happen again, I will inspect physician's written orders and assure that the resident's MAR medication orders and instructions matches of those written by the physician. I will utilize post-it notes on resident's MAR to review physician orders and ensure it matches. I will also have one of my SCG review orders quarterly to ensure orders are complete and reflects physician orders.</p>	03/22/2023

	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 #2 – Physical exam dated 2/22/23 states resident is non-self preserving. However, Self Preservation Statement form also dated 2/22/23 states that resident is self-preserving. No documented evidence that conflicting forms have been clarified with the physician.</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>Deficiency was corrected. Reviewed physical exam with physician and clarified Self-Preservation Statement form. Physician corrected and determined client as self preserving. Physician initialed and dated correction.</p>	03/22/2023

	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 #2 – Physical exam dated 2/22/23 states resident is non-self preserving. However, Self Preservation Statement form also dated 2/22/23 states that resident is self-preserving. No documented evidence that conflicting forms have been clarified with the physician.</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>To ensure the deficiency doesn't happen again, I will inspect physician's written notes post resident evaluation and assure accurate information was written. I will utilize designated medical visit folder at the time of visit with post it reminders to review physician notes.</p>	03/22/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White correction tape observed on vaccine administration dates under Tuberculosis clearance as well as under MD/APRN signature.</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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Licensee's/Administrator's Signature: 

Print Name: SHIRLEY NEGREDO

Date: 04 - 4 - 2023