

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sambajon, Remedios (ARCH)	CHAPTER 100.1
Address: 94-1042 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: April 17, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 JUN 13 P1:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – Per primary caregiver (PCG), resident is consuming a regular diet; however, diet order dated 3/27/23 states resident should be following a “DASH diet (low carb, low fat, low sodium diet)”.</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>Yes, deficiency corrected. According to last PCP visit, order for diet was changed from regular to DASH, PCP did not let resident nor PCG know of change. Menu changed for Resident #1 for a DASH diet. Created a menu for resident on DASH diet. On resident appointments in PCG calendar set reminder to look over paperwork given after PCP visit before leaving doctors offices.</p>	<p>April 17th, 2023</p>

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MAY 25 2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Special diet menu unavailable for diet order dated 3/27/23, “DASH Diet (Low carb, low fat, low sodium diet)”</p> <p>Resident #4 Special diet menu unavailable for diet order dated 10/14/22, “NAS, low fat, low calorie diet”. Calorie restriction not specified.</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;">Yes, PCG corrected the deficiency: 4 week cycle for a DASH diet, Special diet, and Regular diet posted in dinning room.</p>	<p style="text-align: center;">April 17th, 2023</p>

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☒	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Special diet menu unavailable for diet order dated 3/27/23, “DASH Diet (Low carb, low fat, low sodium diet)”</p> <p>Resident #4 Special diet menu unavailable for diet order dated 10/14/22, “NAS, low fat, low calorie diet”. Calorie restriction not specified.</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>To ensure that it doesn't happen again. After each medical appointment I have set up a reminder in my phone calendar to note any changes in visit notes, such as diet orders, medication orders etc. So in my calendar on phone there is a reminder alarm to go through notes before leaving office.</p>	<p>6/10/23 em</p> <p style="text-align: right;">'23 JUN 13 AM 11:50</p>

	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's order dated 6/2/22-12/6/22 stated, "Promethazine-DM 6.25-1.5mg/5mL syrup 5mL as needed orally every 6 hrs"; however, medication unavailable nor listed on medication administration record (MAR)</p>	<p style="text-align: center;">PART I</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;">Yes, corrected by having evidence of proper documentation made available at time of inspection.</p>	<p style="text-align: center;">April 17, 2023</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications, (c)</u> 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 dated 6/2/22 states, “Acetaminophen tablet, 500mg 1 tablet as needed for pain, orally every 6 hours”; however, medication not listed on MAR.</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;">Yes, deficiency corrected, written in MAR dated 6/22/22 for order date. Follow up noted for next appointment to make sure it is on his medication list on doctors end.</p>	<p style="text-align: center;">April 17th, 2023</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 dated 6/2/22 states, “Acetaminophen tablet, 500mg 1 tablet as needed for pain, orally every 6 hours”; however, medication not listed on MAR.</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>To ensure this doesn't happen again, PCG has phone calendar reminder to check medications before going to MD office visits. For all resident future appointments after office visit will document on chart notes as soon as we come home. If we will have new medications will document on chart notes as well as MAR.</p>	<p style="text-align: center;">6/10/23 EM</p> <p style="text-align: right;">23 JUN 13 P1:50</p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services, (i)</u> The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence influenza vaccine was offered by the facility or denied by the resident</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;">Yes, deficiency corrected. Charted in MAR that resident given influenza vaccine from PCP office. Requested from PCP for documented vaccine offered from office on his next appointment.</p>	<p style="text-align: center;">April 17th, 2023</p> <p style="text-align: right; color: red; font-weight: bold;">RECEIVED</p> <p style="text-align: right; color: blue;">MAY 25 2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 -- No documented evidence influenza vaccine was offered by the facility or denied by the resident</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 style="text-align: center;">To ensure that this will not happen again will set reminder on phone calendar to request vaccine given and or if they refuse will document after PCP appointment that they refused. Will ask PCP to specifically ask to write if they refused or not.</p>	<p style="text-align: center;">April 17th, 2023</p>

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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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2 – Resident register does not include resident information and admission date</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>Yes, deficiency corrected. Part of the register that was missing could not be located and resident's admission^{#2} has now been added to the existing register to reflect his current admission and information. All residents have proof of evidence of admission date and resident informations.</p>	<p style="text-align: right;">6/10/23 EM</p> <p style="text-align: right;">'23 JUN 13 01:50</p>

STATE OF MA
DEPARTMENT OF
STATE LICENSING

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STATE OF MICHIGAN
DEPARTMENT OF
STATE SERVICES

Licensee's/Administrator's Signature:

Lesley Ann Mortera

Print Name: Lesley Ann Mortera

Date: 6/10/2023

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

23 JUN 13 P 1:50

Licensee's/Administrator's Signature:

[Handwritten Signature] Remedios Arbojo

Print Name:

Lesley Ann MoAera / Remedios Arbojo

Date:

4/26/23

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MAY 25 2023