

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tangonan Adult Residential Care Home	CHAPTER 100.1
Address: 94-228 Moena Place Waipahu, Hawaii 96797	Inspection Date: May 12, 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 - "Bisacodyl 10mg rectal suppository, insert one suppository rectally daily as needed for no stool" appears on the 1/2023 MAR, however, there is no physician's order until 2/9/23.</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>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>§11-100.1-15 <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 - "Bisacodyl 10mg rectal suppository, insert one suppository rectally daily as needed for no stool" appears on the 1/2023 MAR, however, there is no physician's order until 2/9/23.</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 have made a note in the MAR for each month with a list of all MD appointments. I will check the MAR for any discrepancies in medications, care giver initials, or the legend 1. After every MD appt or 2. After new monthly MAR is given to me by CM at the beginning of each month.</p> <p>If there are any discrepancies, I will notify the CM and correct the MAR immediately to avoid having this deficiency again.</p>	9/9/23

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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 - On Physician's discharge instructions dated 1/21/23, Physician's order reads, "Cyanocobalamin 1000u po qd", however, this medication is measured in mcg or mg. Order needed 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>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>§11-100.1-15 <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 - On Physician's discharge instructions dated 1/21/23, Physician's order reads, "Cyanocobalamin 1000u po qd". On separate Physician's discharge instructions dated 1/28/23, order reads "Cyanocobalamin tab 2000mcg, 1 tab PO QD", however, the only order for this medication on the 1/2023 MAR is "Cyanocobalamin tab 2000mcg, 1 tab PO QD" and it is initialed as given from 1/22/23 to 1/31/23.</p> <p>No documented evidence that the 1/21/23 order had been clarified or updated by Physician or APRN.</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>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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AUG 31 2023

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<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> Resident #1 - On Physician's discharge instructions dated 1/28/23, Physician's order reads, "Lactulose 10g/15ml soln, take 30ml by mouth daily", however medication was not transcribed to the 1/2023 MAR.</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>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> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – 1/2023 MAR indicates two (2) meanings for the same symbol. “H” for Hospital and Hold. There can only be one meaning assigned for each symbol or abbreviation.</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 have made a note in the MAR for each month with a list of all MD appointments. I will check the MAR for any discrepancies in medications, care giver initials, or the legend 1. After every MD appt or 2. After new monthly MAR is given to me by CM at the beginning of each month.</p>	7/9/23

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 - There is no comprehensive assessment, conducted by Registered Nurse Case Manager (RNCM), prior to resident's admission on 1/21/23 available for review.</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>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>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – There is no documented evidence that RNCM performed a comprehensive assessment upon resident's readmission back to care home on 1/28/23. RNCM's next face-to-face visit was on 2/26/23, 29 days after readmission.</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>RN CM was given a copy of RN CM qualifications and services section of Chapter 11-100.1 to review. To prevent this from happening again in the future, I will require that upon hiring, RN CM will need to review RN CM qualifications and services section of Chapter 11-100.1 and initial that they have read and understand their responsibilities.</p>	8/31/23

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - RNCM care plan does not identify all of residents medical or rehabilitative needs. Current care plan Problems include:</p> <ol style="list-style-type: none"> 1. Adjusting to care home environment 2. Altered thought process and memory impairment related to dementia 3. Risk for falls due to hx of falls and patient has dementia <p>Continued on next page.</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>Continued on next page.</p>	<p>8-31-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Continued from previous page.</p> <ol style="list-style-type: none"> 4. Bilateral hearing loss 5. Risk for GI Bleed <p>However, care plan may be missing Problems related to the following resident conditions:</p> <ol style="list-style-type: none"> 1. Impaired verbal communication 2. Constipation 3. Pain 4. Sleep 5. Diabetes 6. Incontinence 7. Anticoagulant Therapy 8. Skin/Wounds 9. Aspiration 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>Continued from previous page</p> <p><i>Missing problems such as :</i></p> <ol style="list-style-type: none"> <i>1. impaired verbal communication</i> <i>2. Constipation</i> <i>3. pain</i> <i>4. sleep</i> <i>5. Diabetes</i> <i>6. Incontinence</i> <i>7. Anticoagulant therapy</i> <i>8. skin wounds</i> <i>9. Aspiration</i> <p><i>were added to the care plan.</i></p>	<p><i>7/5/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u></p> <p>Resident #1 - RNCM care plan does not identify all of residents medical or rehabilitative needs. Current care plan Problems include:</p> <ul style="list-style-type: none"> 6. Adjusting to care home environment 7. Altered thought process and memory impairment related to dementia 8. Risk for falls due to hx of falls and patient has dementia <p>Continued on next page.</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>RN CM was given a copy of RN CM qualifications and services section of Chapter 11-100.1 to review. To prevent this from happening again in the future, I will require that upon hiring, RN CM will need to review RN CM qualifications and services section of Chapter 11-100.1 and initial that they have read and understand their responsibilities.</p>	8/31/23

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	<p>Continued from previous page.</p> <p>9. Bilateral hearing loss 10. Risk for GI Bleed</p> <p>However, care plan may be missing Problems related to the following resident conditions:</p> <p>10. Impaired verbal communication 11. Constipation 12. Pain 13. Sleep 14. Diabetes 15. Incontinence 16. Anticoagulant Therapy 17. Skin/Wounds 18. Aspiration</p>	<p>See previous page.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - RNCM care plan problems do not include changes as they occurred to resident's care needs, treatments and medications ordered, services or interventions.</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>RN CM was given a copy of RN CM qualifications and services section of Chapter 11-100.1 to review. To prevent this from happening again in the future, I will require that upon hiring, RN CM will need to review RN CM qualifications and services section of Chapter 11-100.1 and initial that they have read and understand their responsibilities.</p>	8/31/23

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – As part of the Care Plan, RNCM's medication profile appears to contain a list of medications that were ordered for the resident upon initial admission on 1/21/23 as evidenced by the date on the left-hand side of each medication says 1/21/23. However, this medication profile is incomplete and does not contain the following medications that were also ordered on 1/21/23:</p> <ol style="list-style-type: none"> 1. Melatonin 3mg PO QHS 2. Acetaminophen 325mg 2 tabs PO TID 3. Dabigatran 150mg PO Q12hrs 4. Tamulosin 0.4mg PO QD 5. Blood sugar monitoring 2x/day prior to breakfast and dinner. 	<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> <ol style="list-style-type: none"> 1. - Melatonin was discontinued. me added to the mar. MD ordered was verified. 2. Acetaminophen 325mg 2 tabs PO TID was changed on 4/14/23. ^{MD} Order verified. against 3. Dabigatran 150mg PO Q12^h was discontinued post hospitalization on 1/28/23. Order renewed. 4. Tamulosin 0.4mg PO QD was added to the mar. 5. Blood sugar monitoring 2x/day prior to breakfast and dinner was added to the mar. 	7/5/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – As part of the Care Plan, RNCM's medication profile appears to contain a list of medications that were ordered for the resident upon initial admission on 1/21/23 as evidenced by the date on the left-hand side of each medication says 1/21/23. However, this medication profile is incomplete and does not contain the following medications that were also ordered on 1/21/23:</p> <ol style="list-style-type: none"> 1. Melatonin 3mg PO QHS 2. Acetaminophen 325mg 2 tabs PO TID 3. Dabigatran 150mg PO Q12hrs 4. Tamulosin 0.4mg PO QD 5. Blood sugar monitoring 2x/day prior to breakfast and dinner. 	<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>RN CM was given a copy of RN CM qualifications and services section of Chapter 11-100.1 to review. To prevent this from happening again in the future, I will require that upon hiring, RN CM will need to review RN CM qualifications and services section of Chapter 11-100.1 and initial that they have read and understand their responsibilities.</p>	8/31/23

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - On the second page of RNCM's monthly notes dated 2/26/23, 3/22/23, and 4/30/23, boxes are checked next to "MAR" and "New MD Orders". It is unclear as to what these check boxes are referring to due to no evidence that the MAR was checked, medication clarifications were made, and there is no mention of any MD orders in face-to-face visit notes and quite a few MAR errors exist.</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>RN CM was given a copy of RN CM qualifications and services section of Chapter 11-100.1 to review. To prevent this from happening again in the future, I will require that upon hiring, RN CM will need to review RN CM qualifications and services section of Chapter 11-100.1 and initial that they have read and understand their responsibilities.</p>	8/31/23

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 - There is no RNCM monthly progress note for 1/2023 available for the department to review. No evidence of a face to face meeting in 1/2023.</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>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>** RN CM visit note for 1/2023 was printed and placed in resident's chart.</p>	8/31/23

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 - There is no RNCM monthly progress note for 1/2023 available for the department to review. No evidence of a face to face meeting in 1/2023.</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>RN CM was given a copy of RN CM qualifications and services section of Chapter 11-100.1 to review. To prevent this from happening again in the future, I will require that upon hiring, RN CM will need to review RN CM qualifications and services section of Chapter 11-100.1 and initial that they have read and understand their responsibilities.</p>	8/31/23

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Licensee's/Administrator's Signature: Edna Tangonan

Print Name: EDNA TANGONAN

Date: 07/09/22

Licensee's/Administrator's Signature: Edna Tangonan

Print Name: EDNA TANGONAN

Date: 8/31/23