Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Billena, Mathilda (ARCH)	CHAPTER 100.1
Address: 94-1169 Limahana Street, Waipahu, Hawaii 96797	Inspection Date: November 1, 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
§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.	PART 1	
FINDINGS Unlabeled Neosporin antibiotic ointment observed unsecured in facility's First Aid Kit. Substitute Care Giver removed medication and secured it during inspection.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS Unlabeled Neosporin antibiotic ointment observed unsecured in facility's First Aid Kit. Substitute Care Giver removed medication and secured it during inspection.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

\$11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; FINDINGS PART 1 Correcting the deficiency after-the-fact is not	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Resident #1 — Monthly progress notes for the month of January, February, April, May, and June 2023 did not document observations of resident's response to diet. practical/appropriate. For this deficiency, only a future plan is required.	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; FINDINGS Resident #1 – Monthly progress notes for the month of January, February, April, May, and June 2023 did not	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	_

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a month more often as appropriate, shall include observe resident's response to medication, treatments, of any changes in condition, indications of illness behavior patterns including the date, time, and action taken. Documentation shall be complete immediately when any incident occurs; FINDINGS Resident #1 — Monthly progress notes for the region January, February, April, May, and June 2023 document observations of resident's response to	use this space to explain your future plan, or injury, any and all ad north of did not	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (f)(1) General rules regarding records:	PART 1	
All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;		
FINDINGS Blue ink observed throughout resident's records. For example: the entire August and September 2023 Medication Administration Record (MAR), August 2023 monthly progress notes, MAR legend with PCG signature, etc.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	Completion Date
\$11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; FINDINGS Blue ink observed throughout resident's records. For example: the entire August and September 2023 Medication Administration Record (MAR), August 2023 monthly progress notes, MAR legend with PCG signature, etc.	-

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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. FINDINGS The residents' binders and care home binder were not readily accessible to the department. The department arrived at the facility at 10:30 a.m. SCG did not have access to records to provide to the Department. Records were not available until PCG arrived to the facility at 11:18 a.m.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (g) 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. FINDINGS The residents' binders and care home binder were not readily accessible to the department. The department arrived at the facility at 10:30 a.m. SCG did not have access to records to provide to the Department. Records were not available until PCG arrived to the facility at 11:18 a.m.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 – Progress notes for June 2023 indicate a significant decrease of seven (7) pounds (lbs.) in the resident's weight over the course of one (1) month, from 153 lbs. in May 2023 to 146 lbs. in June 2023. There was not documentation of resident's response to diet in May and June. Furthermore, there is no documentation that resident's physician or APRN were notified of resident's change in health status.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 – Progress notes for June 2023 indicate a significant decrease of seven (7) pounds (lbs.) in the resident's weight over the course of one (1) month, from 153 lbs. in May 2023 to 146 lbs. in June 2023. There was not documentation of resident's response to diet in May and June. Furthermore, there is no documentation that resident's physician or APRN were notified of resident's change in health status.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 – 10/16/23 physician notes indicate that resident was seen because resident has been having "painful urination for 3 days duration accompanied by incomplete voiding" No progress notes entry for resident's recent change in condition.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 – 10/16/23 physician notes indicate that resident was seen because resident has been having "painful urination for 3 days duration accompanied by incomplete voiding" No progress notes entry for resident's recent change in condition.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; FINDINGS Fire drills were not conducted during various times of the day in the past twelve (12) months. Fire drills conducted only during the daytime hours between 8:00 a.m. and 1:13 p.m.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; FINDINGS Fire drills were not conducted during various times of the day in the past twelve (12) months. Fire drills conducted only during the daytime hours between 8:00 a.m. and 1:13 p.m.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date

Licensee's/Administrator's Signature:
Print Name:
_
Date: