

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Precious Moment ARCH + EARCH LLC	CHAPTER 100.1
Address: 3617 Puuku Mauka Drive, Honolulu, Hawaii 96818	Inspection Date: October 24, 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.**

*Received as email  
attachment on*

*11/22/23*

	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><b><u>FINDINGS</u></b> Resident #1 - The following medications, ordered on July 11, 2023, were not listed in the August 2023 and October 2023 medication administration record (MAR). No documentation that the medication orders were discontinued.</p> <ul style="list-style-type: none"> <li>• Nystatin 100,000 unit/g powder, apply to affected area 2x/day PRN for rash</li> <li>• Polyethylene glycol 400 1% drop give 1 drop into both eyes 4x/day PRN for dry eyes</li> <li>• Aluminum-Magnesium Hydroxide Simethicone 400/400/40 mg/5ml oral suspension take 15 ml po Q4H PRN for upset stomach.</li> <li>• Atorvastatin 10mg 1 tab po QD</li> <li>• Carboxymethyl Cellulose Sodium 0.5% (Refresh Tears) place 1 drop into each eye Q 6H PRN</li> <li>• Diclofenac 1% gel apply 2g to affected area 4x/day PRN for pain.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Scheduled an appointment with the hospice nurse today to review and reconcile resident #1 medication. I will ask to provide a doctor's order whether to continue or discontinue the medications. A copy of the clarified order will be sent to the nurse consultant.</p>	11/21/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #1 - The following medications, ordered on July 11, 2023, were not listed in the August 2023 and October 2023 medication administration record (MAR). No documentation that the medication orders were discontinued.</p> <ul style="list-style-type: none"> <li>• Nystatin 100,000 unit/g powder, apply to affected area 2x/day PRN for rash</li> <li>• Polyethylene glycol 400 1% drop give 1 drop into both eyes 4x/day PRN for dry eyes</li> <li>• Aluminum-Magnesium Hydroxide Simethicone 400/400/40 mg/5ml oral suspension take 15 ml po Q4H PRN for upset stomach.</li> <li>• Atorvastatin 10mg 1 tab po QD</li> <li>• Carboxymethyl Cellulose Sodium 0.5% (Refresh Tears) place 1 drop into each eye Q 6H PRN</li> <li>• Diclofenac 1% gel apply 2g to affected area 4x/day PRN for pain.</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will check the MAR and physicians order every month to ensure medication orders are the same. Medication orders shall not be deleted/removed from the MAR unless there is a doctor's order. I will have my SCG double check the MAR and physician order as well for accuracy.</p>	11/21/23

	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><b><u>FINDINGS</u></b>  Resident #1 – MAR for July 2023 and August 2023 shows the following medications were not initialed as either given to, held, or refused by the resident:</p> <ul style="list-style-type: none"> <li>• Cholecalciferol (Vitamin D3) 50 mcg po QD</li> <li>• Senna S 5.6mg-50 mg 1 tab po QD for constipation.</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	11/21/23

	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><b><u>FINDINGS</u></b> Resident #1 – MAR for July 2023 and August 2023 shows the following medications were not initialed as either given to, held, or refused by the resident:</p> <ul style="list-style-type: none"> <li>• Cholecalciferol (Vitamin D3) 50 mcg po QD</li> <li>• Senna S 5.6mg-50 mg 1 tab po QD for constipation.</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will retrain the staff regarding medication administration and documentation:</p> <ul style="list-style-type: none"> <li>- MAR shall be initialed immediately upon giving the medication</li> <li>- If resident refuses, document “r” and the reason for refusal</li> <li>- if medication is held, document “H” and the reason for holding</li> <li>- No blanks on the MAR</li> <li>- If not documented, means not administered</li> </ul> <p>PCG will instruct the SCG to double check the MAR daily to ensure complete documentation</p> <p>PCG will also audit the MAR every other day to check for competency</p>	11/21/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not include observations of the resident’s response to wound treatment on L posterior buttocks.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG documented observations regarding resident’s response to wound treatment on left buttocks in October 2023 progress notes</p>	<p>11/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not include observations of the resident's response to wound treatment on L posterior buttocks..</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will document immediately when there is changes in condition response to tx will be written in the progress note on a daily basis</p> <p>I will also use post-it-note tab or flag the progress note form to remind me to complete the progress note</p>	11/21/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 10/4/23 states, “Pressure injury posterior left buttock cleanse gently with normal saline; apply skin protection ointment barrier. Cover with plastic wrap; reapply 2x/day and PRN.” No documentation that prescribed treatment to the wound on the posterior left buttocks is being provided.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG transcribed the treatment order for resident #1 November 2023. Instructed SCG to document on MAR that prescribed treatment to wound is provided</p>	11/21/23



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 10/4/23 states, “Pressure injury posterior left buttock cleanse gently with normal saline; apply skin protection ointment barrier. Cover with plastic wrap; reapply 2x/day and PRN.” No documentation that prescribed treatment to the wound on the posterior left buttocks is being provided.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG retrain SCG to document any treatment orders in medication/treatment immediately after treatment is provided</p> <p>I will instruct SCG to refer to the treatment record for treatment to be provided for the resident and document after each treatment is provided,</p> <p>Check with the SCG to ensure the treatment is provided</p> <p>PCG will audit the MAR/treatment record every other day to check if SCG are providing the treatment and documenting it</p>	<p>11/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            No incident report was generated when resident #2 fell on 1/24/23, as noted in the resident register. Resident was discharged to the hospital the same day.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>11/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  No incident report was generated when resident #2 fell on 1/24/23, as noted in the resident register. Resident was discharged to the hospital the same day.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Incident should be completed immediately, if not, within 24 hour of the incident</p> <p>PCG will post a reminder note in front of the records cabinet to complete an incident report of any bodily injury or other unusual circumstances affecting a resident</p> <p>PCG will complete an incident report of any incident happen to premises and document it in the incident report</p>	11/21/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)            The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Care plan dated 8/1/23 and reviewed 9/1/23 and 10/1/23 states to notify MD or case manager for no BM x 3 days. No documentation that bowel movement is being tracked or monitored.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG make a note to monitor BM daily (10-31-23)</p>	<p>11/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)  The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Care plan dated 8/1/23 and reviewed 9/1/23 and 10/1/23 states to notify MD or case manager for no BM x 3 days. No documentation that bowel movement is being tracked or monitored.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will take note and review orders that need tracking/monitoring</p> <p>IF tracking is required, I will develop a tracking sheet with instructions and put it in MAR.</p> <p>PCG will train SCG how to utilize the tracking sheet and document as instructed</p> <p>PCG will review the tracking sheet daily to ensure it is completed</p>	11/21/23

Licensee's/Administrator's Signature: Evangeline Andres

Print Name: Evangeline Andres

Date: 11/21/23