

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Ramos Care Center LLC	<b>CHAPTER 100.1</b>
<b>Address:</b> 1365 Kuahaka Street, Pearl City, Hawaii 96782	<b>Inspection Date:</b> August 3, 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  
DHHS  
STATE LICENSING

23 SEP -1 AM 0:16

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Resident #1 – Medication administration record (MAR) (1/18/23-5/17/23) and bottle of Robitussin Naturals Cough+ states, "Robitussin-Natural-Honey OTC PRN", however, dosage and PRN indication missing. Order incomplete.</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 correctly labeled Robitussin bottle to include dosage.</p>	<p style="text-align: center;">8/3/2023</p>

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23 SEP -1 AM 0:16

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b>FINDINGS</b>            Bedroom #3 – Unopened box and medication container containing Dulcolax found stored unsecured in resident's nightstand drawer.</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 stored medications in locked medication cabinet.</p>	<p style="text-align: center;">8/3/2023</p> <p style="text-align: right;">23 SEP -1 AMO :16</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DHH-DHCA            STATE LICENSING</p>

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	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 – 1/2023 MAR states, “Robitussin-Natural-Honey OTC” administered daily between 1/22/23-1/29/23; however, medication order unavailable between 1/18/23-5/17/23.</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 style="text-align: center;">23 SEP -1 AMO :16</p> <p style="text-align: center;">STATE OF HAWAII DOH-080A STATE LICENSING</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> (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>FINDINGS</b> Resident #1 – After visit summary for physician visit dated 5/18/23 states, “[resident] does have a skin tear of her right forearm...”; however, no documented evidence of skin tear identified or monitored in resident’s progress notes.</p>	<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>	<p>23 SEP -1 AM 0:16</p> <p>STATE OF HAWAII PSYCHIA STATE LICENSING</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> (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>FINDINGS</b>  Resident #1 – Incident report unavailable for resident's change in condition necessitating an emergency room visit on 1/19/23.</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 style="text-align: center;">23 SEP -1 AIO :16</p> <p style="text-align: center;">STATE OF HAWAII  BSH - OHCA  STATE LICENSING</p>

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Licensee's/Administrator's Signature: 

Print Name: Kathleen Ramos

Date: 8/21/23

STATE OF HAWAII  
DOH-0HCA  
STATE LICENSING

23 SEP -1 AM 0:16

Licensee's/Administrator's Signature: 

Print Name: Kathleen Ramos

Date: 9/21/2023