

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Valdez Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1031 Lumiauau Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: October 10, 2023 Annual</b>

**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.**

NOV - 8 P 2:45

	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 – Physician’s order dated 9/23/23 states, “Acetaminophen 500mg Take 2hrs every 6hrs as needed”; however, no PRN indication provided and no documented evidence frequency to administer was clarified with physician.</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><i>yes. clarification received from Primary Care physician acetaminophen 500 mg. Take 2 tablets every 6 hours as needed for pain.</i></p>	<p style="text-align: right;"><i>10-11-23</i></p> <p style="text-align: right;">23 NOV -8 P2:45</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>FINDINGS</b> Resident #1 – Physician’s order dated 1/17/23-3/4/23 states, “Midodrine 5mg Tabs Take 1 tab by mouth one time per day. Hold for SBP &gt;150”; however, no documented evidence blood pressure readings were obtained prior to administering medication.</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><i>Realtime documentation shall occur at the moment blood pressure taken and at time of medication administration. Black ballpoint pen attached to BP apparatus. MAR updated to allow intentional documentation of BP readings prior to administering medications.</i></p>	<p style="text-align: right;"><i>10-11-23</i></p> <p style="text-align: right;">23 NOV -8 P2:45</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STAFF DEVELOPMENT</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><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR) “Mirtazapine 30mg Take 1 tab at bedtime”, was administered daily between 1/17/23-3/4/23; however, no physician’s order was available for this medication.</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: right;">23 NOV -8 P2:45</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STANDARDIZATION</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><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR) “Mirtazapine 30mg Take 1 tab at bedtime”, was administered daily between 1/17/23-3/4/23; however, no physician’s order was available for this medication.</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>On day of admission / Re-admission to ARH, Primary care giver shall create a new MAR with most up to date orders. use sticky notes on MAR and MD orders to flag any clarifications needed with primary care physician at follow up appointment or call primary care physician for any urgent clarifications.</p>	<p style="text-align: right;">23 NOV 29 P 3:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1 – Primary caregiver (PCG) assessment unavailable for admission on 1/17/23</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 NOV -8 P 2:45</p>

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
STATE BUILDING



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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> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b>FINDINGS</b>  Resident #1 – No documented evidence an inventory of resident's valuables was completed upon admission on 1/17/23</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 NOV - 8 P 2:45</p> <p style="text-align: center;"><small>STATE OF MICHIGAN  DEPT. OF HEALTH  STATE LANSING</small></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b>FINDINGS</b>  Resident #1 – No documented evidence an inventory of resident's valuables was completed upon admission on 1/17/23</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>Prepared admission packet includes form "Resident's clothing and valuables inventory"</p> <ul style="list-style-type: none"> <li>- Form to be completed on day of admit / readmission to ARCH</li> <li>- Itemized checklist includes: <ul style="list-style-type: none"> <li>types of clothing (dress, shirt, shorts etc.)</li> <li>types of footwear (shoes, slippers etc.)</li> <li>types of jewelry (watch, ring, etc.)</li> <li>electronics, cards + cash.</li> </ul> </li> </ul> <p>Form updated with any inventory change on quarterly.</p>	<p style="text-align: right;">11/27/23</p> <p style="text-align: right;">APR 29 P 3:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver #1 – Documented hours of continuing education insufficient; only eight of twelve hours completed.</p> <p>Submit documented evidence of four (4) hours of continuing education hours completed with plan of correction. Such hours will be credited towards the 2023 annual inspection.</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><i>sought CEU opportunity for substitute caregiver. additional 4 hours completed. 10-25-23 CEU's enclosed</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">23 NOV -8 P2:45</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> Substitute Caregiver #1 – Documented hours of continuing education insufficient; only eight of twelve hours completed.</p> <p>Submit documented evidence of four (4) hours of continuing education hours completed with plan of correction. Such hours will be credited towards the 2023 annual inspection.</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>Substitute caregiver given reminders throughout the year however, not completed. monthly free one CEU offered 3rd Thursday every month via Zoom Webinar thru ARCA membership. PCG and SCG's to enroll monthly reminders set on calendar and cellphone 1 week before and day of webinar. evaluation to be completed after workshop to receive certificate via email. PCG to follow up with SCG's monthly for copy.</p>	<p style="text-align: center;">23 NOV -8 P2:45</p> <p style="text-align: right;">11-7-23</p>

Licensee's/Administrator's Signature: Minola R. Valdez

Print Name: Minola R. Valdez

Date: Nov. 8, 2023

STATE OF TEXAS  
DEPARTMENT OF  
STATE LICENSING

23 NOV -8 P 2:45

Licensee's/Administrator's Signature: Minda R. Valdez

Print Name: Minda R. Valdez

Date: November 28-2023

23 NOV 29 P 3:40

STATE OF TEXAS  
DEPARTMENT OF  
STATE LICENSING