

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serapion, Shirley	CHAPTER 100.1
Address: 94-258 Kahuahele Street, Waipahu, Hawaii, 96797	Inspection Date: January 04, 2024, 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) and Household Member (HM)- No current documented evidence stating aforementioned caregivers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of the Fieldprint results with your plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Fieldprint Background check results for PCG, SCGs as well as Household members have been printed and placed in the Care Home Binder. A Soft-copy was also sent to our RN Consultant via email.</p>	01/30/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) and Household Member (HM)- No current documented evidence stating aforementioned caregivers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of the Fieldprint results with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A spreadsheet checklist/schedule was created showing the names of the PCG, SCGs and Household members with dates of when fingerprinting was completed and also shows dates when fingerprinting background checks will become due for each individual. This spreadsheet is located in the Care Home Binder and will be reviewed in November of each year prior to annual inspection scheduled in January to ensure adequate time for Fingerprinting appointment to be scheduled and results to be obtained in a timely manner. PCG , SCGs, and Household members were updated regarding the spreadsheet and schedule and reviewed rule and regulation pertaining to this infraction.</p>	01/30/2024

	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-</p> <ol style="list-style-type: none"> 1. Physician ordered on 6/29/23 for Losartan Potassium 25 mg, Calcium 600 mg with Vitamin D3 400 IU, Memantine HCl 10 mg, and Donepezil 10 mg, however the aforementioned medications were not given on 6/30/23. 2. Physician ordered on 6/29/23 for Robitussin DM Take 1 teaspoon by mouth every 6 hours as needed for cough, however the medication was not recorded on the July 2023 Medication Administration Record (MAR). 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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><u>FINDINGS</u> Resident #1-</p> <ol style="list-style-type: none"> 1. Physician ordered on 6/29/23 for Losartan Potassium 25 mg, Calcium 600 mg with Vitamin D3 400 IU, Memantine HCl 10 mg, and Donepezil 10 mg, however the aforementioned medications were not given on 6/30/23. 2. Physician ordered on 6/29/23 for Robitussin DM Take 1 teaspoon by mouth every 6 hours as needed for cough, however the medication was not recorded on the July 2023 Medication Administration Record (MAR). 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A spreadsheet checklist was created that includes review of MAR to be conducted at end of each month and a monthly chart review will be enforced. PCG and SCG to initial this spreadsheet checklist indicating MAR completed and initials/reasoning (if needed) recorded to ensure documentation of medication administration completed. PCG and SCGs were updated and have reviewed specific rule and regulation pertaining to this infraction.</p>	01/30/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1- Blue ink was used to transcribe in the December 2023 MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1- Blue ink was used to transcribe in the December 2023 MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward, PCG will no longer buy/utilize blue ink pens and black ink pens to only be used for documentation. Blue ink pens have been thrown away. Monthly chart reviews will be conducted and spreadsheet checklist includes section to initial and review if black pen was only used for documentation. PCG and SCGs were updated regarding use of black pens only for documentation and have reviewed specific rule/regulation to this infraction.</p>	01/30/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> 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.</p> <p><u>FINDINGS</u> Resident #1- White out was used in the July 2023 MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> 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.</p> <p><u>FINDINGS</u> Resident #1- White out was used in the July 2023 MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Monthly chart reviews will be conducted and spreadsheets checklist including area to initial and review chart ensuring that white out was not utilized. PCG and SCGs were updated regarding use of white out is unacceptable for documentation and reviewed specific rules/regulation regarding this infraction.</p>	01/30/2024

Licensee's/Administrator's Signature: Leslie Serapion-Perez

Print Name: Leslie Serapion-Perez

Date: Jan 30, 2024