

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paguirigan, Marietta B. (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 4007 Keaka Drive, Honolulu, Hawaii 96818	Inspection Date: February 15, 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>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 – Physician order for “Regular chopped” diet dated 2/2/24. However, observed no special diet menu for Regular-chopped diet.</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>Met with OHCA Nutritionist for guidance on regular chopped diet special diet menu. Created 4 weeks of regular, chopped diet menus and posted it.</p>	02/21/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 – Physician order for “Regular chopped” diet dated 2/2/24. However, observed no special diet menu for Regular-chopped diet.</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>When I receive new or updated diet orders, I will ensure regular diet and special diet menus are available for all physician diet orders. If I need guidance on menus and special diet orders, I will contact OHCA Nutritionist as soon as possible. I will use monthly reminder notes to include “check menu” to make sure that all special diet orders have special diet menus.</p>	<p>02/26/2024</p>

	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><u>FINDINGS</u> Resident #1 – Physician order dated 12/5/23 for “Carvedilol 6.25 mg oral tab. Take 0.5 tab by mouth every morning and 1 tab every evening. Hold for SBP <110 or HR <60. Give with meals.” Pharmacy labeled medication bottle reads “Carvedilol 6.25 mg tablet. Take 0.5 tablets by mouth two times a day with meals. Hold for SBP <120 or HR <60.” Pharmacy labeled medication bottle do not match the physician’s order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I wrote on the blank part of the medical bottl stating “Read or see MAR for PCP’s updated/new order.”.</p>	<p>02/15/2024</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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #2 – Permanent General Register is incomplete with resident’s admission date written as “11/ /2023.”</p> <p>PCG Completed date on inspection as “11/5/2023.”</p>	<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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – Permanent General Register is incomplete with resident’s admission date written as “11/ /2023.”</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>To refrain from this incident from happening again I have created my admission checklist to ensure a documents are complete, accurate, current, and available anytime. My substitute caregivers and myself with double check if it is done correctly.</p>	<p>02/26/2024</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><u>FINDINGS</u> SCG #1 – Completed only 10 hours out of the 12 required hours of continuing education for an ARCH/Expanded ARCH facility. Observed a blank continuing education certificate dated 6/17/23 attached to SCG's certificate packet. However, credit will not be given since there was no name to identify who attended the continuing education.</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>I obtained the 2 hours of continuing education for SCG #1.</p>	<p>02/15/2024</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><u>FINDINGS</u> SCG #1 – Completed only 10 hours out of the 12 required hours of continuing education for an ARCH/expanded ARCH facility. Observed a blank continuing education certificate dated 6/17/23 attached to SCG’s certificate packet. However, credit will not be given since there was no name to identify who attended the continuing education.</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>To prevent this deficiency from happening again in the future, I have trained my substitute caregivers to double check and make sure that everyone completed 12 hours continuing education within a year. We will use a calendar to remind us to check it monthly.</p>	02/26/2024

Licensee's/Administrator's Signature: 
Print Name: Marietta Paguirigan
Date: 02/26/2024