

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rafael, Evelyn (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-105 Haaa Street, Waipahu, Hawaii 96797	Inspection Date: July 1, 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>§11-100.1-15 <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>FINDING.</u> Resident #1 – Labels for Metoprolol Succinate and Amlodipine do not include hold parameters as ordered.</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>To correct this deficiency, I will create a “directions changed” sticker. This sticker will state: directions changed, refer to last signed order from 6/15/2024. Place this sticker on the bottle where it doesn’t block any important information. I will also contact the resident’s physician to ensure that when the prescription is sent to the pharmacy, it includes the hold parameters as ordered.</p>	<p>07/10/2024</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><u>FINDINGS</u> Resident #1 – Medication order for Albuterol Sulfate 0.08% = 1 vial via nebulizer every 6 hours as needed. Medication label for Albuterol Sulfate = 2.5 mg/0.5 ml – inhale contents of 1 vial via nebulizer every 6 hours as needed for shortness of breath. Albuterol available is not the same as ordered.</p>	<p style="text-align: center;">PART I</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 received a new order from the physician on 07/24/2024. The new order is Albuterol Sulfate 0.5% 2.5 mg/0.5 mL. The new order now matches what I have on hand.</p>	<p>07/24/2024</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><u>FINDINGS</u> Resident #1 – Medication order for Albuterol Sulfate 0.08% = 1 vial via nebulizer every 6 hrs. as needed. Medication label for Albuterol Sulfate = 2.5 mg/0.5 ml – inhale contents of 1 vial via nebulizer every 6 hrs. as needed for shortness of breath. Albuterol available is not the same as ordered.</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 in the future, every month or every other month, a medication reconciliation will be done. All medication orders, labels, and MAR entries will be reviewed and compared to ensure there are no discrepancies. All orders will be reflected exactly on the labels and MAR entries. A reminder will be placed in my calendar or a reminder note should be placed on the front of each resident's record to remind me to do so.</p>	07/10/2024

	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><u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment of resident upon 7/13/2024 readmission.</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>The admission assessment was completed but it was done late. It was completed on July 1, 2024.</p>	<p>07/10/2024</p>

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<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><u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment of resident upon 5/13/2024 admission.</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>In the future, whenever a resident is admitted or readmitted, the admission checklist will be used. An admission/readmission assessment was added to the checklist as it was not originally included. After the admission/readmission assessment is completed by the PCG, a SCG will double check the checklist along with the related to documents to ensure everything has been completed.</p>	<p>07/10/2024</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><u>FIN. NCS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</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>	

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<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><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</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 short in-service has been done with all care givers to review what needs to be included on each monthly progress note. At the end of each month, or whenever the monthly progress notes are completed, the PCG will have a SCG review each one to ensure it is complete, accurate, and includes all required information.</p>	07/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current pneumococcal immunization.</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>Resident # 1 was taken to 5-Minute Pharmacy to obtain the pneumococcal vaccine immunization on July 10, 2024.</p>	07/10/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current pneumococcal immunization.</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 recurring, a list of all required documents for expanded residents will be created. This list will include at minimum: physical exams, TB clearances (annual and 2-step or positive history + negative chest x-ray), and pneumococcal/influenza vaccinations. This list will be reviewed every quarter or every six months and a reminder will either be placed in my calendar or at the front of my residents binders to remind myself to check.</p>	<p>07/10/2024</p>

Licensee's/Administrator's Signature: Evelyn Rafael

Print Name: Evelyn Rafael

Date: Jul 10, 2024

Licensee's/Administrator's Signature: Evelyn Rafael

Print Name: Evelyn Rafael

Date: Jul 25, 2024