

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Poncethia R. Rambo's (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 1621 Nohoana Place, Hilo, Hawaii, 96720</b>	<b>Inspection Date: November 21, 2024 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 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).**

NOV 21 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><b><u>FINDINGS</u></b>            Resident #1 – Blue ink was used to transcribe in the April 2024 medication administration record (MAR).</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>25 JAN 21 09:05</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><b>FINDINGS</b>            Resident #1 – Blue ink was used to transcribe in the April 2024 MAR.</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>In the future, to prevent this deficiency from happening again, I as a PCG will create a written note to use BLACK INK ONLY on all resident records. I will place this written note at my monthly MMR records window (RESIDENTS) located at my care home medicine cabinet as a reminder. I will refer to this written note when I do my monthly caregiver notes at the end of each month, and, on or before my annual inspection in the month of November. And I will train my SCG's to do the same.</p>	<p>01-15-25</p> <p style="text-align: right;">25 JAN 21 23:05</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><b><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. Resident #1 – White out was used in the Plan of Care Schedule.</li> <li>2. Resident #2 – White out was used in the Health and Physical document.</li> </ol>	<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;">25 JAN 21 12:45</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><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. Resident #1 – White out was used in the Plan of Care Schedule.</li> <li>2. Resident #2 – White out was used in the Health and Physical document.</li> </ol>	<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>In the future to prevent this deficiency from happening again, I as a PCG will create a written note to say NO WHITE OUT on all resident records. I will place this written note at my resident MONTHLY MAR records binder located at my care home medicine cabinet as a reminder. I will refer to this written note when we do my monthly caregiver notes at the end of each month. And on or before my Annual Inspection in the month of November. And I will train my SSC's to do the same.</p>	<p>01-15-25</p> <p style="text-align: right;">25 JAN 21 12:05</p>

Licensee's/Administrator's Signature: Doncetta R. Rambo, DCG

Print Name: DONCETTA R. RAMBO

Date: 01-15-25

25 JAN 21 12:05  
STATION 11