

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sales, Abner ARCH/Expanded ARCH	CHAPTER 100.1
Address: 94-1156 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: April 9, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS No current physical examination for [redacted] who provided care while all care givers attended a continuing education class [redacted]</p>	<p>Primary caregiver informed [redacted] that they no longer can be a substitute.</p> <p>In the future, primary caregiver will make sure all my substitutes have a current P.E.</p>	4/25/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS</p>	<p>Primary caregiver informed [redacted] that they no longer can be a substitute.</p>	4/25/15

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Rules (Criteria)	Plan of Correction	Completion Date
<p>No current tuberculosis (TB) clearance for [redacted] who provided care while all care givers attended a continuing education class [redacted]</p>	<p>In the future, primary caregivers will make sure all substitutes have a current TB certificate</p>	<p>4/25/15</p>
<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS No current first aid certification for [redacted] who provided care while all care givers attended a continuing education class [redacted]</p>	<p>Inform [redacted] that they no longer can be a substitute In the future, primary caregivers will make sure all substitutes have a current first aid certificate.</p>	<p>4/25/15</p>
<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS 1) No medication administration training for [redacted] who provided care while all care givers attended a continuing education class [redacted] 2) Substitute care giver (SCG) [redacted] no</p>	<p>Inform [redacted] that they no longer can be a substitute In the future, primary caregivers will make sure all substitutes have been trained w/ a passing grade on medication administration.</p>	<p>4/25/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	documented training provided by the primary care giver (PCG).	<i>primary caregiver of trained skills #1: #2 on medication administration. Both passed.</i>	5/3/15
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer for measuring cold food temperatures.</p>	<i>A metal stem thermometer was bought on 5/7/15. Primary caregiver will make sure all thermometers are available in my kitchen.</i>	5/7/15
☒	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident [redacted] physician orders dated [redacted] and [redacted] " However, the number of tablets administered was not documented on the [redacted] medication records.</p>	<i>primary caregiver began inputting the # of tablets in my medication record. In the future, primary caregiver will make sure to input the # of tablets if instructed to give 1-2 tablets.</i>	4/9/15
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p>	<i>In the future, primary caregiver will make sure financial statement is completed and signed on date of admission.</i>	4/25/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident [redacted] admitted [redacted] financial statement completed after admission [redacted].</p>		
<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>FINDINGS Resident [redacted] admitted [redacted], no pneumococcal immunization.</p>	<p>Resident #1 was given a pneumococcal immunization on 4/24/15. In the future, primary caregiver will make sure all residents have a pneumococcal shot unless PCP or family says otherwise.</p>	<p>4/24/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident [redacted], admitted [redacted] comprehensive assessment completed after admission, [redacted].</p>	<p>Talked + case management about this matter on 5/1/15</p> <p>In the future, primary caregivers will call case management within 24 hrs. or date of admission so that the comprehensive assessment can be completed.</p>	<p>5/1/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident [REDACTED], admitted [REDACTED], care plan completed after admission, [REDACTED]</p>	<p>Talked to my case manager about this matter on 5/11/15</p> <p>For the future, caregivers will call case management within 48 hrs. of admission so that care plan can be done on a timely manner.</p>	<p>5/11/15</p>

Licensee/Administrator's Signature: Abner Sales

Print Name: Abner Sales

Date: 5/1/15

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS No current physical examination for [REDACTED] who provided care while all care givers attended a continuing education class [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS No current tuberculosis (TB) clearance for [REDACTED] who provided care while all care givers attended a continuing education class [REDACTED]</p>		<p>RECEIVED 15 JUN 30 AM 11:29 STATE OF HAWAII DHS-DCAL LICENSING</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS No current first aid certification for [REDACTED] who provided care while all care givers attended a continuing education class [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS 1) No medication administration training for [REDACTED] who provided care while all care givers attended a continuing education class on November 5, 2014 from 6:00 p.m. to 9:00 p.m.</p>	<p>Informer & relatives that they no longer can be a substitute. In the future, primary caregiver will make sure all substitute have been trained with a passing grade on medication administration. Primary caregiver will do the training and make sure the primary caregiver is substitute caregiver training form is completely signed and put in the residents' folder.</p>	<p>4/25/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	2) Substitute care giver [REDACTED] no documented training provided by the primary care giver (PCG).		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer for measuring cold food temperatures.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident [REDACTED], physician orders dated [REDACTED] [REDACTED] However, the number of tablets administered was not documented on the [REDACTED] medication records.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p>	<p>In the future primary caregiver will make some financial statement if completed and signed on date of admission. Primary caregiver will make some the form is ready to be signed. Primary caregiver will later check the admission check list to make sure it's done.</p>	4/25/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident [redacted] admitted [redacted], financial statement completed after admission [redacted].</p>		
<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>FINDINGS Resident [redacted], admitted [redacted], no pneumococcal immunization.</p>	<p><i>Resident [redacted] was given a pneumococcal immunization [redacted] 4/24/15. For the future, primary caregiver will make sure all residents have a pneumococcal shot [redacted] or [redacted]. [redacted] will get a copy of residents current immunization for pneumococcal / influenza from PCP or family. Primary caregiver will also check the admissions check list to make sure it's done.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p>FINDINGS Resident [redacted] admitted [redacted] comprehensive assessment completed after admission, on [redacted].</p>		

Licensee/Administrator's Signature:

[Redacted Signature]

Print Name:

[Redacted Name]

Date:

6/20/17