

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Balualua, Angelita (ARCH)	CHAPTER 100.1
Address: 94-375 Apiil Street, Waipahu, Hawaii 96797	Inspection Date: July 8, 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 [redacted] no current physical examination.</p>	<p>I have discussed w/nurse surveyor [redacted] [redacted] has not been my official subs. Since a year ago and therefore no PE was further obtained</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> <p>FINDINGS [redacted]</p>	<p>I discussed w/nurse surveys [redacted] that subs [redacted] had a neg PPD reading, therefore no required record of [redacted] [redacted] was rec. From now on reports of annual insps in July I will double check,</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menu posted in the resident dining area.</p>	<p>I made copy of each menu cycle + posted each menu in the resident dining area. Two sets of 4 menu cycle were placed in the file drawer + marked 1 set kitchen + 1 set the dining area wall</p>	
☒	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documented menu substitutions.</p>	<p>From now on I keep a calendar in the kitchen in where I can write down + marked my food subs. if any every end of the menu subs. list forms.</p>	
☒	<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></p> <div data-bbox="367 982 966 1315" style="background-color: black; width: 100%; height: 100%;"></div>	<p>I made an error in documenting the date of correct med. that's been given from now on every med med. ordered by M.D. I will record in mechanically on my sets of the correct name of the resident date, freq. + dosage + wrote there med's. I discontinued I will mark D.C. in the med + draw line after the date dis continue med.</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>FINDINGS [redacted] monthly progress notes, no response to medications.</p>	<p>I made a summary note & posted it in front to doc my observation accurately from now on when doing my monthly progress note, I will also include my observation of my resident response to the med esp. when med is non on MD changes its dosage</p>	

Licensee/Administrator's Signature: Angelita Bahalu

Print Name: ANGELITA BALUUA

Date: Aug. 4 - 2015

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Balualua, Angelita (ARCH)	CHAPTER 100.1
Address: 94-575 Apia Street, Waipahu, Hawaii 96797	Inspection Date: July 8, 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.</p>	<p>[Redacted]</p> <p>From now on every time a sub. is terminated I will remove his/her name from the list of my current subs. a month (June) see back →</p>	<p>7/10/15</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> <p>FINDINGS tuberculosis (TB) attestation form completed on [Redacted] however, no evidence of past positive TB skin test.</p>	<p>[Redacted]</p> <p>From now on every June (and) before annual inspec. I will double check that all my subs. skin test are current, documented. Those w/ (+) PPD will have a T.F. attestation record. Those w/ (-) PPD will have an annual skin test.</p>	

(1)

11-100-19 # 2

In my annual insp. (July) will double check
that all subs. have their current P.E. record every June

11-100-19 # 2
P.E. records
checked

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS No menu posted in the resident dining area.</p>	✓	
☒	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS No documented menu substitutions.</p>	✓	
☒	<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>FINDINGS [REDACTED]</p>	<p>I made an error & failed to record the meds. Jansen in [REDACTED] to [REDACTED] [REDACTED] from now on when transcribing meds. on the ff. month mar. I will first refer to the MD? record for any changes to be sure if med is still present or discontinued. [REDACTED] from now on each time the physician orders on the tel. I will have him counter sign next visitor sooner. also to insure that I obtain MD order before documenting a med. and making it available to the resident. I will bring the resident to the doctor.</p>	7/10/2015

	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>FINDINGS [REDACTED] monthly progress notes, no response to medications.</p>	<p style="text-align: center;">✓</p>	

Licensee/Administrator's Signature: Angelita Baluclan
 Print Name: ANGELITA BALUCLAN
 Date: August 15, 2015