

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gabriel, Claire (ARCH)	CHAPTER 100.1
Address: 27-358 Anderton Camp Papaikou, Hawaii 96781	Inspection Date: January 16, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b>FINDINGS</b> PCG had one hour of inservice training. Submit five additional hours with the plan of correction.</p>	<div style="background-color: black; width: 100%; height: 50px; margin-bottom: 10px;"></div> <p>POC: PCG Will Review inservice training hours in September of each year to ensure that a minimum of 6 hours of training sessions per year have been completed &amp; documented.</p>	<p>04-10-15</p> <p style="text-align: right; font-size: small;">                 Approved: _____ Date: _____                  Checked: _____ Date: _____             </p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b>FINDINGS</b> Refrigerator thermometer reflected -3° F in the refrigerator, however when removed from the refrigerator reflected 20 ° F.</p>	<p>[REDACTED]</p> <p>PCC: The refrigerator thermometer will be checked every 3 months to make sure it is working properly and that refrigerator temperature is maintained at 45° F or lower</p>	01-18-15
☒	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED]</p> <p>PCC: PCG will double check that all medications are labeled &amp; stored properly in medication cabinet. PCG will also do a check every 6 months to ensure that they are labeled &amp; stored in medication cabinet</p>	01-16-15
☒	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED]</p> <p>PCC: ALL MEDICATION orders will be reviewed by PCG every 3 months (Jan, Apr, Jul, &amp; Oct) to ensure that it is re-evaluated &amp; signed by physician or APRN every 4 months or as ordered by physician or APRN, not to exceed 1 year.</p>	04-28-15
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p>	<p>[REDACTED]</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b> Resident [redacted] No current TB clearance, submit a copy with plan of correction. <b>Submit a copy with the plan of correction.</b></p>	<p><u>POC</u>: Annual TB clearance reports will be reviewed by November of each year to ensure that all TB clearances are current.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b> Resident [redacted] No current physical exam, submit a copy with plan of correction. <b>Submit a copy with the plan of correction.</b></p>	<p>[redacted]</p> <p><u>POC</u>: Annual physical examinations will be reviewed by November of each year to ensure that all physical examinations are current.</p>	<p>11-24-14</p>
<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> Blue ink used in resident's medication record [redacted]</p>	<p>[redacted]</p> <p><u>POC</u>: A black pen has been attached to current month's residents' medication records to avoid using any other color to document entries.</p>	<p>01-16-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident [redacted] no current self-preservation statement.</p>	<p>[redacted]</p> <p><u>POC:</u> In the future, PCG will ensure that each resident (upon check-in or as needed when resident's health status changes) will have a certified self-preservation statement.</p>	<p>4-30-2015</p>

Licensee/Administrator's Signature: \_\_\_\_\_

[redacted signature]

Print Name: Clair Gabriel

Date: 4-30-2015