

Office of Health Care Assurance

State Licensing Section

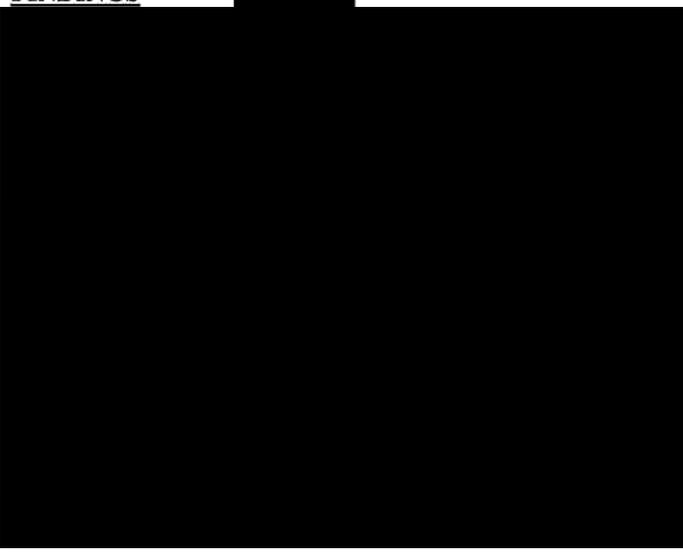
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DHH-CLCA LICENSE #

Facility's Name: Cuaresma ARCH	CHAPTER 100.1
Address: 94-548 Farrington Highway, Waipahu, Hawaii 96797	Inspection Date: June 12, 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><b>FINDINGS</b> Substitute care giver [redacted] no current physical examination.</p>	<p>[redacted]</p> <p><i>In the future: I will check one month prior to my inspection to make sure all substitute care givers have current physician.</i></p>	6/16/15
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b>FINDINGS</b> No menu posted in kitchen or resident dining area.</p>	<p><i>I will look for my menu and post in the refrigerator for upstairs and downstairs. In the future I will post my current menu for upstairs and downstairs refrigerators at all times.</i></p>	7/8/15

<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><b>FINDINGS</b></p> 	<p>1) In the future: I will double check the medication record and Dr. order.</p> <p>2) In the future: as soon as I come from the Dr. office I have to write down new medication in the medication record.</p>	<p>7/8/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3)  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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian,</p>	<p>I will update resident emergency information sheet and in the future as soon as I come from the Dr. office I will update the emergency information sheet.</p>	<p>7/8/15</p>



<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b>FINDINGS</b> Facility smelled of dog urine. Four (4) dogs roaming PCGs living area. Dogs defecated on floor next to dining table; however, PCG cleaned it up immediately.</p>	<p><i>In the future: I will leave more chips in the hallway and dispose as soon as they are done. Plus</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b> Dog water bowl on kitchen floor.</p>	<p><i>I will mix with vinegar solution. I will move the water for drinking in the hallway or in my daughter's room.</i></p>	

Licensee/Administrator's Signature: Julia Cuarema

Print Name: JULIA CUAREMA

Date: 7/8/15