

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Elisa Cabal (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 228 Hookano Street, Hilo, Hawaii 96720	Inspection Date: October 28, 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> (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><b>FINDINGS</b> Substitute care giver (SCG) [redacted] no training provided by primary caregiver to make prescribed medications available to residents.</p>	<p>In the future, new substitute care giver, after their training must fill the training sheet + passed the test. Both PCG + substitute sign + date after the training.</p>	12/1/15
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b>FINDINGS</b> Resident [REDACTED] no level of care assessment.</p>	<p>In the future re-admitted residents should have a level of care sign by Physicians before leaving the facilities. If its not available we can use the DRCT form &amp; give it to them <sup>Doctors</sup> to fill out so it will be ready upon discharged.</p>	<p>12/1/15</p>
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> [REDACTED]</p>	<p>In the future before leaving the doctors office double check the <del>DRCT</del> <sup>doctors</sup> medication lists should match with the medication record. If any <del>of</del> <sup>the</sup> medicines have to notify the Doctors office right away.</p>	<p>12/1/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (a)(1) 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 primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b> [REDACTED] no admission assessment.</p>	<p>In the future re-admitted residents must fill out an admission assessment on the day of admission, sign by resident or legal representatives + PCG.</p>	<p>12/1/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><b>FINDINGS</b> Resident [REDACTED] progress note did not document response to medication, diet and observations in change of condition.</p>	<p>In the future, if there is a new medications, treatments &amp; changes of condition of the residents, must log in, in the progress notes right away &amp; let the physicians know, if medication works for the residents, or changes of care of the residents.</p>	12/1/15
☒	<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 self-preservation statement.</p>	<p>In the future when re admitted a resident, self preservation is needed before leaving the facilities &amp; are signed by physicians. If forms not available in their facilities we can use our ARCH forms &amp; give to them for the physicians to fill up before readmitting the residents.</p>	12/1/15

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

Print Name: ELISA CABAL

Date: Dec 1, 2015

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Elisa Cabal (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 228 Hookano Street, Hilo, Hawaii 96720	Inspection Date: October 28, 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> (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><b>FINDINGS</b> Substitute care giver (SCG) #1, no training provided by primary caregiver to make prescribed medications available to residents.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b>FINDINGS</b> Resident #1, re-admitted on March 9, 2015, no level of care assessment.</p>	<p>I <del>will</del> called the doctors office to make an appointment to fill out the level of care.</p>	<p>12/18/15</p>
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> Resident #1, physician order dated March 11, 2015 and August 10, 2015 read, "Vitamin D (Ergocalciferol) 50000 UNIT Oral Capsule; TAKE 1 CAPSULE WEEKLY." However, medication not listed on March – October 2015 medication records.</p>	<p>I already called the Doctors office to o/c medication. I went to pick up updated progress notes &amp; filed in my residents record.</p>	<p>12/18/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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 primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b> Resident #1, re-admitted on March 9, 2015, no admission assessment.</p>	<p>In the future I will use my admission/re admission check list to ensure that I complete admission assessment upon re admission.</p>	<p>12/18/15</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><b><u>FINDINGS</u></b> Resident #1, March 2015 progress note did not document response to medication, diet and observations in change of condition.</p>		
<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><u>FINDINGS</u></b> Resident #1, re-admitted on March 9, 2015, no self-preservation statement.</p>	<p><i>I called the doctors office to make an appointment to fill the self preservation statement to file in the residents folder.</i></p>	<p><i>12/18/15</i></p>

Licensee/Administrator's Signature: Elisa Cabal

Print Name: ELISA CABAL

Date: 12/18/15