Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maldonado, Elizabeth (ARCH)	**CHAPTER 100.1**
Address: **2316 Keha Place, Honolulu, Hawaii 96819**	**Inspection Date: January 22, 2015 Annual Life Safety**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** No annual inspection for the fire extinguisher.	In the future CHO will be more aware of expiration dates on fire extinguishers Fire Extinguishers for (2) have been serviced + inspected on July 2015 from Alii Fire Protection.	Mar. 1, 2015

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STATE OF HAWAII

Licensee/Administrator's Signature: Elizabeth Maldonado

Print Name: Elizabeth Maldonado

Date: 4-18-15

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maldonado, Elizabeth (ARCH)	**CHAPTER 100.1**
Address: **2316 Keha Place, Honolulu, Hawaii 96819**	**Inspection Date: May 13, 2015 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** [redacted] No annual TB clearance.		
☒	§11-100.1-9 Personnel, staffing and family requirements. (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** Substitute care giver [redacted] No documentation of training to make medications available to residents.		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** No menu posted in resident dining area.		
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Detergent, bleach, fabric softener unsecured in laundry area.		
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** [redacted]		
☒	§11-100.1-17 Records and reports. (b)(8) During residence, records shall include:		

	Rules (Criteria)	Plan of Correction	Completion Date
	Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; **FINDINGS** [redacted]		
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Resident records stored unsecured in licensee's bedroom.		
☒	§11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge;		

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS Gate in the path to the area of refuge found secured with keyed padlock.		
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** No fire drill documentation 5/14-5/15.		
☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care		

	Rules (Criteria)	Plan of Correction	Completion Date
	giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No smoke detector testing documentation 5/14-5/15.		
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; **FINDINGS** [redacted]No plastic pillow protector or permanent mark to indicate ownership of pillow.		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____