

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Espinoza's	CHAPTER 100.1
Address: 94-1273 Kahuanui Street, Waipahu, Hawaii 96797	Inspection Date: May 14, 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> (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 Substitute care giver [REDACTED], no current tuberculosis (TB) skin test.</p>	<p>[REDACTED]</p> <p>In the future, I will make sure every SGT and household member have TB clearance yearly</p>	<p>Scheduled 6/29/15</p>
<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>FINDINGS [REDACTED]</p>	<p>I had started making the menu by searching the internet and will attend / meet with dietitian for better understanding on the menu. In the future, I will consult a dietitian as soon as possible for menu changes.</p>	<p>5/28/15</p> <p>STATE OF HAWAII DHHS-ONCA LICENSING DIV. RECEIVED 15 JUN 29 11:32</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>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future I make sure that every medication is transcribed and re-ordered every 3 months till it get discontinued</p> <p>[REDACTED]</p> <p>In the future order to [REDACTED] if needed to be crushed</p>	<p>6/5/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS</p> <p>[REDACTED] medication bin contained the following expired medication:</p> <ul style="list-style-type: none"> • [REDACTED] 	<p>[REDACTED]</p> <p>In the future, I make sure the expired medication is thrown out properly</p>	<p>5/14/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future, new orders to be given to the client will be written in the MAR and signed daily.</p>	<p>5/14/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care</p>		

	<p>giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS [REDACTED], no care giver training provided by the RN case manager to [REDACTED]</p>	<p><i>Training was provided by CM on how to [REDACTED] [REDACTED] [REDACTED] [REDACTED]</i></p> <p><i>In the future I will ask CM to give instruction on every task to be provided to the residents</i></p>	<p>5/20/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p><i>In the future, will remind CM to have it done every 6 months as required.</i></p>	<p>5/20/15</p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: 6/23/15

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	Rules (Criteria)	Plan of Correction	Completion Date
<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 Substitute care giver (SCG) [redacted] no current tuberculosis (TB) skin test.</p>	<p>[redacted]</p> <p>In the future, I will <u>check</u> every SCG and household members have their TB clearance yearly.</p>	done 6/29/15
<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>FINDINGS [redacted]</p>	<p>I had started making the menu by searching the internet and will attend / meet a dietitian for better understanding on the menu</p> <p>In the future, I will consult a dietitian as soon as possible for menu changes.</p>	5/28/15

- 6/5/15

<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>FINDINGS</p>	<p>(2)</p> <p>(1)</p> <p>In the future I will make sure to check that every medication is transcribed and re-ordered every 3 months till it get discontinued</p>	<p>dis continued 6/5/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS</p>	<p>(6)</p> <p>In the future I'll make sure to check expiration date of all meds and all expired medication is thrown out properly</p>	<p>5/14/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS</p>	<p>In the future new orders to be given to the clients will be written in the MAR and signed daily</p>	<p>5/14/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care</p>		

	<p>giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>- Training was provided by CM on how to administer medications, reposition residents, crush meds and how to thicken liquids.</p> <p>In the future I will ask CM to give in service on every fact to be provided to the clients</p>	<p>5/20/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 Case management qualifications and services. (c)(10)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>- Comprehensive re-assessment was completed and placed in chart by CM</p> <p>- In the future, will remind CM to have it done q 6 months as required.</p>	<p>5/20/15</p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

8/10/18/15