

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Dalere, Francisca (ARCH)           | CHAPTER 100.1                          |
| Address:<br>303-A Kulana Road, Paukaa, Hawaii 96720 | Inspection Date: March 20, 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)<br/>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><b>FINDINGS</b><br/> <span style="background-color: black; color: black;">[REDACTED]</span> No annual tuberculosis clearance.<br/> <b>Submit documentation with plan of correction.</b></p> |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3)<br/>The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b><br/> <span style="background-color: black; color: black;">[REDACTED]</span></p>   |                    |                 |

|   | Rules (Criteria)  | Plan of Correction | Completion Date |
|---|---|--------------------|-----------------|
| ☒ | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4)<br/> 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><br/> No documentation of training for substitute care giver to make medications available to resident. <b>Submit documentation with plan of correction.</b></p> |                    |                 |
| ☒ | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1)<br/> The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b>FINDINGS</b><br/> [REDACTED] No current CPR certification (expired 3/19/15). <b>Submit documentation with plan of correction.</b></p>  |                    |                 |
| ☒ | <p>§11-100.1-13 <u>Nutrition.</u> (d)<br/> Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b>FINDINGS</b><br/> Menus posted in kitchen and resident dining area do not match (Week 4 in dining area, Week 3 in kitchen).</p>   |                    |                 |

|   | <b>Rules (Criteria)</b>  | <b>Plan of Correction</b> | <b>Completion Date</b> |
|---|--|---------------------------|------------------------|
| ☒ | <p>§11-100.1-14 <u>Food sanitation.</u> (f)<br/>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.</p> <p><b>FINDINGS</b><br/>Tide detergent, Downy fabric softener, bleach, spackling paste, and tile adhesive stored unsecured in resident accessible area.</p> |                           |                        |
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (c)<br/>Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b>FINDINGS</b><br/>[REDACTED]</p>   |                           |                        |
| ☒ | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>[REDACTED]<br/>[REDACTED]</p>   |                           |                        |

|                                     | <b>Rules (Criteria)</b>   | <b>Plan of Correction</b> | <b>Completion Date</b> |
|-------------------------------------|---|---------------------------|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications. (g)</u><br/>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><br/>[REDACTED]</p>  |                           |                        |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports. (b)(8)</u><br/>During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b><br/>[REDACTED]</p>                      |                           |                        |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports. (e)</u><br/>In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b><br/>[REDACTED] Emergency information sheet does not reflect current medication.</p> |                           |                        |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports. (g)</u><br/>All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's</p>  |                           |                        |

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|  | <p>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.</p> <p><b><u>FINDINGS</u></b><br/>Records stored unsecured on shelf on desk adjacent to kitchen exit.</p> |                           |                        |

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_