

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Guerrero, Miriam (ARCH)	CHAPTER 100.1
Address: 66 Kaiwiki Road, Hilo, Hawaii 96720	Inspection Date: February 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>FINDINGS For substitute care giver ■ no current physical examination. Please submit documentation for the physical examination with the plan of correction (POC).</p>		
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS For substitute care giver [REDACTED] no annual tuberculosis (TB) attestation/clearance. Please submit a copy of a current TB clearance with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid;</p> <p>FINDINGS For substitute care giver [REDACTED] no documentation for first aid certification. Please submit documentation with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) 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>FINDINGS For substitute care giver [REDACTED] no documentation for cardiopulmonary resuscitation certification. Please submit documentation with the POC.</p>		

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☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator located in the resident dining area, no thermometer.</p>		
☒	<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>§11-100.1-15 <u>Medications.</u> (i) Only trained staff shall be allowed to make prescribed medications available to residents.</p> <p>FINDINGS For substitute care giver  no training to make medication available to residents.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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 giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p>FINDINGS Monthly battery checks for smoke detectors made during February 2014 thru June 2014; however, no battery checks during July 2014 thru February 2015.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____