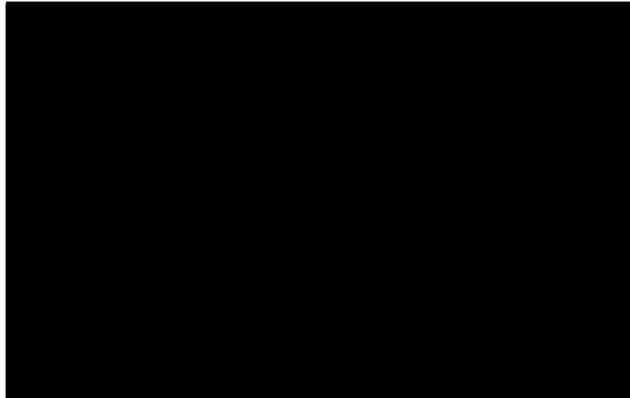


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aliga, Nelly (ARCH/Expanded ARCH)	CHAPTER 100.1
174 Lukia Street, Hilo, Hawaii 96720	Inspection Date: January 27, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u></p> 	 <p>In the future I will write out the meds. order on the Physicians sheets + asked the Dr. to sign.</p>	<p>3-10-15</p> <p>3/10/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b>  </p>	<p><i>In the future as soon as I give prn meds I will document the time administer on med sheet.</i></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 , no admission assessment.</p>	<p><i>In the future I will use my checklist to remind me to complete admission <del>admission</del> <sup>re-</sup> assessment.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b>  Resident , two (2) step tuberculosis (TB) skin test</p>	<p><i>In the future I will use my admission list to remind me to complete the 2 step T.B. test before admission</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	completed after admission.		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b>FINDINGS</b> Resident [redacted] financial statement completed after admission.</p>	<p><i>In the future I will use my admission list check list to remind me to complete the financial statement before admission</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b>FINDINGS</b> [redacted]</p>	<p><i>I gave a copy on the new ARCH policy to the family + sign + discard the old policy</i></p>	<p><i>4-20-15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><b><u>FINDINGS</u></b> Exit #2 locked from the outside with a nail and wire.</p>	<p><i>I remove it immediately and replace with the door alarm</i></p>	<p><i>1-27-15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> Exit #2, dog pillows obstructed access to safe area of refuge.</p>	<p><i>I remove my dog pillows and I don't let my dog to stay on the access on to the safe area of refuge</i></p>	<p><i>1-27-15</i></p>

Licensee/Administrator's Signature: Nelly Aliga

Print Name: Nelly Aliga

Date: 4-22-15