

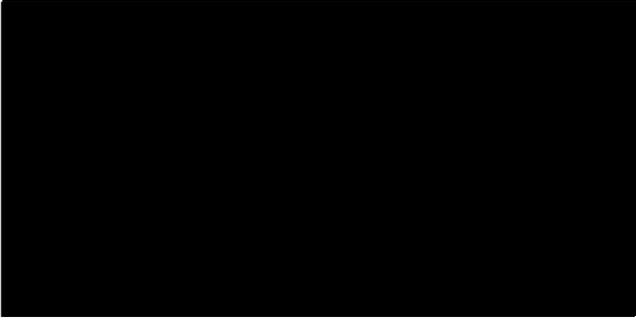
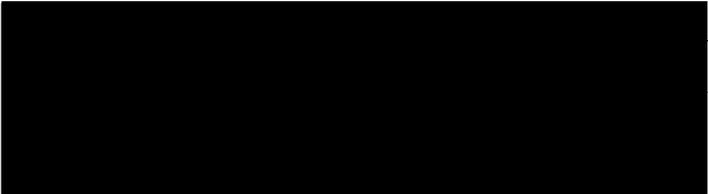
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Padre ARCH	CHAPTER 100.1
Address: 94-607 Mahoe Street, Waipahu, Hawaii 96797	Inspection Date: January 9, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Substitute care giver (SCG) [redacted] no current tuberculosis (TB) skin test. [redacted] <i>Please submit documentation with your plan of correction.</i></p>	<p>[redacted]</p> <p><i>Annual review of T.V. skin test will be conducted for personal staff and family member and follow up on expired /expiring clearance.</i></p>	01-12-15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(7) 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>Height and weight measurements taken;</p> <p><b>FINDINGS</b> Resident [redacted] no admission height.</p>	<p>[redacted]</p> <p><i>On admission or readmission, verify that information is complete such as height and weight and record them in ARCH file</i></p>	1-10-15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p>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;</p> <p><b>FINDINGS</b></p> 	 <p>1. To prevent this deficiency, operator will observe patient's response when PRN medication is administered. Will determine whether medication is effective or ineffective and results/observations will be documented in patient's records immediately.</p> <p>2. To prevent this deficiency, operator will observe patient's response when PRN medication is administered. Will determine whether medication is effective or ineffective will be documented in patient's records immediately.</p>	<p>2-07-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (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>Resident  completed financial statement of resident in  personal file and signature required were obtain.</p>	<p>1-10-15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident [REDACTED] financial statement not completed at the time of admission.</p>	<p><i>operator will read / review patient's file and take prompt action to complete document found to be missing or incomplete</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (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><b>FINDINGS</b> No monthly smoke detector checks for November and December 2014.</p>	<p>[REDACTED] conducted smoke detector check for Jan 2015 by testing all the smoke detectors in the household and found that each one was in working order. Each month operator on SCG will check smoke detector in each facility and will record completion of activity in the Smoke Detector monthly Record.</p>	<p>1-16-15</p>

Licensee/Administrator's Signature: Norma Padre

Print Name: NORMA PADRE

Date: 2-11-15

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(7) 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>Height and weight measurements taken;</p> <p><b>FINDINGS</b> Resident [redacted] no admission height.</p>	<p><i>On day of admission, operator will specifically check patient's height and fill in on patient's record.</i></p>	<p><i>3-16-15</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
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<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (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><i>On day of admission, operator will surely and definitely obtain and signed financial statement from patient or Res. family.</i></p>	<p><i>3-16-15</i></p>

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Licensee/Administrator's Signature: Norma Padre

Print Name: NORMA PADRE

Date: 3-16-15

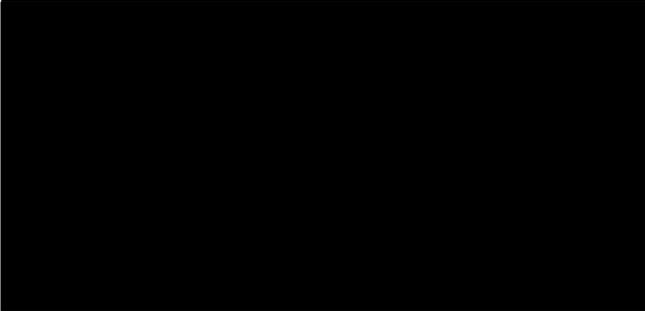
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*Thank you,  
for your consideration*

	Rules (Criteria)	Plan of Correction	Completion Date
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Licensee/Administrator's Signature: \_\_\_\_\_

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

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

4 - 18 - 15

**UNACCEPTABLE PLAN OF CORRECTION (UPOC) NOTICE**

State Licensing Section

'15 MAY 28 AM 11:47

Norma Padre

Padre ARCH  
April 29, 2015

STATE OF HAWAII  
DCH-OHCA LICENSING

**COMMENTS/ADVISEMENTS**

The department received your plan of correction for the deficiencies cited during your annual inspection on January 9, 2015. The plan is incomplete and not acceptable to the department for the following reason(s):

1. 11-100.1-17(a)(7), you stated, "I'm aware of the regulation of the patient height should be documented on admission. I admit that I overlooked the patient height and not documented. In the future I will make sure that the patient height is documented on admission in the height and weight form." Your plan is not specific and does not explain what you will do differently to prevent a similar deficiency from recurring. Please explain how you will ensure that a height measurement is obtained and documented.
2. 11-100.1-19(a), you stated, "In the future to prevent recurring deficiency of financial in Policy form of ARCH. I will make sure to put the amount, I overlooked to put the amount payment." Your plan is not specific and does not explain what you will do differently to prevent a similar deficiency from recurring. The deficiency was due to the Resident Financial Statement being completed after admission. The Resident Financial Statement form identifies the person who will be responsible for the resident's finances. Please explain how you will ensure/remember to complete the Resident Financial Statement form before or upon admission.

**Please respond to the above mentioned item(s) only.**

1. 11-100.1-17(a)(7)

Care giver will prepare a checklist of admission requirements such as weight and height measurement, etc. This list will be referenced and crosschecked on day of Resident admission.

2. 11-100-1-19(a)

Primary care giver will prepare a list of checklist of admission requirements such as provisions of Resident financial statement. This checklist will be referenced in the preparation and completion of resident's accounts upon admission.

ARCH - Norma Padre