

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rodriguez Care Home	CHAPTER 100.1
Address: 1647 Paaaina Place, Pearl City, Hawaii 96782	Inspection Date: March 10, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (b) The general operational policies approved by the department shall be explained to the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency prior to the ARCH or expanded ARCH resident's admission. A copy of these general operational policies shall be provided to all parties.</p> <p><b><u>FINDINGS</u></b> References to repealed Chapter 100 rules and Chapter 100.1 rules noted in:</p> <ul style="list-style-type: none"> <li>• Resident [REDACTED] binder.</li> <li>• ARCH/expanded ARCH binder.</li> </ul>		
<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b>            No tuberculosis clearance:</p> <ul style="list-style-type: none"> <li>• Primary care giver (PCG): [REDACTED]</li> <li>• Substitute care giver (SCG) [REDACTED]</li> <li>• SCG [REDACTED]</li> </ul> <p>Submit copies with plan of correction (POC).</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d)            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><u>FINDINGS</u></b>            No posted menu:</p> <ul style="list-style-type: none"> <li>• Kitchen.</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l)            Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>            [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f)            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>		

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	<p><b><u>FINDINGS</u></b>            Unsecured toxic chemicals and cleaning agents under sink in resident wet bar:</p> <ul style="list-style-type: none"> <li>• Ant spray and Windex.</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>  </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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><u>FINDINGS</u></b>  </p>		

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☒	<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><u>FINDINGS</u></b>  Resident [REDACTED]</p> <ul style="list-style-type: none"> <li>• No signed or dated "Resident Financial Statement."  <b>Submit copy with POC.</b></li> </ul>		
☒	<p>§11-100.1-23 <u>Physical environment.</u> (r)  Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b>  Bedroom [REDACTED]</p> <ul style="list-style-type: none"> <li>• Unsecured oxygen tanks stored in closet.</li> </ul>		
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C)  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</p>		

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	<p>provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b> Resident [REDACTED]</p> <ul style="list-style-type: none"> <li>No signed "charges for services."</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-85 <u>Transfer and discharge of expanded ARCH residents.</u> (b) If the licensee requests transfer of the expanded ARCH resident, a written request stating the reason for the transfer shall first be made to the resident, resident's family or surrogate, resident's case manager and physician or APRN no less than thirty days prior to the desired date of transfer.</p> <p><b>FINDINGS</b> Resident [REDACTED]</p> <ul style="list-style-type: none"> <li>References to repealed Chapter 100 rules and regulations in resident binder.</li> <li>No Chapter 100.1 rights and responsibilities acknowledged as read by resident/authorized party.</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p>		

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	<p><b>FINDINGS</b> Resident [REDACTED]</p> <ul style="list-style-type: none"> <li>• Bedroom [REDACTED] door not self closing.</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (b) The expanded ARCH shall provide an ongoing program of recreational and social activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, psycho-social well being of each resident, and shall be documented in the care plan.</p> <p><b>FINDINGS</b> Resident [REDACTED]</p> <ul style="list-style-type: none"> <li>• No activities schedule/plan.</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b>FINDINGS</b> [REDACTED]</p>		

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
	 Submit evidence of training with POC.		

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

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

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