

Office of Health Care Assurance

State Licensing Section

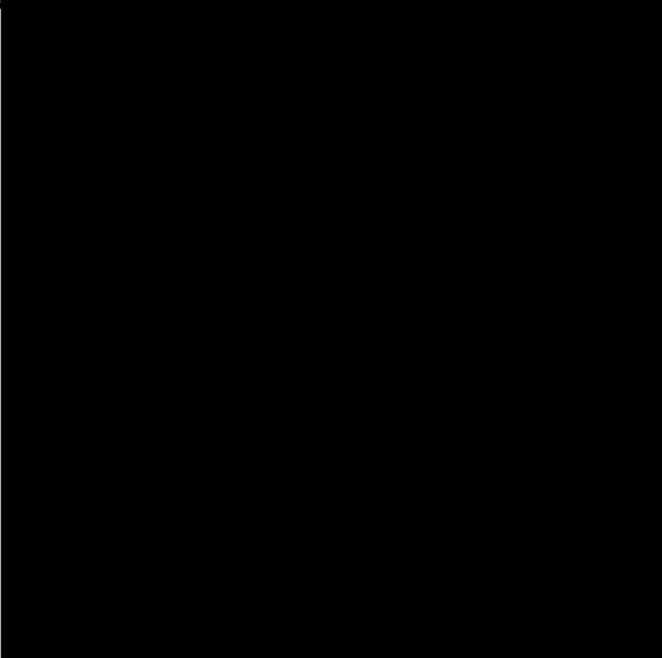
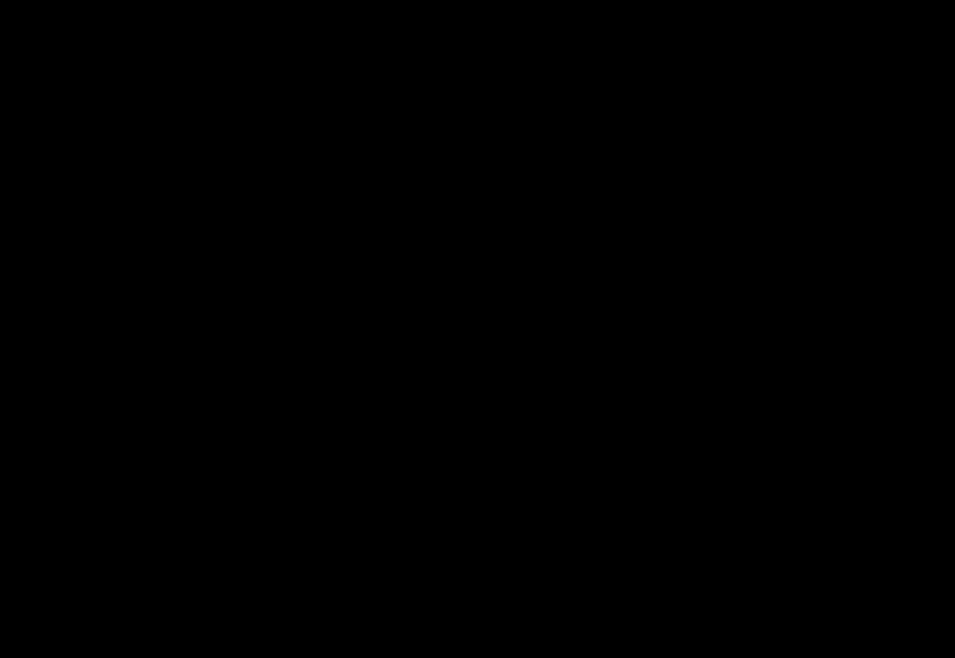
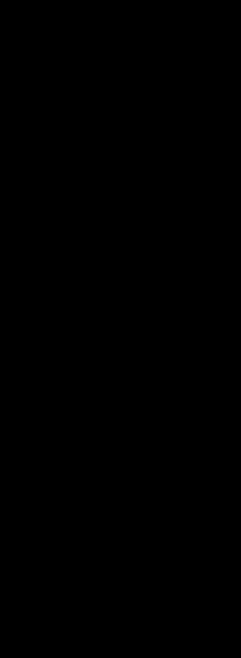
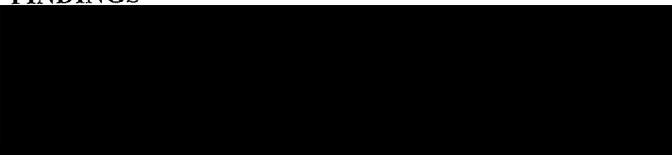
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

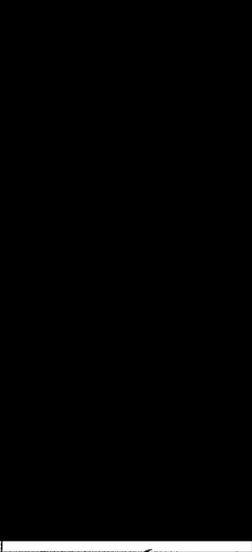
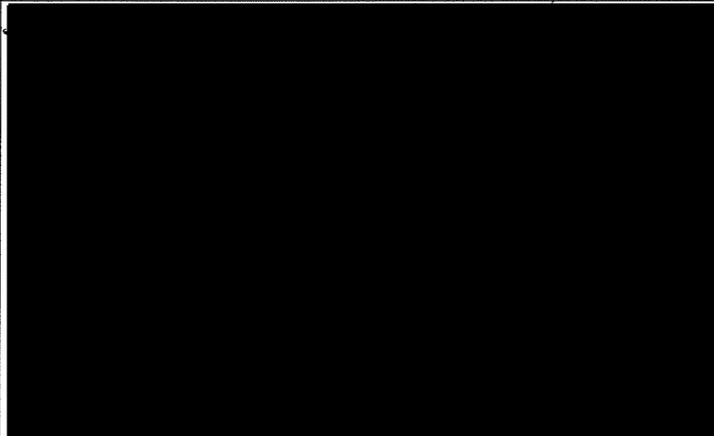
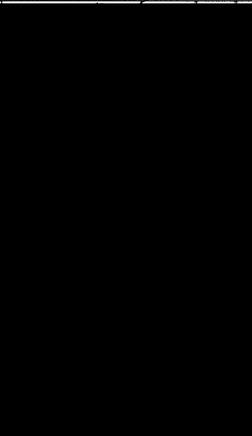
Facility's Name: Teresita Domingo Care Home	CHAPTER 100.1
Address: 94-905 Hiapo Street, Waipahu, Hawaii 96797	Inspection Date: March 30, 2015 Annual

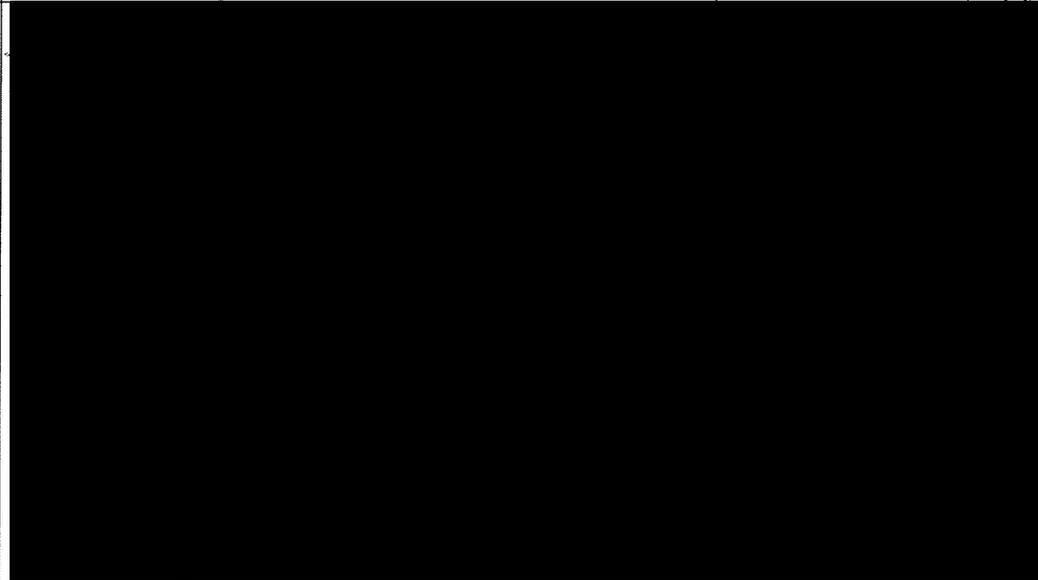
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS For all substitute care givers (SCG), no medication training provided by the primary care giver (PCG).</p>	<p>I didn't have any medication training for my SCG available during my inspection day because I just got my checklist during inspection. medication training for my 3 SCG done on 4/2/15. In the future medication training for SCG should be done + be available during inspection days.</p>	<p>4-2-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH</p>	<p>No level of care assessment during readmission. I thought level of care was covered during the first admission. In the future I will make sure that if resident goes to the hospital overnight or longer, level of care should be obtained prior to resident readmission + should</p>	

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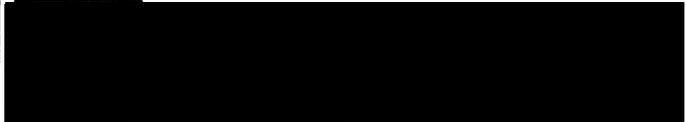
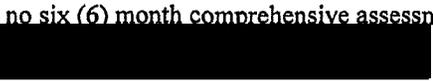
	Rules (Criteria)	Plan of Correction	Completion Date
	<p>and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident [redacted] re-admitted on [redacted] no level of care assessment.</p>	<p>be available for review for the department, resident guardian & resident responsible placement.</p>	<p>4-23-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS No documented menu substitutions.</p>	<p>I documented some substitution, substitution because in following my menu. In the future I will make sure that all substitution should be written at the back of the menu or in a calendar & it should be ready during inspection day.</p>	
<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>FINDINGS [redacted]</p>	<div style="background-color: black; width: 100%; height: 100%;"></div>	

	Rules (Criteria)	Plan of Correction	Completion Date
			
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS</p> 	<p><i>I'm sorry, I probably missed the 2 days to initial it. In the future I will be very carefull in initialing the dates & make sure that the dates in every month should be initial.</i></p>	<p><i>the 2 days I will be the dates in every</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<ul style="list-style-type: none"> March 17 – 30, 2015 		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS Resident [redacted] medication listed on resident emergency information sheet not current.</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>FINDINGS Resident [redacted] no current tuberculosis (TB) skin test. [redacted]</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident [REDACTED] inventory of resident's possessions list not updated since [REDACTED]</p>	<p>Inventory of resident possession was not updated during inspection day. Resident family is managing [REDACTED] allowance they never buy anything since admission 1 year ago. In the future I'll make sure that if a [REDACTED] [REDACTED] worn out + throw it away, I will document it in the inventory possession.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS Resident [REDACTED] no self-preservation statement.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> At the time of inspection, you identified the exit door in Bedroom #2 as your second exit. The external exit in Bedroom #2 is limited to those individuals who occupy the room. <u>Please submit a current floor plan identifying two (2) remote exits.</u></p>	<p>The exit This had been an issued long time ago, exit door #2 is at the living room area going to the back door. There is a room inside occupied by my SC's + a family member. See my file building inspector came & they approved it.</p> <p>Floor Plan attached</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be</p>		

Rules (Criteria)	Plan of Correction	Completion Date
<p>limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS </p>	<p><i>pls. see attached sheet care plan for pain</i></p>	
<p><input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS Resident  no six (6) month comprehensive assessment for </p>	<p><i>The RNCM will complete the 6 month comprehensive assessment on the correct format that is titled "comprehensive assessment." The RNCM did do the 6 month comprehensive assessment but not on the correct format. In the future, a check list will be utilized as a reminder of when the 6 months comprehensive is to be done</i></p>	<p><i>4/28/15</i></p>

Licensee/Administrator's Signature: Terresita Domingo

Print Name: TERRESITA DOMINGO

Date: April 30, 2015

11-100-1-15 (m)

① I'm sorry, I missed to initial it. In the future to prevent mistake like this, after giving the medication I have to initial the dates right away + double check the MAR daily.

11-100-1-23 (0)(1)(D)

② The resident are aware that the exit #2 is of the door in the living area & we are using it as an exit #2 when we do the fire drill. The whole way is clear & they see who occupy the area knows that the whole way is clear going out to the exit door. & we drill is every month, I check the area every day, to make sure the exit is not blocked

Loreta Dominguez
6/30/15

3) 11-100.1-88©(2)

The deficiency was corrected by developing a care plan [REDACTED]
[REDACTED]

In the future, I will work together with the RNCM during her monthly visits to assure the care plan addresses the resident's current care needs and treatments.

Veronica Dominguez
6/30/15