

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tuliao ARCH	CHAPTER 100.1
Address: 298 Olu Street, Hilo, Hawaii 96720	Inspection Date: January 26, 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> (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>FINDINGS</p> <p>1) Substitute care giver (SCG) [REDACTED] no current tuberculosis (TB) skin test while providing resident care from [REDACTED]</p> <p>2) SCG [REDACTED] no two (2) step TB skin test prior to hire. <i>Please submit documentation of a two (2) step TB skin test with your plan of correction.</i></p>	<p>[REDACTED]</p> <p><i>In the future to avoid mistake current TB test should be made available when PCG's on vacation leave</i></p> <p>[REDACTED]</p>	
<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</p>	<p>[REDACTED]</p> <p><i>In the future before hiring SCG the PCG should obtain documentation that said</i></p>	<i>1/30/15</i>

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	<p>medications available to residents and properly record such action.</p> <p>FINDINGS SCG [redacted] and SCG [redacted] no documentation of primary care giver (PCG) training.</p>	<p><i>Substitute will be properly trained first prior to hiring.</i></p>	<p><i>1/30/15</i></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 SCG [redacted] no current cardiopulmonary resuscitation (CPR) certification while providing resident care from [redacted]</p>	<p><i>In the future SCG should obtain current CPR Certification who provides resident care.</i></p>	<p><i>1/30/15</i></p>
<input checked="" type="checkbox"/>	<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 For one refrigerator, no refrigerator thermometer.</p>	<p><i>PCG should obtained appropriate thermometer and Temperature should maintain 45°F or lower for one refrigerator in use.</i></p>	<p><i>2/2/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled</p>	<p><i>To avoid confusion and for safety</i></p>	

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	<p>container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS One (1) unlabeled medication pill left in medication cup.</p>	<p><i>all unlabeled medication should be discarded or labeled and should be stored in a secured place.</i></p>	2/2/15
<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>FINDINGS Resident medications unsecured. Medication key left hanging from medication cabinet.</p>	<p><i>In the future resident's medication cabinet should always be secured and not to forget to leave the key hanging on the cabinet.</i></p>	2/2/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (d) Appropriate liquid medicine measuring devices shall be available and in use when liquid medicine is made available.</p> <p>FINDINGS No appropriate liquid medicine measuring device.</p>	<p><i>In the future appropriate liquid medicine measuring devices shall be available all the time especially at the time of inspection.</i></p>	2/2/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident # [REDACTED] progress note and medication</p>	<p><i>Telephone orders made by PEG for resident [REDACTED] shld be documented on Physician Order sheet besides the progress notes.</i></p>	2/10/15

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	However, telephone order was not documented on physician order sheet.	Next time before admitting new resident PCG will review admission requirements for new resident to be admitted into home	2/10/15
<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 no two (2) step TB skin test prior to admission.</p>	to avoid future mistakes by PCG. If not sure can seek the advice of the Surveyor of PCG.	
<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>FINDINGS</p>	In the future documentation should be done in a timely manner to avoid forgetting and should be done in progress notes response to diet and medication right away.	
<input checked="" type="checkbox"/>	§11-100.1-17 <u>Records and reports.</u> (f)(1)		2/11/15

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	<p>General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS [REDACTED] medication record initialed in blue ink.</p>	<p>In the future, as a general rules all entries should be written in black ink only to comply with the rules</p>	2/11/15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS First aid kit contained discharged resident's glucometer.</p>	<p>Next time, PCH will do inventory for discharged resident and items belonging to them should not be stored on the first Aid Kit container.</p>	2/12/15
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS 1) [REDACTED] completed eleven (11) of the required twelve (12) hours of annual continuing education.</p>	<p>In the future 12 hrs. of CE should be completed and available on time of inspection.</p> <p>Enclosed pls find Certificate of attendance.</p>	2/12/15

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	<p><i>Please submit one (1) additional hour of continuing education which will be credited to your 2015 annual inspection year.</i></p> <p>[REDACTED]</p> <p><i>Please submit one (1) additional hour of continuing education which will be credited to your 2015 annual inspection year.</i></p> <p>[REDACTED]</p> <p><i>Please submit documentation of twelve (12) hours of continuing education with your plan of correction which will be credited to your 2015 annual inspection year.</i></p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety</u>, (a)(3) 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>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No monthly fire drills for June 2014 – December 2014.</p>	<p><i>Next time monthly fire drills should be documented right away on progress notes to avoid forgetting</i></p>	<p><i>2/12/15</i></p>

Licensee/Administrator's Signature: Genevieve Tuliao

Print Name: Genevieve Tuliao

Date: 1/17/15

TULIAO ARCH LLC
298 Olu St.
Hilo, HI 96720
April 15, 2015

[REDACTED]
OHCA, State of Hawaii
Dept. of Health
601 Kamokila Blvd, Rm 361
Kapolei, Hawaii 96707

Dear [REDACTED]

RE: Revised Unacceptable Plan of Correction (UPOC)
Annual Inspection on January 26, 2015

Plan of Corrections:

1. Chapter 11-100.1-9 (b) Answer: In the future prior to hiring a new SCG current TB (Skin test) and PE (Physical Examination) should be made available and ready on hand for the inspection. 4/14/15 completed. SCG two step TB skin test was obtained and has been submitted.
2. Chapter 11-100.1-4 © Answer: PCG obtained an appropriate thermometer and maintain 45 degrees Fahrenheit for the refrigerator use by the residents. To prevent from recurring mistakes I will check the thermometer every time I open the fridz and see to it that it is in good working condition. Completed 4/14/15.
3. Chapter 11-100. 1-15 (b) Medications: Answer: Next time I'll make sure that resident's medication cabinet should always be secured and not to forget the key hanging in the cabinet. Medication key was stored in a secured area wherein only PCG and SCG have an access to it. Completed 4/14/15.
4. Chapter 11-100.1-15 (d) Medications: Answer: An appropriate liquid medicine measuring devices was obtained that PCG asked from Long's Pharmacy. Completed 4/4/15.
5. Chapter 11-100.1-15 (h) Medications: Answer: [REDACTED] In the future ~~PCP~~ make sure that ~~PCP~~ that telephone orders should be documented also on the progress notes and make sure that PCP signed it. [REDACTED]
6. Chapter 11-100.1-17 (f) (I) Records and Reports: Answer: In the future make sure that only black ink will be used for all entry. I kept away the blue ink to avoid recurring mistakes. PCG remind all SCG to use only black ink on the resident's progress notes during their working period.

7. Chapter 11-100.1-23 (h) (3) Physical Environment. Answer. In the future any personal belongings of the residents should be returned to them upon discharged. Glucometer found during the inspection doesn't belongs to the resident but it belongs to PCG. I kept it handy in anticipation that resident will need it someday. I did remove the glucometer from the first aid kit and stored it separately. [REDACTED]
8. Chapter 11-100.1-83 (5) Personnel and Staffing requirements: Answer: Next time I'll double check my records if there will be enough 12 credit hours completed and available at time of inspection. Certificate of attendance was obtained for SCG that indicate the number of hours per in-service and was completed on the CE training paper. [REDACTED]
9. Chapter 11-100.1-86 (a) (3) Fire Safety. Answer. In the future I'll make sure that monthly drills should be documented on the fire drill record to avoid forgetting which indicate the date , time of the day when fire drills was conducted. [REDACTED]

Respectfully submitted by:


Genevieve Tuliao Care Home Operator

4/15/15

Licensee/Administrator's Signature: Genevieve Tuliao

Print Name: Genevieve Tuliao

Date: 4/14/15