

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esteban, Veronica (ARCH)	CHAPTER 100.1
Address: 1342 Kamehameha IV Road, Honolulu, Hawaii 96819	Inspection Date: January 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> For primary care giver, three (3) training session hours documented. Please submit documentation for three (3) additional hours with your plan of correction (POC.)</p>		
<input checked="" type="checkbox"/>	§11-100.1-10 <u>Admission policies.</u> (a)		

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	<p>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 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 </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p>FINDINGS  no tuberculosis clearance.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster</u></p>		

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	<p><u>preparedness. (b)</u> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p>FINDINGS The digital thermometer –not working.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (l)</u> There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (c)</u> Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be</p>		

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	<p>necessary.</p> <p><u>FINDINGS</u> No incident report generated for unusual incidents: </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><u>FINDINGS</u> No date for a resident signature to acknowledge that the "Policy and Resident's Rights" was received upon admission.</p>		
<input checked="" type="checkbox"/>	<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</p>		

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	<p>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 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>FINDINGS</p> <div style="background-color: black; height: 40px; width: 100%;"></div>		
<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</p> <ol style="list-style-type: none"> 1. Bedroom #1 – Sliding closet door obstructed due to the overfilled closet and one (1) desk drawer nob missing. 2. Bedroom #2 – One (1) small refrigerator, unplugged and not in use, holding stale water and four (4) containers of spoiled pudding. 3. Bedroom #3 – Two (2) dresser drawers “frozen” and 		

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	<p>one (1) drawer in the bedside stand, was missing.</p> <p>4. Bathroom #1 – ceiling light not working and vanity light fixture missing one (1) of two (2) light bulbs.</p> <p>5. Bathroom #2 – ceiling light not working, vanity light fixture missing one (1) of two (2) light bulbs and the towel bar was broken.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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> For licensed bedrooms occupied by residents:</p> <ol style="list-style-type: none"> 1. Bedroom #3 - discharged resident's commode and clothing remain in the licensed bedroom. 2. Bedroom #4 – Clothing left by discharged resident(s) stored in the dresser and closet. The closet door was difficult to open due to excess clothing and linens. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p>		

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	<p><u>FINDINGS</u> No plastic pillow protectors.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Signaling device not working in Bedroom #1. 2. No signaling devices in Bathroom #1 and #2. 		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____