

Office of Health Care Assurance

State Licensing Section

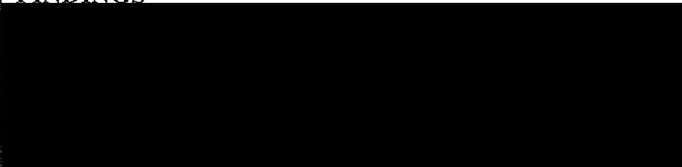
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Ugalde, Fely (ARCH)                     | CHAPTER 100.1                          |
| Address:<br>94-537 Hiapaiolo Loop, Waipahu, Hawaii 96797 | Inspection Date: April 17, 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> (a)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b><br/>No physical exam:</p> <ul style="list-style-type: none"> <li>• SCG [REDACTED]</li> <li>• SCG [REDACTED]</li> </ul> |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)<br/>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><br/>           No annual tuberculosis clearance:</p> <ul style="list-style-type: none"> <li>• PCG</li> <li>• SCC</li> <li>• SCC</li> <li>• FM</li> </ul> <p><b>Submit copy with plan of correction (POC).</b></p>   |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>           (f)(1)<br/>           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><b><u>FINDINGS</u></b><br/>           No cardiopulmonary resuscitation certification:</p> <ul style="list-style-type: none"> <li>• SCG</li> <li>• SCG</li> </ul> <p><b>Submit copy with POC.</b></p> |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (f)<br/>           Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b></p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>   |                    |                 |

|                                     | Rules (Criteria)  | Plan of Correction | Completion Date |
|-------------------------------------|---|--------------------|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(1)<br/> 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 primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b><br/> No PCG admission assessment:</p> <ul style="list-style-type: none"> <li>• Resident [REDACTED]</li> </ul> |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(7)<br/> 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><u>FINDINGS</u></b><br/> [REDACTED]</p>  |                    |                 |

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|-------------------------------------|--|--------------------|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/> </p> |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(3)(C)<br/>Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p><b>FINDINGS</b><br/>Resident </p> <ul style="list-style-type: none"> <li>No emergency information.</li> </ul>   |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-18 <u>Recreational, rehabilitative programs, and social services.</u> (b)<br/>The primary care giver shall provide social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interests, needs, and capabilities.</p>  |                    |                 |

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|-------------------------------------|---|--------------------|-----------------|
|                                     | <p><b>FINDINGS</b><br/>Resident [REDACTED]</p> <ul style="list-style-type: none"> <li>No record of planned activates.</li> </ul>  |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a)<br/>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>FINDINGS</b><br/>Resident [REDACTED]</p> <ul style="list-style-type: none"> <li>Financial agreement signed but not dated.</li> </ul> |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D)<br/>Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p>                   |                    |                 |

|  | Rules (Criteria)  | Plan of Correction | Completion Date |
|--|---|--------------------|-----------------|
|  | <p><b><u>FINDINGS</u></b></p> <ul style="list-style-type: none"> <li>• Fire drill for <u>July</u> 2015 already recorded at time of <u>April</u> 2015 inspection.</li> <li>• No start time or stop time for drills held in May 2014 and September 2014.</li> </ul> |                    |                 |

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

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

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